PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Alamance
Instrument Location: Burlington, PD

Instrument Serial No. 008907  267 W. Front St Burlington, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907
Test Date: 02/27/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective: 05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901
Exp Date: 05/29/2020

Test g/210L Time
DIAG Pass 12:37pm
AIR BLK .00 12:38pm
ACCY CHK .08 12:38pm
AIR BLK .00 12:40pm
SUB TEST .00 12:40pm
AIR BLK .00 12:41pm
SUB TEST .00 12:42pm
AIR BLK .00 12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907  Test Record Number: 919
Test Date: 02/27/2019  Test Time: 12:44pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>DHT</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH  

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County Alamance  
Instrument Location Burlington, NC  

Instrument Serial No. 008212  
267 W. Front St Burlington, NC  

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  
2. Verify instrument displays time and date;  
3. Initiate breath test sequence;  
4. Enter information as prompted;  
5. Verify instrument accuracy;  
6. When "PLEASE BLOW" appears, collect breath sample;  
7. When "PLEASE BLOW" appears, collect breath sample;  
8. Print test record;  
9. Verify Diagnostic Program; and  
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  

I certify that on the 27 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.  

Signature of Certifying Official  
Certificate Number  

A signed original of the preventive maintenance record shall be kept on file for at least three years.  

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812  
Test Date: 02/27/2019

Citation Number: MO000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES  
Permit Number: 11434E  
Effective:  
05/01/2017-05/01/2019

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG814901  
Exp Date: 05/29/2020

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:36pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:37pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:38pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:40pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:42pm</td>
</tr>
</tbody>
</table>

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**ALAMANCE COUNTY BURLINGTON PD 000**

Serial Number: 008812  Test Record Number: 3365  Test Date: 02/27/2019  Test Time: 12:43pm EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853
Test Date: 02/27/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective: 05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101
Exp Date: 12/07/2019

Test g/210L Time

DIAG Pass 2:17pm
AIR BLK .00 2:18pm
ACCY CHK .07 2:18pm
AIR BLK .00 2:20pm
SUB TEST .00 2:20pm
AIR BLK .00 2:21pm
SUB TEST .00 2:22pm
AIR BLK .00 2:23pm

Reported AC 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**ALAMANCE COUNTY ALAMANCE CO. JAIL 000**

Serial Number: 008853    Test Record Number: 2706
Test Date: 02/27/2019    Test Time: 2:24pm EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:26pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:26pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Alamance Instrument Location: Alamance Co Jail

Instrument Serial No: 008913 109 S. Maple St Graham, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official] [Certificate Number]

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox BC/IR-II: Subject Test

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913
Test Date: 02/27/2019

Citation Number: M000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective: 05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902106
Exp Date: 01/21/2021

Test g/210L Time

DIAG Pass 2:31pm
AIR BLK .00 2:31pm
ACCY CHK .08 2:32pm
AIR BLK .00 2:33pm
SUB TEST .00 2:34pm
AIR BLK .00 2:35pm
SUB TEST .00 2:36pm
AIR BLK .00 2:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913       Test Record Number: 3429
Test Date: 02/27/2019       Test Time: 2:38pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:38pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:38pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:38pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the __11__ day of __February__ 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official 656

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ALEXANDER COUNTY ALEXANDER COUNTY SD
010

Serial Number: 008813
Test Date: 02/11/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
 Permit Number: 15924E
 Effective:
01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: PTA
 Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701
Exp Date: 04/17/2019

Test g/210L Time

DIAG Pass 5:38pm
AIR BLK .00 5:39pm
ACCY CHK .07 5:39pm
AIR BLK .00 5:41pm
SUB TEST .00 5:41pm
AIR BLK .00 5:42pm
SUB TEST .00 5:44pm
AIR BLK .00 5:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813  Test Record Number: 1833  Test Date: 02/11/2019  Test Time: 5:45pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>5:45pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>5:45pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>5:45pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>5:45pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>5:45pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>5:45pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>5:45pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>5:45pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>5:46pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>5:46pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>5:46pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>5:46pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Avery
Instrument Location: Avery Co. Jail

Instrument Serial No. 008664
Newland nc

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of February, 2019 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 649

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664
Test Date: 02/22/2019

Citation Number: M0000000-0
Subject’s Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst’s Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective: 05/01/2017-05/01/2019

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821801
Exp Date: 08/06/2020

Test g/210L Time

DIAG Pass 11:21am
AIR BLK .00 11:22am
ACCY CHK .08 11:23am
AIR BLK .00 11:24am
SUB TEST .00 11:25am
AIR BLK .00 11:25am
SUB TEST .00 11:27am
AIR BLK .00 11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**AVERY COUNTY AVERY COUNTY JAIL 050**

Serial Number: 008664    Test Record Number: 963
Test Date: 02/22/2019    Test Time: 11:29am EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Beaufort  Instrument Location Belhaven PD

Instrument Serial No. 008928  Belhaven, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22nd day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928  
Test Date: 02/22/2019

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
06/01/2017-06/01/2019

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG721401  
Exp Date: 08/02/2019

Test  g/210L  Time

DIAG  Pass  11:02am
AIR BLK .00  11:03am
ACCY CHK .08  11:03am
AIR BLK .00  11:04am
SUB TEST .00  11:05am
AIR BLK .00  11:06am
SUB TEST .00  11:07am
AIR BLK .00  11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**BEAUFORT COUNTY BELHAVEN PD 060**

Serial Number: 0089828    Test Record Number: 378
Test Date: 02/22/2019    Test Time: 11:17am EST

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 0.2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
### Intox EC/IR-II: Subject Test

**CABARRUS COUNTY CABARRUS COUNTY SO 120**

- **Serial Number:** 008792
- **Test Date:** 02/15/2019

#### Citation Information
- **Citation Number:** M0000000-0
- **Subject's Name:** PREVENTIVE, MAINTENANCE
- **Subject's Date of Birth:** 11/11/1911
- **Subject's Sex:** Male
- **Driver's License State:** XX
- **Driver's License Number:** NONE

#### Analysis Information
- **Analyst's Name:** HAYS, MARK D
- **Permit Number:** 15924E
- **Effective:** 01/01/2018-01/01/2020

#### Officer Information
- **Officer's Name:** NONE, NONE
- **Type of Agency:** FTA
- **Agency:** DHHS
- **Test Type:** Breath Test

#### Test Results

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:30am</td>
</tr>
<tr>
<td>ACCY CK</td>
<td>.08</td>
<td>11:31am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:32am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:33am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:34am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:35am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:36am</td>
</tr>
</tbody>
</table>

**Reported AC:** .00 g/210L

**Signature of Chemical Analyst**

**Court CVR**

---

**Analyst**

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792       Test Record Number: 2957
Test Date: 02/15/2019       Test Time: 11:37am EST

System Check: Passed

Baseline Tests

Test    Status    Time
IR      Pass      11:37am
FLO     Pass      11:37am
FC      Pass      11:38am

Temperature Tests

Test    Status    Time
FC1     Pass      11:38am
SRC     Pass      11:38am
DBT     Pass      11:38am
BAR     Pass      11:38am
BT      Pass      11:38am

Blank Tests

Test    Status    Time
AIR     Pass      11:38am

Printer Tests

Test    Status    Time
PRNT    Pass      11:38am

CRC Tests

Test    Status    Time
COMP    Pass      11:39am
CAL     Pass      11:39am

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Cabarrus Instrument Location Cabarrus County SO
Instrument Serial No. 008625 30 Gordon Ave., Concord

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 656

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625
Test Date: 02/15/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG805802
Exp Date: 02/27/2020

Test        g/210L      Time
DIAG        Pass        11:43am
AIR BLK     .00         11:44am
ACCY CHK    .08         11:45am
AIR BLK     .00         11:46am
SUB TEST    .00         11:47am
AIR BLK     .00         11:48am
SUB TEST    .00         11:49am
AIR BLK     .00         11:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625    Test Record Number: 5122
Test Date: 02/15/2019    Test Time: 11:51am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:52am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:52am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:52am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:52am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:52am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:52am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:52am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:52am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940
Test Date: 02/13/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG721401
Exp Date: 08/02/2019

Test  g/210L  Time
DIAG  Pass  11:14am
AIR BLK .00  11:15am
ACCY CHK .08  11:15am
AIR BLK .00  11:16am
SUB TEST .00  11:17am
AIR BLK .00  11:18am
SUB TEST .00  11:19am
AIR BLK .00  11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County __Chatham Co.__ Instrument Location __Silent City Police Dept__

Instrument Serial No. __607811__ __Silent City, NC__

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the __25__ day of __February__, __2019__, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official __[Signature]__
Certificate Number __654__

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811
Test Date: 02/25/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 07682E
Effective: 12/01/2017-12/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807102
Exp Date: 03/12/2020

Test  g/210L  Time

DIAG  Pass  12:03pm
AIR BLK .00  12:04pm
ACCY CHK .08  12:05pm
AIR BLK .00  12:05pm
SUB TEST .00  12:06pm
AIR BLK .00  12:07pm
SUB TEST .00  12:09pm
AIR BLK .00  12:10pm

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY SILER CITY PD 180

Serial Number: 008811    Test Record Number: 1337
Test Date: 02/25/2019    Test Time: 12:12pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:12pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:12pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:12pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Chatham Co. Instrument Location Chatham Co. Detention Center

Instrument Serial No. 008591 P.H. 2000, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 654

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591
Test Date: 02/28/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 07682E
Effective: 12/01/2017-12/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814902
Exp Date: 05/29/2020

Test  g/210L  Time
DIAG  Pass  1:56pm
AIR BLK  .00  1:57pm
ACCY CHK  .08  1:57pm
AIR BLK  .00  1:58pm
SUB TEST  .00  1:59pm
AIR BLK  .00  2:00pm
SUB TEST  .00  2:01pm
AIR BLK  .00  2:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591   Test Record Number: 2121
Test Date: 02/28/2019   Test Time: 2:03pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:03pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:03pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:03pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>2:03pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:03pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:03pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:03pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:03pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Cleveland Instrument Location Kings Mountain PD
Instrument Serial No. 008900 12 S. Elmwood Ave., Kings Mountain

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number 656

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900
Test Date: 02/05/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821801
Exp Date: 08/06/2020

Test g/210L Time

DIAG Pass 9:35am
AIR BLK .00 9:36am
ACCY CHK .08 9:37am
AIR BLK .00 9:38am
SUB TEST .00 9:39am
AIR BLK .00 9:40am
SUB TEST .00 9:41am
AIR BLK .00 9:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**CLEVELAND COUNTY KINGS MOUNTAIN PD 226**

Serial Number: 008900      Test Record Number: 750
Test Date: 02/05/2019      Test Time: 9:45am EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:45am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:45am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:45am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>9:45am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:45am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:45am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:45am</td>
</tr>
<tr>
<td>ST</td>
<td>Pass</td>
<td>9:45am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

**Analyst**

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887
Test Date: 02/25/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG805801
Exp Date: 02/27/2020

Test    g/210L    Time
DIAG    Pass    9:19am
AIR BLK .00    9:20am
ACCY CHK .08    9:21am
AIR BLK .00    9:22am
SUB TEST .00    9:22am
AIR BLK .00    9:23am
SUB TEST .00    9:25am
AIR BLK .00    9:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887    Test Record Number: 2850
Test Date: 02/25/2019    Test Time: 9:27am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:27am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:27am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:27am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:27am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:27am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:27am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:27am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:27am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:28am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:28am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:28am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:28am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

[Signature] Analyst
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH  

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County CUMBERLAND  
Instrument Location CUMBERLAND Co  

Instrument Serial No. 008614  
DETECTION CENTER  
FAYETTEVILLE, NC  

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614
Test Date: 02/18/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902202
Exp Date: 01/22/2021

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:45am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:45am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:46am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:47am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:48am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:49am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:50am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox BC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 4247
Test Date: 02/18/2019 Test Time: 9:52am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:53am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:53am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:53am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:53am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CUMBERLAND Instrument Location CUMBERLAND CO

Instrument Serial No. 008721 DETENTION CENTER

FAYETTEVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number] 648

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008721
Test Date: 02/18/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
 Permit Number: 15671E
 Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902202
Exp Date: 01/22/2021

Test g/210L Time

DIAG Pass 10:45am
AIR BLK .00 10:46am
ACCY CHK .07 10:46am
AIR BLK .00 10:47am
SUB TEST .00 10:48am
AIR BLK .00 10:49am
SUB TEST .00 10:50am
AIR BLK .00 10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008721  Test Record Number: 1042
Test Date: 02/18/2019  Test Time: 10:52am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
<tr>
<td>ET</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:54am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:54am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CUMBERLAND Instrument Location CUMBERLAND CO

Instrument Serial No. 008672 DETENTION CENTER

FAYETTEVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

Signature of Certifying Official

648

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672
Test Date: 02/18/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902202
Exp Date: 01/22/2021

Test | g/210L | Time
--- | --- | ---
DIAG | Pass | 11:22am
AIR BLK | .00 | 11:22am
ACCY CHK | .07 | 11:23am
AIR BLK | .00 | 11:24am
SUB TEST | .00 | 11:25am
AIR BLK | .00 | 11:25am
SUB TEST | .00 | 11:27am
AIR BLK | .00 | 11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**CUMBERLAND COUNTY DETENTION CENTER 250**

Serial Number: 008672    Test Record Number: 6408
Test Date: 02/18/2019    Test Time: 11:30am EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CUMBERLAND Instrument Location CUMBERLAND CO

Instrument Serial No. 008787 DETENTION CENTER
FAYETTEVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008787
Test Date: 02/18/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902202
Exp Date: 01/22/2021

Test g/210L Time
DIAG Pass 12:11pm
AIR BLK .00 12:12pm
ACCY CHK .08 12:13pm
AIR BLK .00 12:13pm
SUB TEST .00 12:14pm
AIR BLK .00 12:15pm
SUB TEST .00 12:16pm
AIR BLK .00 12:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

*CUMBERLAND COUNTY DETENTION CENTER 250*

Serial Number: 008787    Test Record Number: 841
Test Date: 02/18/2019    Test Time: 12:18pm EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:18pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:18pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:18pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:18pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:18pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:18pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:18pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:18pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

*Analyst*

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CUMBERLAND Instrument Location FT BRAGG

Instrument Serial No. 008908 PMO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

648
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY FT BRAGG LEC 250

Serial Number: 008908
Test Date: 02/21/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814902
Exp Date: 05/29/2020

Test  g/210L  Time
-----  ----  ----
DIAG   Pass  2:00pm
AIR BLK .00  2:01pm
ACCY CHK .08  2:01pm
AIR BLK .00  2:03pm
SUB TEST .00  2:03pm
AIR BLK .00  2:04pm
SUB TEST .00  2:06pm
AIR BLK .00  2:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

*CUMBERLAND COUNTY FT BRAGG LEC 250*

Serial Number: 008908    Test Record Number: 1727
Test Date: 02/21/2019    Test Time: 2:07pm EST

System Check: *Passed*

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance Status:** Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21st day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 008903
Test Date: 02/21/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
 Permit Number: 15671E
 Effective:
 07/01/2017-07/01/2019

Officer's Name: NONE, NONE
 Type of Agency: FTA
 Agency: DHHS
 Test Type: Breath Test

Lot Number: AG814902
Exp Date: 05/29/2020

Test  g/210L Time

DIAG Pass 2:17pm
AIR BLK .00 2:18pm
ACCY CHK .07 2:18pm
AIR BLK .00 2:19pm
SUB TEST .00 2:20pm
AIR BLK .00 2:21pm
SUB TEST .00 2:22pm
AIR BLK .00 2:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 006903    Test Record Number: 2331
Test Date: 02/21/2019    Test Time: 2:24pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Currituck
Instrument Location Currituck O.S.O.
Instrument Serial No. DO8947 107 A Maple Rd., Maple, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947
Test Date: 02/26/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective: 06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901
Exp Date: 05/29/2020

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox BC/IR-II: Preventive Maintenance

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947    Test Record Number: 2338
Test Date: 02/26/2019    Test Time: 10:24am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:24am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:24am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:24am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18\textsuperscript{th} day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783
Test Date: 02/18/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective: 06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101
Exp Date: 12/07/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:02am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:03am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:05am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:05am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:06am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:08am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:08am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783        Test Record Number: 814
Test Date: 02/18/2019        Test Time: 11:09am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:10am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:10am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:10am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:10am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:10am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:10am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:10am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:10am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:11am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:11am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:11am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:11am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804
Test Date: 02/18/2019

Citation Number: M00000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective: 06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902106
Exp Date: 01/21/2021

Test  g/210L  Time

DIAG  Pass  11:13am
AIR BLK .00  11:14am
ACCY CHK .08  11:15am
AIR BLK .00  11:16am
SUB TEST .00  11:16am
AIR BLK .00  11:17am
SUB TEST .00  11:19am
AIR BLK .00  11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance
DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804  Test Record Number: 2174
Test Date: 02/18/2019  Test Time: 11:20am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22nd day of February, 2019 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807
Test Date: 02/22/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 116456E
Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821801
Exp Date: 08/06/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:28am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:28am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:29am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:30am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:31am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:32am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:33am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:34am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807    Test Record Number: 1018
Test Date: 02/22/2019    Test Time: 10:35am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:36am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:36am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:36am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:36am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Davidson
Instrument Location: Lexington
Instrument Serial No.: 008883
Police Department:

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: [Signature]
Certificate Number: 642

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883
Test Date: 02/15/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective: 04/01/2017-04/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401
Exp Date: 08/02/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:45pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>2:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:46pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:48pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:49pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:50pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**DAVIDSON COUNTY LEXINGTON PD 280**

Serial Number: 008883    Test Record Number: 2043  
Test Date: 02/15/2019    Test Time: 2:51pm EST

System Check: *Passed*

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:52pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:52pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: *Pass*

---

*This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007*
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  DAVIDSON  Instrument Location  THOMASVILLE
Instrument Serial No.  008872  Police Department

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of February 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**DAVIDSON COUNTY THOMASVILLE PD 280**

Serial Number: 008872  
Test Date: 02/15/2019

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective: 04/01/2017-04/01/2019

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG734101  
Exp Date: 12/07/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:52pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:52pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:53pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:55pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:58pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

**Signature of Chemical Analyst**

**Court CVR**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**DAVIDSON COUNTY THOMASVILLE PD 280**

Serial Number: 008872    Test Record Number: 1423  
Test Date: 02/15/2019    Test Time: 1:59pm EST

**System Check: Passed**

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:00pm</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:00pm</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:00pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:00pm</td>
</tr>
</tbody>
</table>

#### Preventive Maintenance

Status: Pass

---

*This form is used when performing Preventive Maintenance procedures*  
*Forensic Tests for Alcohol Branch*  
*Department of Health and Human Services*  
*Rev. 12/2007*
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**DAVIE COUNTY DAVIE COUNTY JAIL 290**

Serial Number: 008905  
Test Date: 02/26/2019

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Female
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: PARLEY, CYNTHIA D  
Permit Number: 24123E  
Effective: 11/01/2018-11/01/2020

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG821801  
Exp Date: 08/06/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:17pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:19pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:20pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:23pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

 Court CVR

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905  Test Record Number: 2326
Test Date: 02/26/2019  Test Time: 1:24pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

\[Signature\]

Dale Farley

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of FEBRUARY, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

K. C. Rhodes
Signature of Certifying Official

601
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858
Test Date: 02/01/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective: 05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101
Exp Date: 12/07/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:42pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:42pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:43pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:45pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:46pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:47pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858    Test Record Number: 892
Test Date: 02/01/2019    Test Time: 12:48pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:49pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:49pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:49pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:49pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:49pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:49pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:49pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:49pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:50pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:50pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:50pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:50pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

K. C. Rhodes
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21 day of February, 2019 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

K. C. Rhodes
Signature of Certifying Official

601
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864  
Test Date: 02/21/2019

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective: 05/01/2017-05/01/2019

Officer's Name: NONE, NONE  
Type of Agency: PTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG821801  
Exp Date: 08/06/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:00am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:01am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:02am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:03am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:04am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:04am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:06am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:07am</td>
</tr>
</tbody>
</table>

Reported AC: 00 g/210L

Signature of Chemical Analyst: 

Court CVR

Signature: RHODES

Analyst

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864  Test Record Number: 3571
Test Date: 02/21/2019  Test Time: 11:07am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:09am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:09am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:09am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:09am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

K.C. Rhodes
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008925
Test Date: 02/15/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective: 11/01/2018-11/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG831801
Exp Date: 11/14/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:40pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:40pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:41pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:44pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:46pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925  Test Record Number: 2587
Test Date: 02/15/2019  Test Time: 1:47pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Forsyth Instrument Location Forsyth County
Instrument Serial No. 008583 Detention

Winston-Salem, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583
Test Date: 02/15/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG831801
Exp Date: 11/14/2020

Test g/210L Time

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:45pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:47pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:48pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:49pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:52pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CHR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**FORSYTH COUNTY FORSYTH CO DETENTION 330**

Serial Number: 008583  
Test Record Number: 7531  
Test Date: 02/15/2019  
Test Time: 1:53pm EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:53pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:53pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:55pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:55pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

[Signature]

**Analyst**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008659
Test Date: 02/15/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective: 11/01/2018-11/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG831801
Exp Date: 11/14/2020

Test g/210L Time
DIAG Pass 1:37pm
AIR BLK .00 1:38pm
ACCY CHK .08 1:38pm
AIR BLK .00 1:40pm
SUB TEST .00 1:40pm
AIR BLK .00 1:41pm
SUB TEST .00 1:45pm
AIR BLK .00 1:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659      Test Record Number: 5086
Test Date: 02/15/2019      Test Time: 1:47pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:47pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:47pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:47pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:47pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:47pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:47pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:47pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:47pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Dale Farley

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27th day of February 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 655

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650
Test Date: 02/27/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective: 11/01/2018-11/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG805801
Exp Date: 02/27/2020

Test g/210L Time

DIAG Pass 1:35pm
AIR BLK .00 1:36pm
ACCY CHK .07 1:36pm
AIR BLK .00 1:37pm
SUB TEST .00 1:39pm
AIR BLK .00 1:40pm
SUB TEST .00 1:42pm
AIR BLK .00 1:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650  Test Record Number: 1517  
Test Date: 02/27/2019  Test Time: 1:43pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:44pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:44pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:44pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>1:44pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:44pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>1:44pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:44pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:44pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:45pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:45pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:45pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:45pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Forsyth Instrument Location Bio-Medical Unit 2

Instrument Serial No. 008871

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official 658 Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

PORSYTH BAT MOBILE UNIT 2 330

Serial Number: 008871
Test Date: 02/27/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401
Exp Date: 08/02/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:05pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:07pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:08pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:10pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

FORSYTH BAT MOBILE UNIT 2 330

Serial Number: 008871    Test Record Number: 952
Test Date: 02/27/2019    Test Time: 9:11pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:13pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:13pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:13pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:13pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the ___ day of___ , 20___, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]
Intox EC/IR-II: Subject Test

CASTON BAT MOBILE UNIT 2 350

Serial Number: 008871
Test Date: 02/23/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective: 06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401
Exp Date: 08/02/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:32pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:33pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:34pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:36pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:37pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:38pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

GASTON BAT MOBILE UNIT 2350

Serial Number: 008871 Test Record Number: 948
Test Date: 02/23/2019 Test Time: 9:39pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:39pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:39pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:39pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:39pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:39pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:39pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:39pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:39pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:40pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:40pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:40pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:40pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19 day of February, 2019, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915
Test Date: 02/19/2019

Citation Number: MG000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
09/01/2017-09/01/2019

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734102
Exp Date: 12/07/2019

Test       g/210L    Time

DIAG       Pass     1:00pm
AIR BLK    .00      1:01pm
ACCY CHK   .08      1:02pm
AIR BLK    .00      1:03pm
SUB TEST   .00      1:04pm
AIR BLK    .00      1:05pm
SUB TEST   .00      1:06pm
AIR BLK    .00      1:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Greene
Instrument Location: Greene C. S. O.

Instrument Serial No.: 008670
301 W. Greene St., Snow Hill, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official] [Certificate Number]

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

*GREENE COUNTY GREENE CO SO 390*

Serial Number: 008670  
Test Date: 02/15/2019

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective: 06/01/2017-06/01/2019

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG807102  
Exp Date: 03/12/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:17am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:18am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:19am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:19am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:20am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:22am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:23am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

*Signature of Chemical Analyst*

Court CVR

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**Greene County Greene Co So 390**

Serial Number: 008670  Test Record Number: 1836  
Test Date: 02/15/2019  Test Time: 11:24am EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

[Signature]

**Analyst**

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Guilford  Instrument Location: High Point
Instrument Serial No: 008718  Jail

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

L. [Signature]  642  [Certificate Number]
Signature of Certifying Official

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718
Test Date: 02/19/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective: 04/01/2017-04/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401
Exp Date: 08/02/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:02pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:04pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:05pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718    Test Record Number: 1960
Test Date: 02/19/2019    Test Time: 12:10pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the __25__ day of __February__ 2017 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
### Intox EC/IR-II: Subject Test

**HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430**

- **Serial Number:** 008714
- **Test Date:** 02/25/2019

**Citation Number:** M0000000-0  
**Subject's Name:** PREVENTIVE, MAINTENANCE  
**Subject's Date of Birth:** 11/11/1911  
**Subject's Sex:** Male  
**Driver's License State:** XX  
**Driver's License Number:** NONE

**Analyst's Name:** CUTLER, DANIEL R  
**Permit Number:** 08457E  
**Effective:** 09/01/2017-09/01/2019

- **Officer's Name:** NONE,  
- **Type of Agency:** FTA  
- **Agency:** DHHS  
- **Test Type:** Breath Test

- **Lot Number:** AG734102  
- **Exp Date:** 12/07/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:42pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:43pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:45pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:48pm</td>
</tr>
</tbody>
</table>

**Reported AC:** .00 g/210L

---

**Signature of Chemical Analyst**

Court CVR

---

**Analyst**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:49pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of February, 2019 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712
Test Date: 02/25/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
09/01/2017-09/01/2019

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401
Exp Date: 08/02/2020

Test g/210L Time

DIAG Pass 1:40pm
AIR BLK .00 1:41pm
ACCY CHK .08 1:41pm
AIR BLK .00 1:42pm
SUB TEST .00 1:43pm
AIR BLK .00 1:44pm
SUB TEST .00 1:45pm
AIR BLK .00 1:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
# Intox EC/IR-II: Preventive Maintenance

**HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430**

Serial Number: 008712    Test Record Number: 2180  
Test Date: 02/25/2019    Test Time: 1:47pm EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:47pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:47pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:48pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

*This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007*
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Henderson
Instrument Location Henderson Co Detention

Instrument Serial No. 008822

Hendersonville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21st day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

HENDERSON COUNTY DETENTION 440

Serial Number: 008822
Test Date: 02/21/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814902
Exp Date: 05/29/2020

Test g/210L Time

DIAG Pass 4:09pm
AIR BLK .00 4:10pm
ACCY CHK .08 4:11pm
AIR BLK .00 4:12pm
SUB TEST .00 4:13pm
AIR BLK .00 4:14pm
SUB TEST .00 4:16pm
AIR BLK .00 4:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

HENDERSON COUNTY DETENTION 440

Serial Number: 008822    Test Record Number: 2317
Test Date: 02/21/2019    Test Time: 4:18pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:19pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:19pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:19pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>4:19pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:19pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:19pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:19pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:19pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:19pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:20pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:20pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:20pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

__________________________
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806  
Test Date: 02/21/2019

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J  
Permit Number: 11304E  
Effective: 05/01/2017-05/01/2019

Officer's Name:  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG814902  
Exp Date: 05/29/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>4:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:10pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>4:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:12pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:13pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:16pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806    Test Record Number: 2692
Test Date: 02/21/2019    Test Time: 4:16pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:17pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:17pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:17pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>4:17pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:17pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:17pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:17pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:17pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:18pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:18pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:18pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:18pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County       Hoke   Instrument Location     Hoke County

Instrument Serial No.  008852

DE TENTION CENTER
RAEFORD, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852
Test Date: 02/25/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101
Exp Date: 12/07/2019

Test g/210L Time

DIAG Pass 1:30pm
AIR BLK .00 1:30pm
ACCY CHK .08 1:31pm
AIR BLK .00 1:32pm
SUB TEST .00 1:33pm
AIR BLK .00 1:34pm
SUB TEST .00 1:35pm
AIR BLK .00 1:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852  Test Record Number: 903
Test Date: 02/25/2019  Test Time: 1:37pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:37pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:37pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:37pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>1:37pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:37pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:37pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:37pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:37pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:38pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:38pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:38pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:38pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the __ day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797
Test Date: 02/22/2019

Citation Number: M000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 116468
Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716201
Exp Date: 06/11/2019

Test g/210L Time

DIAG Pass 12:28pm
AIR BLK .00 12:29pm
ACCY CHK .07 12:29pm
AIR BLK .00 12:31pm
SUB TEST .00 12:31pm
AIR BLK .00 12:32pm
SUB TEST .00 12:34pm
AIR BLK .00 12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signatures]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797    Test Record Number: 560
Test Date: 02/22/2019    Test Time: 12:35pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Iredell
Instrument Location: Iredell County

Instrument Serial No. 008809
Address: 201 E. Water St., Statesville

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 656

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test
IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809
Test Date: 02/15/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective: 01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814902
Exp Date: 05/29/2020

Test g/210L Time
DIAG Pass 9:06am
AIR BLK .00 9:07am
ACCY CHK .08 9:08am
AIR BLK .00 9:09am
SUB TEST .00 9:09am
AIR BLK .00 9:10am
SUB TEST .00 9:12am
AIR BLK .00 9:13am

Reported AC: 0.00 g/210L

Signature of Chemical Analyst
Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
---

**Intox EC/IR-II: Preventive Maintenance**

*IREDELL COUNTY IREDELL COUNTY SO 480*

Serial Number: 008809  Test Record Number: 4095  Test Date: 02/15/2019  Test Time: 9:14am EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:14am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:14am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:14am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>9:14am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:14am</td>
</tr>
<tr>
<td>DEB</td>
<td>Pass</td>
<td>9:14am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:14am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:14am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:15am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:15am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:15am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:15am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

*This form is used when performing Preventive Maintenance procedures*

*Forensic Tests for Alcohol Branch*

*Department of Health and Human Services*

*Rev. 12/2007*
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County:         Instrument Location: Statesville PO
                300 S. Trade St., Statesville

Instrument Serial No. 008619

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number: 656

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619
Test Date: 02/15/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective: 01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901
Exp Date: 05/29/2020

Test     g/210L     Time

DIAG      Pass      9:48am
AIR BLK    .00      9:49am
ACCY CHK  .07      9:50am
AIR BLK    .00      9:51am
SUB TEST  .00      9:51am
AIR BLK    .00      9:52am
SUB TEST  .00      9:54am
AIR BLK    .00      9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY STATESVILLE PD 480

**Serial Number:** 008619  **Test Record Number:** 1536  
**Test Date:** 02/15/2019  **Test Time:** 9:56am EST

**System Check:** Passed

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:56am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:56am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:57am</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:57am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:57am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:57am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:57am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:57am</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:57am</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:57am</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:58am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:58am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance Status:** Pass

---

*This form is used when performing Preventive Maintenance procedures*

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: ___________ Instrument Location: ___________
Instrument Serial No.: ___________ 201 E. Water St., Statesville

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the ___________ day of ______, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008684
Test Date: 02/27/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective: 01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814902
Exp Date: 05/29/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>8:49am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:50am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>8:50am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:51am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:52am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:53am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:54am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:55am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008684    Test Record Number: 4249
Test Date: 02/27/2019    Test Time: 8:56am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>8:56am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:56am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:56am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>8:57am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:57am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:57am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:57am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:57am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>8:57am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>8:57am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>8:57am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:57am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analysis

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County JOHNSTON Instrument Location JOHNSTON COUNTY

Instrument Serial No. 008810 DETENTION CENTER SMITHFIELD, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810
Test Date: 02/21/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902202
Exp Date: 01/22/2021

Test   g/210L   Time
DIAG   Pass    10:01am
AIR BLK .00  10:02am
ACCY CHK .08  10:03am
AIR BLK .00  10:04am
SUB TEST .00  10:04am
AIR BLK .00  10:05am
SUB TEST .00  10:06am
AIR BLK .00  10:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
# Intox EC/IR-II: Preventive Maintenance

**JOHNSTON COUNTY DETENTION CENTER 500**

Serial Number: 008810  Test Record Number: 3604  
Test Date: 02/21/2019  Test Time: 10:08am EST

System Check: Passed

## Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:08am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:08am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:08am</td>
</tr>
</tbody>
</table>

## Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:08am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:08am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:08am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:08am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:08am</td>
</tr>
</tbody>
</table>

## Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:09am</td>
</tr>
</tbody>
</table>

## Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:09am</td>
</tr>
</tbody>
</table>

## CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:09am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:09am</td>
</tr>
</tbody>
</table>

## Preventive Maintenance

Status: Pass

**Analyst**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 01 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
**Intox EC/IR-II: Subject Test**

**JOHNSTON COUNTY DETENTION CENTER 500**

Serial Number: 008846  
Test Date: 02/21/2019

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG902202  
Exp Date: 01/22/2021

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:12am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:12am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:13am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:14am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:15am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:16am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:18am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:19am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst  

Court CVR

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**JOHNSON COUNTY DETENTION CENTER 500**

Serial Number: 008846    Test Record Number: 4522
Test Date: 02/21/2019    Test Time: 10:19am EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

[Signature]

**Analyst**

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823
Test Date: 02/15/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722408
Exp Date: 08/12/2019

Test  g/210L  Time
DIAG   Pass       2:35pm
AIR BLK .00       2:35pm
ACCY CHK .08      2:36pm
AIR BLK .00       2:37pm
SUB TEST .00      2:37pm
AIR BLK .00       2:38pm
SUB TEST .00      2:40pm
AIR BLK .00       2:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823    Test Record Number: 1469
Test Date: 02/15/2019    Test Time: 2:43pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:43pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:43pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:43pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:43pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:43pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:43pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:43pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:43pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:44pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:44pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:44pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:44pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Lincoln Instrument Location Lincoln County Courthouse

Instrument Serial No. 008527 #1 Court Square, Lincoln ton

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 0.2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificafe Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827
Test Date: 02/04/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401
Exp Date: 08/02/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:21pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:23pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:25pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:27pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

 Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827  Test Record Number: 3075
Test Date: 02/04/2019  Test Time: 2:28pm EST

System Check: Passed

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
<tr>
<td>ST</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:29pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:29pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:29pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:29pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27 day of February, 2019 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789
Test Date: 02/27/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective: 09/01/2017-09/01/2019

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716202
Exp Date: 06/11/2019

Test g/210L Time
DIAG Pass 9:46am
AIR BLK .00 9:47am
ACCY CHK .07 9:47am
AIR BLK .00 9:48am
SUB TEST .00 9:49am
AIR BLK .00 9:50am
SUB TEST .00 9:51am
AIR BLK .00 9:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance
MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789    Test Record Number: 637
Test Date: 02/27/2019    Test Time: 9:53am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:55am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:55am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:55am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Macon
Instrument Location: Macon Co. Jail

Instrument Serial No.: 008618
Franklin, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27th day of February 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

635
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618
Test Date: 02/27/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
09/01/2017-09/01/2019

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722408
Exp Date: 08/12/2019

Test       g/210L    Time
DIAG       Pass     9:42am
AIR BLK    .00      9:43am
ACCY CHK   .07      9:44am
AIR BLK    .00      9:45am
SUB TEST   .00      9:46am
AIR BLK    .00      9:47am
SUB TEST   .00      9:48am
AIR BLK    .00      9:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26th day of February 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008918  
Test Date: 02/26/2019

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
08/01/2017-08/01/2019

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG814901  
Exp Date: 05/29/2020

Test   g/210L  Time

DIAG   Pass   3:06pm
AIR BLK .00   3:07pm
ACCY CHK .08   3:08pm
AIR BLK .00   3:09pm
SUB TEST .00   3:09pm
AIR BLK .00   3:10pm
SUB TEST .00   3:11pm
AIR BLK .00   3:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008918  Test Record Number: 665  
Test Date: 02/26/2019  Test Time: 3:03pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:03pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:03pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:03pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>3:03pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:03pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:03pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:03pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:03pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:04pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:04pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:04pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:04pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location Bar Mobile 3

Instrument Serial No. 008969 CMPD

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official] 0659

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MECKLENBERG BAT MOBILE 3 590

Serial Number: 008969
Test Date: 02/06/2019

Citation Number: M00000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W
Permit Number: 07281E
Effective:
02/01/2018-02/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821801
Exp Date: 08/06/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:58pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:59pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:00pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:01pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:05pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

MECKLENBERG BAT MOBILE 3 590

Serial Number: 008969    Test Record Number: 263
Test Date: 02/06/2019    Test Time: 9:47pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:47pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:47pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:47pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Mecklenburg  Instrument Location: Cornelius 90
Instrument Serial No.: 008692  2140 Carowda Ave, Cornelius

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692
Test Date: 02/15/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective: 01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814902
Exp Date: 05/29/2020

Test g/210L Time
DIAG Pass 12:47pm
AIR BLK .00 12:48pm
ACCY CHK .08 12:49pm
AIR BLK .00 12:50pm
SUB TEST .00 12:51pm
AIR BLK .00 12:52pm
SUB TEST .00 12:53pm
AIR BLK .00 12:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692    Test Record Number: 2872
Test Date: 02/15/2019    Test Time: 12:56pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official 656

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691
Test Date: 02/12/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective: 01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401
Exp Date: 08/02/2020

Test  g/210L  Time
---  ---  ---
DIAG  Pass  11:37am
AIR BLK .00  11:38am
ACCY CHK .07  11:39am
AIR BLK .00  11:40am
SUB TEST .00  11:41am
AIR BLK .00  11:42am
SUB TEST .00  11:43am
AIR BLK .00  11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

MECKLENSBURG COUNTY CMPD LEC 590

Serial Number: 008691  Test Record Number: 7473  Test Date: 02/12/2019  Test Time: 11:45am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:45am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:45am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:45am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:46am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:46am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:46am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:46am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:46am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:46am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:46am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:46am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:46am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Mecklenburg  
Instrument Location: Bad Mobile Unit 2

Instrument Serial No. 0D8671

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 650

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 2 590

Serial Number: 008871
Test Date: 02/13/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective: 06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401
Exp Date: 08/02/2020

Test g/210L Time

DIAG Pass 6:42pm
AIR BLK .00 6:43pm
ACCY CHK .08 6:43pm
AIR BLK .00 6:44pm
SUB TEST .00 6:45pm
AIR BLK .00 6:46pm
SUB TEST .00 6:47pm
AIR BLK .00 6:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 2 590

Serial Number: 008871    Test Record Number: 945
Test Date: 02/13/2019    Test Time: 6:49pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>6:49pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>6:49pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>6:49pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>6:49pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>6:49pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>6:49pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>6:49pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>6:49pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>6:50pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>6:50pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>6:50pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>6:50pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

**Analyst**

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MONTGOMERY Instrument Location MONTGOMERY COUNTY

Instrument Serial No. 008709 DETENTION CENTER TROY, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26th day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008709
Test Date: 02/26/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101
Exp Date: 12/07/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:39pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:40pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:41pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:42pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:43pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:45pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Analyst Signature]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

*MONTGOMERY COUNTY DETENTION CENTER 610*

Serial Number: 008709  Test Record Number: 1150  Test Date: 02/26/2019  Test Time: 12:46pm EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:47pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:47pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:47pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:47pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

**This form is used when performing Preventive Maintenance procedures**

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH  

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County: MONTGOMERY Instrument Location: MONTGOMERY COUNTY  
Instrument Serial No.: 008657 DETENTION CENTER  
TRC, AL  

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26th day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official:  
Certificate Number: 648  

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657
Test Date: 02/26/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716201
Exp Date: 06/11/2019

Test  g/210L  Time

DIAG  Pass  12:36pm
AIR BLK .00  12:36pm
ACCY CHK .08  12:37pm
AIR BLK .00  12:38pm
SUB TEST .00  12:39pm
AIR BLK .00  12:40pm
SUB TEST .00  12:41pm
AIR BLK .00  12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

MONTGOMERY COUNTY DETENTION CENTER 610

Serial Number: 008657    Test Record Number: 1593
Test Date: 02/26/2019    Test Time: 12:43pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County NASH Instrument Location NASHVILLE PD

Instrument Serial No. 008430  501 S. BARNES ST NASHVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630
Test Date: 02/28/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective: 05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902106
Exp Date: 01/21/2021

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:06pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:08pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:10pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:13pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630  Test Record Number: 4363
Test Date: 02/28/2019  Test Time: 3:13pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:13pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:13pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:15pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:15pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ORANGE Instrument Location Hillsborough PD

Instrument Serial No. 008924 127 N. Clinton St. Hillsborough, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 642

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
INTOX EC/IR-II: Subject Test

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008924
Test Date: 02/12/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: NO
Driver's License Number: NONE

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901
Exp Date: 05/29/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>5:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>5:16pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>5:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>5:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>5:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>5:19pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>5:21pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>5:22pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008924    Test Record Number: 1408
Test Date: 02/12/2019    Test Time: 5:24pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>5:24pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>5:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>5:24pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>5:24pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>5:24pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>5:24pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>5:24pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>5:24pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>5:25pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>5:25pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>5:25pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>5:25pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: ORANGE  Instrument Location: Hillsborough PD

Instrument Serial No: 008873  127 W. Chatham St. Hillsborough, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**ORANGE COUNTY HILLSBOROUGH PD 670**

Serial Number: 008873  
Test Date: 02/21/2019  

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE  

Analyst's Name: BARNES, STOKES  
Permit Number: 11434E  
Effective: 05/01/2017-05/01/2019  

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test  

Lot Number: AG814901  
Exp Date: 05/29/2020  

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:25am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:26am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:26am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:27am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:28am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:29am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:30am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:31am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L  

Signature of Chemical Analyst  

Court CVR  

---

**Analyst**

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008873    Test Record Number: 1525
Test Date: 02/21/2019    Test Time: 9:32am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:33am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:33am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:33am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:33am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:33am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:33am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:33am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:33am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of February, 2019, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948
Test Date: 02/01/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective: 05/01/2017-05/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701
Exp Date: 04/17/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:19am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:20am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:21am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:22am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:23am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:24am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948    Test Record Number: 843
Test Date: 02/01/2019    Test Time: 11:25am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:26am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:26am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:26am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:26am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

K. C. Rhodes
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]  [Certificate Number]

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

PITT AYDEN PD 730

Serial Number: 008666
Test Date: 02/12/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901
Exp Date: 05/29/2020

Test g/210L Time

DIAG Pass 1:17pm
AIR BLK .00 1:18pm
ACCY CHK .07 1:18pm
AIR BLK .00 1:19pm
SUB TEST .00 1:20pm
AIR BLK .00 1:21pm
SUB TEST .00 1:22pm
AIR BLK .00 1:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

PITT AYDEN PD 730

Serial Number: 008666   Test Record Number: 1072
Test Date: 02/12/2019   Test Time: 1:24pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:26pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:26pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:26pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:26pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Polk Instrument Location Polk County LEC

Instrument Serial No. 008881 880 E NC 108, Columbus

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 656

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881
Test Date: 02/20/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective: 01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401
Exp Date: 08/02/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:18am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:18am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:20am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:21am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:23am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:24am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>FOLO</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 654

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737
Test Date: 02/28/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 07682E
Effective:
12/01/2017-12/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG805802
Exp Date: 02/27/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:09am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:10am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:11am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:11am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:12am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:14am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:15am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:15am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:15am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28 day of February, 20__ the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860
Test Date: 02/28/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 07682E
Effective: 12/01/2017-12/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401
Exp Date: 08/02/2020

Test  g/210L  Time

DIAG  Pass  9:55am
AIR BLK .00  9:56am
ACCY CHK .08  9:56am
AIR BLK .00  9:57am
SUB TEST .00  9:58am
AIR BLK .00  9:59am
SUB TEST .00  10:01am
AIR BLK .00  10:01am

Reported AC  .00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860    Test Record Number: 2672
Test Date: 02/28/2019    Test Time: 10:06am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:06am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:06am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:06am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Randolph Co. Instrument Location: Randolph Co. Detention Center

Instrument Serial No. 008899 Asheboro, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number: 654

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox BC/IR-II: Subject Test

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899
Test Date: 02/28/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 07682E
Effective: 12/01/2017-12/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AC821401
Exp Date: 08/02/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:53am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:54am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:55am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:55am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:56am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:58am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:59am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899    Test Record Number: 3049
Test Date: 02/28/2019    Test Time: 10:00am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:01am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:01am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:01am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:01am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: ROBESON
Instrument Location: PEMBROKE POLICE DEPT.

Instrument Serial No. 008837

Pembroke, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

648
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**ROBESON COUNTY PEMBROKE POLICE DEPT**

770

Serial Number: 008837  
Test Date: 02/20/2019

Citation Number: M0000000-0  
Subject's Name: MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG814902  
Exp Date: 05/29/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>4:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:10pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>4:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:11pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:13pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:15pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

**Signature of Chemical Analyst**

Court CVR

[Signature]

**Analyst**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**ROBESON COUNTY PEMBROKE POLICE DEPT 770**

Serial Number: 008837    Test Record Number: 1018
Test Date: 02/20/2019    Test Time: 4:16pm EST

System Check: Passed

Baseline Tests
<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:16pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:16pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:16pm</td>
</tr>
</tbody>
</table>

Temperature Tests
<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>4:16pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:16pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:16pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:16pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:16pm</td>
</tr>
</tbody>
</table>

Blank Tests
<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:17pm</td>
</tr>
</tbody>
</table>

Printer Tests
<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:17pm</td>
</tr>
</tbody>
</table>

CRC Tests
<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:17pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:17pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

**Analyst**

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814
Test Date: 02/22/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG805802
Exp Date: 02/27/2020

Test          g/210L          Time
------------- ----------- -----------
DIAG          Pass          10:18am
AIR BLK       .00           10:19am
ACCY CHK      .08           10:19am
AIR BLK       .00           10:21am
SUB TEST      .00           10:21am
AIR BLK       .00           10:22am
SUB TEST      .00           10:24am
AIR BLK       .00           10:25am

Reported AC:  .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**ROBESON COUNTY ST PAULS PD 770**

Serial Number: 008814  Test Record Number: 654  
Test Date: 02/22/2019  Test Time: 10:26am EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance Status:** Pass

---

*This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007*
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629
Test Date: 02/22/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101
Exp Date: 12/07/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:56am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:57am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:58am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:59am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:00pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:03pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629    Test Record Number: 708
Test Date: 02/22/2019    Test Time: 12:04pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:04pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:04pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:04pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:04pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:04pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>12:04pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:04pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:04pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ROBESON Instrument Location ROBESON COUNTY
Instrument Serial No. 008836 DETENTION CENTER

LUMBERTON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008836
Test Date: 02/22/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG721401
Exp Date: 08/02/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:53pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:53pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:54pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:56pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:58pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**ROBESON COUNTY DETENTION CENTER 770**

Serial Number: 008836    Test Record Number: 5061
Test Date: 02/22/2019    Test Time: 1:59pm EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:00pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:00pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:00pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:00pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

**Analyst**

*This form is used when performing Preventive Maintenance procedures*

*Forensic Tests for Alcohol Branch*

*Department of Health and Human Services*

*Rev. 12/2007*
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH  

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County ROBESON  
Instrument Location ROBESON COUNTY  

Instrument Serial No. 008805  
DETOENTION CENTER  
LUMBERTON, NC  

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of FEBRUARY 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  
A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number  
DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ROBESON COUNTY DETENTION CENTER 770

Serial Number: 008805
Test Date: 02/22/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734101
Exp Date: 12/07/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:55pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:56pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:58pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:00pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**ROBESON COUNTY DETENTION CENTER 770**

Serial Number: 008805    Test Record Number: 4323
Test Date: 02/22/2019    Test Time: 2:03pm EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

*This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007*
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ROBESON
Instrument Location RED SPRINGS PD

Instrument Serial No. 008857

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**ROBESON COUNTY RED SPRINGS PD 770**

Serial Number: 008857  
Test Date: 02/25/2019

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG716201  
Exp Date: 06/11/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:33am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:34am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:36am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:37am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:37am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:39am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:40am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007

---
Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857    Test Record Number: 547
Test Date: 02/25/2019    Test Time: 11:41am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:41am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:41am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:41am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:41am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:41am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:41am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:41am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:41am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:42am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:42am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:42am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:42am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Rockingham  Instrument Location: Reidsville
Instrument Serial No. 008784  Police Department

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  642
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox BC/IR-II: Subject Test

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784
Test Date: 02/18/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective: 04/01/2017-04/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG721401
Exp Date: 08/02/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:31pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>2:32pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:33pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:35pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:37pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**ROCKINGHAM COUNTY REIDSVILLE PD 780**

Serial Number: 008784  Test Record Number: 1103  Test Date: 02/18/2019  Test Time: 2:38pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:38pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:38pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:38pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>2:38pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:38pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>2:38pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:38pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:38pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Signature: [Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Rockingham Instrument Location Eden
Instrument Serial No. 008636 Police Department

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 642

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636
Test Date: 02/18/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective: 04/01/2017-04/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG721401
Exp Date: 08/02/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:25pm</td>
</tr>
<tr>
<td>AIR BLK 0.00</td>
<td>12:25pm</td>
<td></td>
</tr>
<tr>
<td>ACCY CHK 0.08</td>
<td>12:26pm</td>
<td></td>
</tr>
<tr>
<td>AIR BLK 0.00</td>
<td>12:28pm</td>
<td></td>
</tr>
<tr>
<td>SUB TEST 0.00</td>
<td>12:28pm</td>
<td></td>
</tr>
<tr>
<td>AIR BLK 0.00</td>
<td>12:29pm</td>
<td></td>
</tr>
<tr>
<td>SUB TEST 0.00</td>
<td>12:30pm</td>
<td></td>
</tr>
<tr>
<td>AIR BLK 0.00</td>
<td>12:31pm</td>
<td></td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636    Test Record Number: 1909
Test Date: 02/18/2019    Test Time: 12:32pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:34pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796
Test Date: 02/18/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
04/01/2017-04/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101
Exp Date: 03/12/2020

Test g/210L Time

DIAG Pass 10:37am
AIR BLK .00 10:37am
ACCY CHK .08 10:38am
AIR BLK .00 10:39am
SUB TEST .00 10:40am
AIR BLK .00 10:41am
SUB TEST .00 10:43am
AIR BLK .00 10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780**

Serial Number: 008796  Test Record Number: 2744  
Test Date: 02/18/2019  Test Time: 10:46am EST

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH  

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County Rockingham  
Instrument Location Madison  
Instrument Serial No. 008802  
Police Department  

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  
2. Verify instrument displays time and date;  
3. Initiate breath test sequence;  
4. Enter information as prompted;  
5. Verify instrument accuracy;  
6. When "PLEASE BLOW" appears, collect breath sample;  
7. When "PLEASE BLOW" appears, collect breath sample;  
8. Print test record;  
9. Verify Diagnostic Program; and  
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  

I certify that on the 25th day of February, 2019 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.  

Signature of Certifying Official  
Certificate Number  

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802  
Test Date: 02/25/2019

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Female  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D  
Permit Number: 24123E  
Effective: 11/01/2018-11/01/2020

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG710701  
Exp Date: 04/17/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:02pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:04pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:05pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Analyst's Signature]

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**ROCKINGHAM COUNTY MADISON PD 780**

Serial Number: 008802  Test Record Number: 813  
Test Date: 02/25/2019  Test Time: 12:09pm EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

 Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008610
Test Date: 02/04/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective: 11/01/2018-11/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AGS21401
Exp Date: 08/02/2020

Test    g/210L  Time
DIAG    Pass   2:16pm
AIR BLK .00   2:17pm
ACCY CHK .08  2:18pm
AIR BLK .00   2:19pm
SUB TEST .00  2:20pm
AIR BLK .00   2:21pm
SUB TEST .00  2:22pm
AIR BLK .00   2:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

*Rown County China Grove PD 790*

Serial Number: 008610    Test Record Number: 2015
Test Date: 02/04/2019    Test Time: 2:24pm EST

System Check: *Passed*

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:25pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: *Pass*

\[Signature\]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

RUTHERFORD COUNTY RUTHERFORD COUNTY SO
800

Serial Number: 008914
Test Date: 02/08/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814902
Exp Date: 05/29/2020

Test g/210L Time
DIAG Pass 2:24pm
AIR BLK .00 2:24pm
ACCY CHK .07 2:25pm
AIR BLK .00 2:26pm
SUB TEST .00 2:27pm
AIR BLK .00 2:27pm
SUB TEST .00 2:29pm
AIR BLK .00 2:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:31pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:31pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:31pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:31pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:31pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:31pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:31pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:31pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:32pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:32pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COM</td>
<td>Pass</td>
<td>2:32pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:32pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Sampson Instrument Location: Sampson County

Instrument Serial No: 008875 Sheriff's Office

CLINTON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature] 648

Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

SAMPSO COUNTY SAMPSO COUNTY SD 810

Serial Number: 008825
Test Date: 02/15/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902202
Exp Date: 01/22/2021

Test g/210L Time

DIAG Pass 5:55pm
AIR BLK .00 5:56pm
ACCY CHK .08 5:57pm
AIR BLK .00 5:58pm
SUB TEST .00 5:59pm
AIR BLK .00 6:00pm
SUB TEST .00 6:01pm
AIR BLK .00 6:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>6:03pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>6:03pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>6:04pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>6:04pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>6:04pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>6:04pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>6:04pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>6:04pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>6:04pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>6:04pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>6:05pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>6:05pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County SCOTLAND Instrument Location LAURINBURG PD

Instrument Serial No. 008834 LAURINBURG, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834  
Test Date: 02/20/2019

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective: 07/01/2017-07/01/2019

Officer's Name: NONE, NONE  
Type of Agency: PTA  
Agency: DHHS
Test Type: Breath Test

Lot Number: AG831801  
Exp Date: 11/14/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:45am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:45am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:46am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:47am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:48am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:49am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:50am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

SCOTLAND COUNTY LAURINBURG PD 820

Serial Number: 008834    Test Record Number: 889
Test Date: 02/20/2019    Test Time: 11:53am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

An officer

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County SCOTLAND Instrument Location SCOTLAND Co

Instrument Serial No. 008861 SHERIFF'S OFFICE
Laurinburg, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of FEBRUARY, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
INTOX EC/IR-II: Subject Test

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861
Test Date: 02/20/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG831801
Exp Date: 11/14/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:46pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:46pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:47pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:48pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:49pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:51pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**SCOTLAND COUNTY SHERIFF’S OFFICE 820**

Serial Number: 008861  Test Record Number: 1493
Test Date: 02/20/2019  Test Time: 1:52pm EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:53pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:53pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:53pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:53pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

**Analyst**

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County____Stanly____ Instrument Location____Locust PD____

Instrument Serial No.____008706____ 1860 Ray Kennedy Drive, Locust

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the____22nd____ day of____February____, 2019____, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number____650____

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

*STANLY LOCUST PD 830*

Serial Number: 008706  
Test Date: 02/22/2019

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E  
Permit Number: 19951B  
Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG805801  
Exp Date: 02/27/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>4:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:20pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>4:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:21pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:23pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:26pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007

---

Analyst
Intox EC/IR-II: Preventive Maintenance

STANLY LOCUST PD 830

Serial Number: 008706    Test Record Number: 3516
Test Date: 02/22/2019    Test Time: 4:27pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:27pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:27pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:27pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>4:27pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:27pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:27pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:27pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:27pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:28pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:28pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:28pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:28pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Stanly
Instrument Location: Stanly Co 50
Instrument Serial No.: 008824
120 S. 3rd Street, Albemarle

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22nd day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHIS 4080 (11/07)
Intox EC/IR-II: Subject Test

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824
Test Date: 02/22/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814902
Exp Date: 05/29/2020

Test     g/210L   Time
DIAG     Pass    2:53pm
AIR BLK .00    2:54pm
ACCY CHK .08    2:55pm
AIR BLK .00    2:56pm
SUB TEST .00    2:57pm
AIR BLK .00    2:57pm
SUB TEST .00    2:59pm
AIR BLK .00    3:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**STANLY COUNTY STANLY COUNTY SD 830**

Serial Number: 008824    Test Record Number: 1396  
Test Date: 02/22/2019    Test Time: 3:01pm EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:02pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:02pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:02pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:02pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance Status:** Pass

---

*This form is used when performing Preventive Maintenance procedures*  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Stokes
Instrument Location: Stokes County Jail

Instrument Serial No.: 008596

Dumbury, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596  Test Record Number: 1066
Test Date: 02/25/2019  Test Time: 3:09pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:09pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:09pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596    Test Record Number: 1066
Test Date: 02/25/2019    Test Time: 3:09pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:09pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:09pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Surry
Instrument Location: Elkin Police Department

Instrument Serial No: 008926

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12th day of February, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: [Signature]
Certificate Number: 655

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

SURRY COUNTY ELKIN PD 850

Serial Number: 008926
Test Date: 02/12/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734102
Exp Date: 12/07/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:23pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:25pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:27pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:29pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Signature of Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**SURRY COUNTY ELKIN PD 850**

Serial Number: 008926  Test Record Number: 840  Test Date: 02/12/2019  Test Time: 1:30pm EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCO</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

![Signature]

*Analyst*

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH  

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County: Swain  
Instrument Location: Swain Co. Jail  

Instrument Serial No.: 008723  
Bryson City, NC  

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  
2. Verify instrument displays time and date;  
3. Initiate breath test sequence;  
4. Enter information as prompted;  
5. Verify instrument accuracy;  
6. When "PLEASE BLOW" appears, collect breath sample;  
7. When "PLEASE BLOW" appears, collect breath sample;  
8. Print test record;  
9. Verify Diagnostic Program; and  
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  

I certify that on the 26 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.  

[Signature of Certifying Official]  
Certificate Number 685  

A signed original of the preventive maintenance record shall be kept on file for at least three years.  

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723
Test Date: 02/26/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective: 09/01/2017-09/01/2019

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG734102
Exp Date: 12/07/2019

Test g/210L Time

DIAG Pass 9:55am
AIR BLK .00 9:56am
ACCY CHK .08 9:57am
AIR BLK .00 9:58am
SUB TEST .00 9:58am
AIR BLK .00 9:59am
SUB TEST .00 10:01am
AIR BLK .00 10:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723    Test Record Number: 736
Test Date: 02/26/2019    Test Time: 10:03am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Swain
Instrument Location: Swain Co. Jail

Instrument Serial No.: 008727
Bryson City, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26 day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 635

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727
Test Date: 02/26/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
09/01/2017-09/01/2019

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG721401
Exp Date: 08/02/2019

Test     g/210L     Time
DIAG     Pass     9:56am
AIR BLK .00     9:58am
ACCY CHK .07     9:58am
AIR BLK .00     9:59am
SUB TEST .00     10:00am
AIR BLK .00     10:01am
SUB TEST .00     10:02am
AIR BLK .00     10:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**SWAIN COUNTY SWAIN COUNTY JAIL 860**

Serial Number: 008727    Test Record Number: 1252    Test Date: 02/26/2019    Test Time: 10:04am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Union Instrument Location Union County So
Instrument Serial No. 0088460 3344 Presson Rd, Monroe

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[signature]
Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DIIIS 4080 (11/07)
Intox EC/IR-II: Subject Test

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866
Test Date: 02/26/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG805802
Exp Date: 02/27/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:12pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:14pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:18pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866   Test Record Number: 3125
Test Date: 02/26/2019   Test Time: 12:19pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876
Test Date: 02/26/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701
Exp Date: 04/17/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:11pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:13pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:15pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:17pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876   Test Record Number: 5224
Test Date: 02/26/2019   Test Time: 12:19pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Warren Instrument Location Warren LEC

Instrument Serial No. 008793 128 RAFTERS Ln Warren, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4th day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**WARREN COUNTY WARREN COUNTY JAIL 920**

Serial Number: 008793  
Test Date: 02/04/2019  

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE  

Analyst's Name: BARNES, STOKES  
Permit Number: 11434E  
Effective: 05/01/2017-05/01/2019  

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test  

Lot Number: AG734101  
Exp Date: 12/07/2019  

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG Pass</td>
<td></td>
<td>10:13am</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>10:14am</td>
<td></td>
</tr>
<tr>
<td>ACCY CHK .07</td>
<td>10:15am</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>10:15am</td>
<td></td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td>10:16am</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>10:17am</td>
<td></td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td>10:18am</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>10:19am</td>
<td></td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**WARREN COUNTY WARREN COUNTY JAIL 920**

Serial Number: 008793  
Test Record Number: 1406  
Test Date: 02/04/2019  
Test Time: 10:20am EST

**System Check: Passed**

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  Wayne  Instrument Location  Wayne Co. Detention Ctr.
Instrument Serial No.  008879  207 E. Chestnut St. Goldsboro, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of February, 2019, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Signature  047

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**WAYNE COUNTY WAYNE CO DETENTION 950**

Serial Number: 008879  
Test Date: 02/05/2019

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG710701  
Exp Date: 04/17/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:31pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:32pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:33pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:36pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:37pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:38pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

**Signature of Chemical Analyst**

[Signature]

**Court CVR**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
Serial Number: 008879    Test Record Number: 1157
Test Date: 02/05/2019    Test Time: 12:38pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:40pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:40pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:40pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:40pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21st day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786
Test Date: 02/21/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901
Exp Date: 05/29/2020

Test g/210L Time
DIAG Pass 12:06pm
AIR BLK .00 12:07pm
ACCY CHK .08 12:08pm
AIR BLK .00 12:09pm
SUB TEST .00 12:09pm
AIR BLK .00 12:10pm
SUB TEST .00 12:12pm
AIR BLK .00 12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

**Forensic Tests for Alcohol Branch**

Department of Health and Human Services

**Rev. 12/2007**
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wayne Instrument Location Wayne Co. Detention Ctr.

Instrument Serial No. 005582 207 E. Chestnut St., Goldsboro, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 15th day of February, 2019 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION  950

Serial Number: 008588  
Test Date: 02/01/2019

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG814901  
Exp Date: 05/29/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:43am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:44am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:44am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:45am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:46am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:46am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:48am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:49am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox BC/IR-II: Preventive Maintenance

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008588    Test Record Number: 1001
Test Date: 02/01/2019    Test Time: 11:50am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28th day of February, 2019, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671
Test Date: 02/28/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESSLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901
Exp Date: 05/29/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:47pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:48pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:49pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:49pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:50pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:52pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671  Test Record Number: 4749
Test Date: 02/28/2019  Test Time: 12:53pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Wayne
Instrument Location: Wayne Co. Detention Ctr.
Instrument Serial No.: 008649
207 E. Chestnut St., Goldsboro, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649
Test Date: 02/28/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701
Exp Date: 04/17/2019

Test    g/210L    Time
DIAG    Pass    1:01pm
AIR BLK .00    1:02pm
ACCY CHK .07    1:03pm
AIR BLK .00    1:04pm
SUB TEST .00    1:05pm
AIR BLK .00    1:06pm
SUB TEST .00    1:08pm
AIR BLK .00    1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyzer

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**WAYNE COUNTY WAYNE CO DETENTION 950**

Serial Number: 008649     Test Record Number: 3733
Test Date: 02/28/2019     Test Time: 1:11pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28th day of February, 2017 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879
Test Date: 02/28/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective: 08/01/2017-08/01/2019

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG710701
Exp Date: 04/17/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:03pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:05pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:07pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:10pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879   Test Record Number: 1165
Test Date: 02/28/2019   Test Time: 1:11pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:13pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:13pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:13pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
THE PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Watauga
Instrument Location: Boone PD

Instrument Serial No.: 008716

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of February, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716
Test Date: 02/25/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

Officer's Name: NONE,
Type of Agency: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401
Exp Date: 08/02/2020

Test | g/210L | Time
-----|--------|--------
DIAG | Pass   | 3:33pm |
AIR BLK | .00 | 3:34pm |
ACCY CHK | .08 | 3:35pm |
AIR BLK | .00 | 3:36pm |
SUB TEST | .00 | 3:36pm |
AIR BLK | .00 | 3:37pm |
SUB TEST | .00 | 3:39pm |
AIR BLK | .00 | 3:40pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox BC/IR-II: Preventive Maintenance

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716  Test Record Number: 2394
test Date: 02/25/2019  Test Time: 3:41pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:41pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:41pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:43pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:43pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wilkes Instrument Location Wilkes County

Instrument Serial No. 008865 Detention Center
Wilkesboro, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865
Test Date: 02/12/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective: 11/01/2018-11/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG805801
Exp Date: 02/27/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:17am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:17am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:19am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:21am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:22am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:23am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865    Test Record Number: 673
Test Date: 02/12/2019    Test Time: 11:24am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:25am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wilkes  Instrument Location Wilkes County Detention Center
W. Kesburo, N.C.

Instrument Serial No. 009843

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17th day of February 2001 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843  
Test Date: 02/12/2019

Citation Number: M0000000-0
Subject's Name:  
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:  
11/01/2018-11/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA  
Agency: DHHS
Test Type: Breath Test

Lot Number: AG805801  
Exp Date: 02/27/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:03am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:04am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:04am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:05am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:06am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:07am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:09am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:10am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

[Signature of Chemical Analyst]

[Signature of Analyst]

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843    Test Record Number: 2313
Test Date: 02/12/2019    Test Time: 11:11am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:11am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:11am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:11am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:11am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:11am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:11am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:11am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:11am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:12am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:12am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:12am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:12am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Yadkin  Instrument Location: Yadkin County

Instrument Serial No. 008854  Jail  Yadkinville, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

Signature of Certifying Official

Certificate Number 655

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854
Test Date: 02/19/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821801
Exp Date: 08/06/2020

Test     g/210L     Time
DIAG     Pass      2:24pm
AIR BLK  .00      2:25pm
ACCY CHK .08      2:26pm
AIR BLK  .00      2:27pm
SUB TEST .00      2:28pm
AIR BLK  .00      2:29pm
SUB TEST .00      2:30pm
AIR BLK  .00      2:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY  YADKIN CO JAIL 980

Serial Number: 008854  Test Record Number: 572
Test Date: 02/19/2019  Test Time: 2:33pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:33pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:33pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:33pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>2:33pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:33pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:33pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:33pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:33pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:34pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:34pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:34pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:34pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Yadkin County

Instrument Location: Yadkinville, N.C.

Instrument Serial No. 008944

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19th day of February, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 655

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944
Test Date: 02/19/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

Officer's Name: NONE, NONE
Type of Agency: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG821401
Exp Date: 08/02/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:13pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:15pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:19pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944   Test Record Number: 1550
Test Date: 02/19/2019   Test Time: 2:20pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:20pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:20pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:21pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:21pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:21pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:21pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:21pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:21pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:21pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:21pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007