DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Alexander Instrument Location Alexander County SD

Instrument Serial No. 008813 91 Commercial Park Ave., Taylorsville

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 November, 20 17 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

656
Certificate Number

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

HHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ALEXANDER COUNTY ALEXANDER COUNTY SD 010*

Serial Number: *008813*
Test Date: *11/17/2017*

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:
*01/01/2016-01/01/2018*

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 | 8:10am |
| AIR BLK | .00 | 8:11am |
| ACCY CHK | .08 | 8:11am |
| AIR BLK | .00 | 8:12am |
| **SUB TEST** | **.00** | **8:13am** |
| AIR BLK | .00 | 8:14am |
| **SUB TEST** | **.00** | **8:16am** |
| AIR BLK | .00 | 8:16am |

**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: *1684*
Test Date: *11/17/2017* Test Time: *8:19am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:20am |
| FLO | Pass | 8:20am |
| FC | Pass | 8:20am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:20am |
| SRC | Pass | 8:20am |
| DET | Pass | 8:20am |
| BAR | Pass | 8:20am |
| BT | Pass | 8:20am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:20am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:20am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:21am |
| CAL | Pass | 8:21am |

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 Beaufort Instrument Location Belhaven P.D.

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 16th day of November, 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

647
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: *11/16/2017*

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*
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: AG721401
Exp Date: 08/02/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:40pm |
| AIR BLK | .00 | 1:41pm |
| ACCY CHK | .08 | 1:41pm |
| AIR BLK | .00 | 1:43pm |
| **SUB TEST** | **.00** | **1:44pm** |
| AIR BLK | .00 | 1:45pm |
| **SUB TEST** | **.00** | **1:46pm** |
| AIR BLK | .00 | 1:47pm |

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

Signature of Chemical Analyst

Court CVR

Linda. Keesler

**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

*BEAUFORT COUNTY BELHAVEN PD 060*

Serial Number: *008928* Test Record Number: *330*
Test Date: *11/16/2017* Test Time: *1:49pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:49pm |
| FLO | Pass | 1:49pm |
| FC | Pass | 1:49pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:49pm |
| SRC | Pass | 1:49pm |
| DET | Pass | 1:49pm |
| BAR | Pass | 1:49pm |
| BT | Pass | 1:49pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:50pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:50pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:50pm |
| CAL | Pass | 1:50pm |

Preventive Maintenance
Status: Pass

Linda A. Keel
**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 BEAUFORT Instrument Location MAT MONITOR 4

Instrument Serial No. 008V71

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 3 day of NOV, 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

667
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 BAT MOBILE UNIT 4 060*

Serial Number: *008871*
Test Date: *11/03/2017*

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: *VARNELL, BRYON L*
Permit Number: *16896E*
Effective:
*09/22/2017-09/01/2019*

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

Lot Number: AG607501
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:00pm |
| AIR BLK | .00 | 10:01pm |
| ACCY CHK | .08 | 10:02pm |
| AIR BLK | .00 | 10:03pm |
| **SUB TEST** | **.00** | **10:03pm** |
| AIR BLK | .00 | 10:04pm |
| **SUB TEST** | **.00** | **10:06pm** |
| AIR BLK | .00 | 10:07pm |

**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

*BEAUFORT COUNTY BAT MOBILE UNIT 4 060*

Serial Number: *008871* Test Record Number: [redacted]
Test Date: *11/03/2017* Test Time: *10:09pm EDT*

System Check: *Passed*

## Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:09pm |
| FLO | Pass | 10:09pm |
| FC | Pass | 10:09pm |

## Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:09pm |
| SRC | Pass | 10:09pm |
| DET | Pass | 10:09pm |
| BAR | Pass | 10:09pm |
| BT | Pass | 10:09pm |

## Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:10pm |

## Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:10pm |

## CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:10pm |
| CAL | Pass | 10:10pm |

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 Buncombe Instrument Location Buncombe Co. Jail

Instrument Serial No. 008631 Asheville, 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 8 day of November, 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

649
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**

*BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL*
*100*

Serial Number: *008631*
Test Date: *11/08/2017*

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: AG716202
Exp Date: 06/11/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:45pm |
| AIR BLK | .00 | 12:46pm |
| ACCY CHK | .08 | 12:47pm |
| AIR BLK | .00 | 12:48pm |
| **SUB TEST** | **.00** | **12:48pm** |
| AIR BLK | .00 | 12:49pm |
| **SUB TEST** | **.00** | **12:51pm** |
| AIR BLK | .00 | 12:52pm |

**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

*BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100*

Serial Number: *008631* Test Record Number: *4904*
Test Date: *11/08/2017* Test Time: *12:52pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:53pm |
| FLO | Pass | 12:53pm |
| FC | Pass | 12:53pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:53pm |
| SRC | Pass | 12:53pm |
| DET | Pass | 12:53pm |
| BAR | Pass | 12:53pm |
| BT | Pass | 12:53pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:54pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:54pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:54pm |
| CAL | Pass | 12:54pm |

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 Buncombe Instrument Location Bad Mobile Unit 11

Instrument Serial No. 008973

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 10 day of November, 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

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**

*BUNCOMBE BAT MOBILE UNIT 11 100*

Serial Number: *008973*
Test Date: *11/10/2017*

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: AG607501
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 7:11pm |
| AIR BLK | .00 | 7:12pm |
| ACCY CHK | .08 | 7:12pm |
| AIR BLK | .00 | 7:14pm |
| **SUB TEST** | **.00** | **7:14pm** |
| AIR BLK | .00 | 7:15pm |
| **SUB TEST** | **.00** | **7:16pm** |
| AIR BLK | .00 | 7:17pm |

**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

*BUNCOMBE BAT MOBILE UNIT 11 100*

Serial Number: *008973* Test Record Number: *418*
Test Date: *11/10/2017* Test Time: *7:19pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 7:19pm |
| FLO | Pass | 7:19pm |
| FC | Pass | 7:19pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 7:19pm |
| SRC | Pass | 7:19pm |
| DET | Pass | 7:19pm |
| BAR | Pass | 7:19pm |
| BT | Pass | 7:19pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 7:20pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 7:20pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 7:20pm |
| CAL | Pass | 7:20pm |

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 Buncombe Instrument Location Bat Mobile Unit 11

Instrument Serial No. D08970

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 10 day of November, 20 17 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

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**

*BUNCOMBE BAT MOBILE UNIT 11 100*

Serial Number: *008970*
Test Date: *11/10/2017*

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: AG607501
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 7:12pm |
| AIR BLK | .00 | 7:13pm |
| ACCY CHK | .07 | 7:13pm |
| AIR BLK | .00 | 7:14pm |
| **SUB TEST** | **.00** | **7:15pm** |
| AIR BLK | .00 | 7:16pm |
| **SUB TEST** | **.00** | **7:17pm** |
| AIR BLK | .00 | 7:18pm |

**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

*BUNCOMBE BAT MOBILE UNIT 11 100*

Serial Number: *008970* Test Record Number: *404*
Test Date: *11/10/2017* Test Time: *7:20pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 7:20pm |
| FLO | Pass | 7:20pm |
| FC | Pass | 7:20pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 7:20pm |
| SRC | Pass | 7:20pm |
| DET | Pass | 7:20pm |
| BAR | Pass | 7:20pm |
| BT | Pass | 7:20pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 7:21pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 7:21pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 7:21pm |
| CAL | Pass | 7:21pm |

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 Bertie Instrument Location Bertie Co. S.O.

Instrument Serial No. 008897 222 County Farm Rd., Windsor, 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 13th day of November, 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

643
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**

*BERTIE COUNTY BERTIE CO SO 070*

Serial Number: *008897*
Test Date: *11/13/2017*

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 | 9:32am |
| AIR BLK | .00 | 9:33am |
| ACCY CHK | .08 | 9:34am |
| AIR BLK | .00 | 9:35am |
| **SUB TEST** | **.00** | **9:35am** |
| AIR BLK | .00 | 9:36am |
| **SUB TEST** | **.00** | **9:38am** |
| AIR BLK | .00 | 9:39am |

**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

*BERTIE COUNTY BERTIE CO SO 070*

Serial Number: *008897* Test Record Number: *1098*
Test Date: *11/13/2017* Test Time: *9:40am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:40am |
| FLO | Pass | 9:40am |
| FC | Pass | 9:40am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:41am |
| SRC | Pass | 9:41am |
| DET | Pass | 9:41am |
| BAR | Pass | 9:41am |
| BT | Pass | 9:41am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:41am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:41am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:41am |
| CAL | Pass | 9:41am |

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 BRUNSWICK Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008826 SHALLOTTE, 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 3 day of NOVEMBER, 20 17 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

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**

*BRUNSWICK COUNTY BAT MOBILE UNIT 9 090*

Serial Number: *008826*
Test Date: *11/03/2017*

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: AG710701
Exp Date: 04/17/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:34pm |
| AIR BLK | .00 | 11:35pm |
| ACCY CHK | .07 | 11:35pm |
| AIR BLK | .00 | 11:36pm |
| **SUB TEST** | **.00** | **11:37pm** |
| AIR BLK | .00 | 11:38pm |
| **SUB TEST** | **.00** | **11:39pm** |
| AIR BLK | .00 | 11:40pm |

**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

*BRUNSWICK COUNTY BAT MOBILE UNIT 9 090*

Serial Number: *008826* Test Record Number: *8024*
Test Date: *11/03/2017* Test Time: *11:42pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:42pm |
| FLO | Pass | 11:42pm |
| FC | Pass | 11:42pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:42pm |
| SRC | Pass | 11:42pm |
| DET | Pass | 11:42pm |
| BAR | Pass | 11:42pm |
| BT | Pass | 11:42pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:43pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:43pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:43pm |
| CAL | Pass | 11:43pm |

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 BRUNSWICK Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008647 SHALLOTTE, 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 3 day of NOVEMBER, 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

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**

*BRUNSWICK COUNTY BAT MOBILE UNIT 9 090*

Serial Number: *008647*
Test Date: *11/03/2017*

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: AG710701
Exp Date: 04/17/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:22pm |
| AIR BLK | .00 | 11:23pm |
| ACCY CHK | .07 | 11:24pm |
| AIR BLK | .00 | 11:25pm |
| **SUB TEST** | **.00** | **11:26pm** |
| AIR BLK | .00 | 11:27pm |
| **SUB TEST** | **.00** | **11:28pm** |
| AIR BLK | .00 | 11:29pm |

**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

*BRUNSWICK COUNTY BAT MOBILE UNIT 9 090*

Serial Number: *008647* Test Record Number: *2375*
Test Date: *11/03/2017* Test Time: *11:30pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:30pm |
| FLO | Pass | 11:30pm |
| FC | Pass | 11:30pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:30pm |
| SRC | Pass | 11:30pm |
| DET | Pass | 11:30pm |
| BAR | Pass | 11:30pm |
| BT | Pass | 11:30pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:31pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:31pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:31pm |
| CAL | Pass | 11:31pm |

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 Instrument Location CHATHAM Co. JAIL

Instrument Serial No. 008591 PITTSBORO 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 14 day of NOVEMBER, 20 17 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

371
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**

*CHATHAM COUNTY JAIL 180*

Serial Number: *008591*
Test Date: *11/14/2017*

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: *RUSSELL, LARRY*
Permit Number: *6108E*
Effective:
*08/01/2017-08/01/2019*

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

Lot Number: AG621404
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:30pm |
| AIR BLK | .00 | 2:30pm |
| ACCY CHK | .07 | 2:31pm |
| AIR BLK | .00 | 2:32pm |
| **SUB TEST** | **.00** | **2:32pm** |
| AIR BLK | .00 | 2:33pm |
| **SUB TEST** | **.00** | **2:35pm** |
| AIR BLK | .00 | 2:36pm |

**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 JAIL 180*

Serial Number: *008591* Test Record Number: *1933*
Test Date: *11/14/2017* Test Time: *2:38pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:38pm |
| FLO | Pass | 2:38pm |
| FC | Pass | 2:38pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:39pm |
| SRC | Pass | 2:39pm |
| DET | Pass | 2:39pm |
| BAR | Pass | 2:39pm |
| BT | Pass | 2:39pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:39pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:39pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:39pm |
| CAL | Pass | 2:39pm |

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 Currituck Instrument Location Currituck Co-Sp-Corolla

Instrument Serial No. DD8847 1123 Ocean Trail, Corolla, N.C.

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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 November, 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.

Linda A. Kerr
Signature of Certifying Official

647
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**

*CURRITUCK COUNTY SO-COROLLA 260*

Serial Number: *008847*
Test Date: *11/20/2017*

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*
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: AG621404
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:09pm |
| AIR BLK | .00 | 2:10pm |
| ACCY CHK | .08 | 2:10pm |
| AIR BLK | .00 | 2:11pm |
| **SUB TEST** | **.00** | **2:12pm** |
| AIR BLK | .00 | 2:13pm |
| **SUB TEST** | **.00** | **2:14pm** |
| AIR BLK | .00 | 2:15pm |

**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

*CURRITUCK COUNTY SO-COROLLA 260*

Serial Number: *008847* Test Record Number: *603*
Test Date: *11/20/2017* Test Time: *2:04pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:05pm |
| FLO | Pass | 2:05pm |
| FC | Pass | 2:05pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:05pm |
| SRC | Pass | 2:05pm |
| DET | Pass | 2:05pm |
| BAR | Pass | 2:05pm |
| BT | Pass | 2:05pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:06pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:06pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:06pm |
| CAL | Pass | 2:06pm |

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 BAT Mobile Unit 10

Instrument Serial No. 008580 Fort Bragg

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 3 day of November, 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

660
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 BAT MOBILE UNIT 10*
*250*

Serial Number: *008580*
Test Date: *11/03/2017*

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: *SMITH, JASON R*
Permit Number: *19145E*
Effective:
*03/01/2016-03/01/2018*

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 | 10:48pm |
| AIR BLK | .00 | 10:49pm |
| ACCY CHK | .07 | 10:50pm |
| AIR BLK | .00 | 10:50pm |
| **SUB TEST** | **.00** | **10:51pm** |
| AIR BLK | .00 | 10:52pm |
| **SUB TEST** | **.00** | **10:53pm** |
| AIR BLK | .00 | 10:54pm |

**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 BAT MOBILE UNIT 10 250*

Serial Number: *008580* Test Record Number: *2395*
Test Date: *11/03/2017* Test Time: *10:56pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:56pm |
| FLO | Pass | 10:56pm |
| FC | Pass | 10:56pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:57pm |
| SRC | Pass | 10:57pm |
| DET | Pass | 10:57pm |
| BAR | Pass | 10:57pm |
| BT | Pass | 10:57pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:57pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:57pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:57pm |
| CAL | Pass | 10:57pm |

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 BAT Mobile Unit 10

Instrument Serial No. 008776 Fort Bragg

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 3 day of November, 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

660
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 BAT MOBILE UNIT 10*
*250*

Serial Number: *008776*
Test Date: *11/03/2017*

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: *SMITH, JASON R*
Permit Number: *19145E*
Effective:
*03/01/2016-03/01/2018*

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 | 10:47pm |
| AIR BLK | .00 | 10:48pm |
| ACCY CHK | .07 | 10:48pm |
| AIR BLK | .00 | 10:49pm |
| **SUB TEST** | **.00** | **10:50pm** |
| AIR BLK | .00 | 10:51pm |
| **SUB TEST** | **.00** | **10:53pm** |
| AIR BLK | .00 | 10:54pm |

**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 BAT MOBILE UNIT 10 250*

Serial Number: *008776* Test Record Number: *3410*
Test Date: *11/03/2017* Test Time: *10:55pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:55pm |
| FLO | Pass | 10:55pm |
| FC | Pass | 10:56pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:56pm |
| SRC | Pass | 10:56pm |
| DET | Pass | 10:56pm |
| BAR | Pass | 10:56pm |
| BT | Pass | 10:56pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:56pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:56pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:56pm |
| CAL | Pass | 10:56pm |

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 BAT mobile Unit 10

Instrument Serial No. 008686 Fort Bragg

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 3 day of November, 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

660
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 BAT MOBILE UNIT 10*
*250*

Serial Number: *008686*
Test Date: *11/03/2017*

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: *SMITH, JASON R*
Permit Number: *19145E*
Effective:
*03/01/2016-03/01/2018*

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

Lot Number: AG702401
Exp Date: 01/24/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:50pm |
| AIR BLK | .00 | 10:51pm |
| ACCY CHK | .07 | 10:51pm |
| AIR BLK | .00 | 10:52pm |
| **SUB TEST** | **.00** | **10:53pm** |
| AIR BLK | .00 | 10:54pm |
| **SUB TEST** | **.00** | **10:56pm** |
| AIR BLK | .00 | 10:56pm |

**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 BAT MOBILE UNIT 10 250*

Serial Number: *008686* Test Record Number: *6529*
Test Date: *11/03/2017* Test Time: *11:01pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:01pm |
| FLO | Pass | 11:01pm |
| FC | Pass | 11:01pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:01pm |
| SRC | Pass | 11:01pm |
| DET | Pass | 11:01pm |
| BAR | Pass | 11:01pm |
| BT | Pass | 11:01pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:02pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:02pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:02pm |
| CAL | Pass | 11:02pm |

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 CARTERET Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 005704 MOREHEAD 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 17 day of NOVEMBER, 20 17 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

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**

*CARTERET COUNTY BAT MOBILE UNIT 9 150*

Serial Number: *008704*
Test Date: *11/17/2017*

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: AG607601
Exp Date: 03/16/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:22pm |
| AIR BLK | .00 | 11:23pm |
| ACCY CHK | .08 | 11:24pm |
| AIR BLK | .00 | 11:25pm |
| **SUB TEST** | **.00** | **11:25pm** |
| AIR BLK | .00 | 11:26pm |
| **SUB TEST** | **.00** | **11:28pm** |
| AIR BLK | .00 | 11:29pm |

**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

*CARTERET COUNTY BAT MOBILE UNIT 9 150*

Serial Number: *008704* Test Record Number: *492*
Test Date: *11/17/2017* Test Time: *11:29pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:30pm |
| FLO | Pass | 11:30pm |
| FC | Pass | 11:30pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:30pm |
| SRC | Pass | 11:30pm |
| DET | Pass | 11:30pm |
| BAR | Pass | 11:30pm |
| BT | Pass | 11:30pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:31pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:31pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:31pm |
| CAL | Pass | 11:31pm |

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 CARTERET Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008616 MOREHEAD 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 17 day of NOVEMBER, 20 17 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

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**

*CARTERET COUNTY BAT MOBILE UNIT 9 150*

Serial Number: *008616*
Test Date: *11/17/2017*

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:28pm |
| AIR BLK | .00 | 11:29pm |
| ACCY CHK | .07 | 11:29pm |
| AIR BLK | .00 | 11:30pm |
| **SUB TEST** | **.00** | **11:31pm** |
| AIR BLK | .00 | 11:32pm |
| **SUB TEST** | **.00** | **11:34pm** |
| AIR BLK | .00 | 11:35pm |

**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

*CARTERET COUNTY BAT MOBILE UNIT 9 150*

Serial Number: *008616* Test Record Number: *2367*
Test Date: *11/17/2017* Test Time: *11:36pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:36pm |
| FLO | Pass | 11:36pm |
| FC | Pass | 11:36pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:36pm |
| SRC | Pass | 11:36pm |
| DET | Pass | 11:36pm |
| BAR | Pass | 11:36pm |
| BT | Pass | 11:36pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:37pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:37pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:37pm |
| CAL | Pass | 11:37pm |

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 Catawba Instrument Location Catawba County SD

Instrument Serial No. 008821 100 B Southwest Blvd, Newton

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 3rd day of November, 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

650
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**

*CATAWBA COUNTY CATAWBA COUNTY SD 170*

Serial Number: *008821*
Test Date: *11/03/2017*

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*
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: AG621403
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:35pm |
| AIR BLK | .00 | 1:36pm |
| ACCY CHK | .07 | 1:37pm |
| AIR BLK | .00 | 1:37pm |
| **SUB TEST** | **.00** | **1:38pm** |
| AIR BLK | .00 | 1:39pm |
| **SUB TEST** | **.00** | **1:40pm** |
| AIR BLK | .00 | 1:41pm |

**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**

*CATAWBA COUNTY CATAWBA COUNTY SD 170*

Serial Number: *008821* Test Record Number: *1832*
Test Date: *11/03/2017* Test Time: *1:31pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:32pm |
| FLO | Pass | 1:32pm |
| FC | Pass | 1:32pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:32pm |
| SRC | Pass | 1:32pm |
| DET | Pass | 1:32pm |
| BAR | Pass | 1:32pm |
| BT | Pass | 1:32pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:32pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:32pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:33pm |
| CAL | Pass | 1:33pm |

Preventive Maintenance
Status: Pass

J. Etch
**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 Catawba Instrument Location Hickory PD

Instrument Serial No. 008841 347 2nd Ave SW, Hickory

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 2nd day of November, 20 17 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.

Joseph E. Hitt
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.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CATAWBA COUNTY HICKORY PD 170*

Serial Number: *008841*
Test Date: *11/02/2017*

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*
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: AG534901
Exp Date: 12/15/2017

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:19pm |
| AIR BLK | .00 | 12:20pm |
| ACCY CHK | .08 | 12:20pm |
| AIR BLK | .00 | 12:22pm |
| **SUB TEST** | **.00** | **12:22pm** |
| AIR BLK | .00 | 12:23pm |
| **SUB TEST** | **.00** | **12:25pm** |
| AIR BLK | .00 | 12:25pm |

**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**
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**Intox EC/IR-II: Preventive Maintenance**

*CATAWBA COUNTY HICKORY PD 170*

Serial Number: *008841* Test Record Number: *1766*
Test Date: *11/02/2017* Test Time: *12:15pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:15pm |
| FLO | Pass | 12:15pm |
| FC | Pass | 12:16pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:16pm |
| SRC | Pass | 12:16pm |
| DET | Pass | 12:16pm |
| BAR | Pass | 12:16pm |
| BT | Pass | 12:16pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:16pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:16pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:16pm |
| CAL | Pass | 12:16pm |

Preventive Maintenance
Status: Pass

J. E. Hall

**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 Davidson Co Jail

Instrument Serial No. 008845 Lexington, N.C.

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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 8 day of November, 20 17, 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 EC/IR-II: Subject Test**

*DAVIDSON COUNTY DAVIDSON CO JAIL 280*

Serial Number: *008845*
Test Date: *11/08/2017*

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:28pm |
| AIR BLK | .00 | 2:28pm |
| ACCY CHK | .08 | 2:29pm |
| AIR BLK | .00 | 2:30pm |
| **SUB TEST** | **.00** | **2:31pm** |
| AIR BLK | .00 | 2:32pm |
| **SUB TEST** | **.00** | **2:33pm** |
| AIR BLK | .00 | 2:34pm |

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

L. Kevin Dean
Signature of Chemical Analyst

Court CVR

L. Kevin Dean
**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

*DAVIDSON COUNTY DAVIDSON CO JAIL 280*

Serial Number: *008845* Test Record Number: *2627*
Test Date: *11/08/2017* Test Time: *2:35pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:36pm |
| FLO | Pass | 2:36pm |
| FC | Pass | 2:36pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:36pm |
| SRC | Pass | 2:36pm |
| DET | Pass | 2:36pm |
| BAR | Pass | 2:36pm |
| BT | Pass | 2:36pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:36pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:36pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:37pm |
| CAL | Pass | 2:37pm |

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 Davie Instrument Location Davie County Jail

Instrument Serial No. 008905 Mocksville, 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 3 day of November, 20 17 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

657
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**

*DAVIE COUNTY DAVIE COUNTY JAIL 290*

Serial Number: *008905*
Test Date: *11/03/2017*

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: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective:
*07/01/2016-07/01/2018*

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

Lot Number: AG702401
Exp Date: 01/24/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:31am |
| AIR BLK | .00 | 11:32am |
| ACCY CHK | .08 | 11:32am |
| AIR BLK | .00 | 11:33am |
| **SUB TEST** | **.00** | **11:35am** |
| AIR BLK | .00 | 11:36am |
| **SUB TEST** | **.00** | **11:37am** |
| AIR BLK | .00 | 11:39am |

**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

*DAVIE COUNTY DAVIE COUNTY JAIL 290*

Serial Number: *008905* Test Record Number: *2099*
Test Date: *11/03/2017* Test Time: *11:40am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:40am |
| FLO | Pass | 11:40am |
| FC | Pass | 11:40am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:40am |
| SRC | Pass | 11:40am |
| DET | Pass | 11:40am |
| BAR | Pass | 11:40am |
| BT | Pass | 11:40am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:41am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:41am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:41am |
| CAL | Pass | 11:41am |

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 Durham Instrument Location Bat Mobile Unit 8

Instrument Serial No 008601 Durham PD

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 November, 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 644

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**

*DURHAM COUNTY BATMOBILE UNIT 8 310*

Serial Number: *008601*
Test Date: *11/11/2017*

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: *SKINNER, TONYA*
Permit Number: *13651E*
Effective:
*08/01/2017-08/01/2019*

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

Lot Number: AG702401
Exp Date: 01/24/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:14pm |
| AIR BLK | .00 | 11:15pm |
| ACCY CHK | .08 | 11:15pm |
| AIR BLK | .00 | 11:16pm |
| **SUB TEST** | **.00** | **11:19pm** |
| AIR BLK | .00 | 11:20pm |
| **SUB TEST** | **.00** | **11:21pm** |
| AIR BLK | .00 | 11:22pm |

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

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

*DURHAM COUNTY BATMOBILE UNIT 8 310*

Serial Number: *008601* Test Record Number: *1257*
Test Date: *11/11/2017* Test Time: *11:26pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:26pm |
| FLO | Pass | 11:26pm |
| FC | Pass | 11:26pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:26pm |
| SRC | Pass | 11:26pm |
| DET | Pass | 11:26pm |
| BAR | Pass | 11:26pm |
| BT | Pass | 11:26pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:27pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:27pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:27pm |
| CAL | Pass | 11:27pm |

Preventive Maintenance
Status: Pass

Tonya B Skinner
**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 Edgecombe Instrument Location Edgecombe Co. Magistrate's

Instrument Serial No. 008663 Office, 300 S. Anaconda Rd., Tarboro, N.C.

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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 November, 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

643
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**

*EDGECOMBE COUNTY EDGECOMBE CO MAGISTR*
*320*

Serial Number: *008663*
Test Date: *11/27/2017*

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: AG607501
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:03am |
| AIR BLK | .00 | 11:04am |
| ACCY CHK | .07 | 11:05am |
| AIR BLK | .00 | 11:06am |
| **SUB TEST** | **.00** | **11:06am** |
| AIR BLK | .00 | 11:07am |
| **SUB TEST** | **.00** | **11:09am** |
| AIR BLK | .00 | 11:10am |

**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

*EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320*

Serial Number: *008663* Test Record Number: *2790*
Test Date: *11/27/2017* Test Time: *11:11am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:11am |
| FLO | Pass | 11:11am |
| FC | Pass | 11:12am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:12am |
| SRC | Pass | 11:12am |
| DET | Pass | 11:12am |
| BAR | Pass | 11:12am |
| BT | Pass | 11:12am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:12am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:12am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:13am |
| CAL | Pass | 11:13am |

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 Edgecombe Instrument Location Edgecombe Co. Magistrate's Office, 300 S. Anaconda Rd., Tarboro, N.C.

Instrument Serial No. 008603

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 November, 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

643
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**

*EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320*

Serial Number: *008603*
Test Date: *11/27/2017*

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: AG702402
Exp Date: 01/24/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:44am |
| AIR BLK | .00 | 10:45am |
| ACCY CHK | .08 | 10:46am |
| AIR BLK | .00 | 10:47am |
| **SUB TEST** | **.00** | **10:47am** |
| AIR BLK | .00 | 10:48am |
| **SUB TEST** | **.00** | **10:50am** |
| AIR BLK | .00 | 10:50am |

**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**

*EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320*

Serial Number: *008603* Test Record Number: *1634*
Test Date: *11/27/2017* Test Time: *10:54am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:54am |
| FLO | Pass | 10:54am |
| FC | Pass | 10:54am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:54am |
| SRC | Pass | 10:54am |
| DET | Pass | 10:54am |
| BAR | Pass | 10:54am |
| BT | Pass | 10:54am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:55am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:55am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:55am |
| CAL | Pass | 10:55am |

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 FRANKLIN Instrument Location FRANKLIN CO. LEC

Instrument Serial No. 008933 285 T KEMP RD LOUISBURG, NC

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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 29 day of NOVEMBER, 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

637
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**

*FRANKLIN COUNTY FRANKLIN CO. JAIL 340*

Serial Number: *008933*
Test Date: *11/29/2017*

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: *SMITH, BRIAN*
Permit Number: *8937E*
Effective:
*08/01/2017-08/01/2019*

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

Lot Number: AG702302
Exp Date: 01/23/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:22pm |
| AIR BLK | .00 | 2:23pm |
| ACCY CHK | .07 | 2:23pm |
| AIR BLK | .00 | 2:24pm |
| **SUB TEST** | **.00** | **2:25pm** |
| AIR BLK | .00 | 2:26pm |
| **SUB TEST** | **.00** | **2:28pm** |
| AIR BLK | .00 | 2:29pm |

**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

*FRANKLIN COUNTY FRANKLIN CO. JAIL 340*

Serial Number: *008933* Test Record Number: *929*
Test Date: *11/29/2017* Test Time: *2:30pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:31pm |
| FLO | Pass | 2:31pm |
| FC | Pass | 2:31pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:31pm |
| SRC | Pass | 2:31pm |
| DET | Pass | 2:31pm |
| BAR | Pass | 2:31pm |
| BT | Pass | 2:31pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:32pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:32pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:32pm |
| CAL | Pass | 2:32pm |

Preventive Maintenance
Status: Pass

Bruce D Smith
**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 FRANKLIN Instrument Location FRANKLIN CO. LEC

Instrument Serial No. 008942 285 J KEMP RD LOUISBURG, 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 29 day of NOVEMBER, 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

637
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: Preventive Maintenance

*FRANKLIN COUNTY FRANKLIN CO. JAIL 340*

Serial Number: *008942* Test Record Number: *1345*
Test Date: *11/29/2017* Test Time: *2:29pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:29pm |
| FLO | Pass | 2:29pm |
| FC | Pass | 2:29pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:29pm |
| SRC | Pass | 2:29pm |
| DET | Pass | 2:29pm |
| BAR | Pass | 2:29pm |
| BT | Pass | 2:29pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:30pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:30pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:30pm |
| CAL | Pass | 2:30pm |

Preventive Maintenance
Status: Pass

Bru D Smith
**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

*FRANKLIN COUNTY FRANKLIN CO. JAIL 340*

Serial Number: *008942* Test Record Number: *1345*
Test Date: *11/29/2017* Test Time: *2:29pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:29pm |
| FLO | Pass | 2:29pm |
| FC | Pass | 2:29pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:29pm |
| SRC | Pass | 2:29pm |
| DET | Pass | 2:29pm |
| BAR | Pass | 2:29pm |
| BT | Pass | 2:29pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:30pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:30pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:30pm |
| CAL | Pass | 2:30pm |

Preventive Maintenance
Status: Pass

Bruce D Smith
**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 FRANKLIN Instrument Location FRANKLINTON PD

Instrument Serial No. 008815 #7 W. MASON ST. FRANKLINTON, 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 28 day of NOVEMBER, 20 17 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.

Bruce D Smith
Signature of Certifying Official

637
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**

*FRANKLIN COUNTY FRANKLINTON PD 340*

Serial Number: *008815*
Test Date: *11/28/2017*

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: *SMITH, BRIAN*
Permit Number: *8937E*
Effective:
*08/01/2017-08/01/2019*

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

Lot Number: AG621403
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:39am |
| AIR BLK | .00 | 11:40am |
| ACCY CHK | .08 | 11:41am |
| AIR BLK | .00 | 11:42am |
| **SUB TEST** | **.00** | **11:42am** |
| AIR BLK | .00 | 11:43am |
| **SUB TEST** | **.00** | **11:45am** |
| AIR BLK | .00 | 11:46am |

**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

*FRANKLIN COUNTY FRANKLINTON PD 340*

Serial Number: *008815* Test Record Number: *1094*
Test Date: *11/28/2017* Test Time: *11:49am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:49am |
| FLO | Pass | 11:49am |
| FC | Pass | 11:49am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:50am |
| SRC | Pass | 11:50am |
| DET | Pass | 11:50am |
| BAR | Pass | 11:50am |
| BT | Pass | 11:50am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:50am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:50am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:50am |
| CAL | Pass | 11:50am |

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 Forsyth Instrument Location Forsyth County Detention

Instrument Serial No. 008659 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 6 day of November, 20 17 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

6577
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: *008659*
Test Date: *11/06/2017*

Citation Number: *M0000000-0*
Subject's Name: *PREVENTIVE, MAINTENACE*
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: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective: *07/01/2016-07/01/2018*

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 | 2:31pm |
| AIR BLK | .00 | 2:32pm |
| ACCY CHK | .07 | 2:32pm |
| AIR BLK | .00 | 2:33pm |
| **SUB TEST** | **.00** | **2:34pm** |
| AIR BLK | .00 | 2:35pm |
| **SUB TEST** | **.00** | **2:37pm** |
| AIR BLK | .00 | 2:38pm |

**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: *4540*
Test Date: *11/06/2017* Test Time: *2:38pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:39pm |
| FLO | Pass | 2:39pm |
| FC | Pass | 2:39pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:39pm |
| SRC | Pass | 2:39pm |
| DET | Pass | 2:39pm |
| BAR | Pass | 2:39pm |
| BT | Pass | 2:39pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:40pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:40pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:40pm |
| CAL | Pass | 2:40pm |

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 Forsyth Instrument Location Forsyth County Detention

Instrument Serial No. 008583 Winston-Salem, N.C.

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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 6 day of November, 20 17 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

657
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: *11/06/2017*

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: *NC*
Driver's License Number: *NONE*

Analyst's Name: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective: *07/01/2016-07/01/2018*

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 | 2:43pm |
| AIR BLK | .00 | 2:44pm |
| ACCY CHK | .07 | 2:45pm |
| AIR BLK | .00 | 2:46pm |
| **SUB TEST** | **.00** | **2:46pm** |
| AIR BLK | .00 | 2:47pm |
| **SUB TEST** | **.00** | **2:49pm** |
| AIR BLK | .00 | 2:50pm |

**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: *008583* Test Record Number: *6942*
Test Date: *11/06/2017* Test Time: *2:51pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:51pm |
| FLO | Pass | 2:51pm |
| FC | Pass | 2:51pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:51pm |
| SRC | Pass | 2:51pm |
| DET | Pass | 2:51pm |
| BAR | Pass | 2:51pm |
| BT | Pass | 2:51pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:52pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:52pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:52pm |
| CAL | Pass | 2:52pm |

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 Forsyth Instrument Location Forsyth County Detention

Instrument Serial No. 008925 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 6 day of November, 20 17 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

657
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: *008925*
Test Date: *11/06/2017*

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: *NC*
Driver's License Number: *NONE*

Analyst's Name: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective: *07/01/2016-07/01/2018*

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 | 2:44pm |
| AIR BLK | .00 | 2:45pm |
| ACCY CHK | .07 | 2:46pm |
| AIR BLK | .00 | 2:47pm |
| **SUB TEST** | **.00** | **2:48pm** |
| AIR BLK | .00 | 2:48pm |
| **SUB TEST** | **.00** | **2:50pm** |
| AIR BLK | .00 | 2:51pm |

**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: *1989*
Test Date: *11/06/2017* Test Time: *2:52pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:52pm |
| FLO | Pass | 2:52pm |
| FC | Pass | 2:52pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:52pm |
| SRC | Pass | 2:52pm |
| DET | Pass | 2:52pm |
| BAR | Pass | 2:52pm |
| BT | Pass | 2:52pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:53pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:53pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:53pm |
| CAL | Pass | 2:53pm |

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 Forsyth Instrument Location Kernersville Police Department

Instrument Serial No. 008650

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 6 day of November, 20 17 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

657
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 KERNERSVILLE PD 330*

Serial Number: *008650*
Test Date: *11/06/2017*

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: *NC*
Driver's License Number: *NONE*

Analyst's Name: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective:
*07/01/2016-07/01/2018*

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

Lot Number: AG621403
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:00pm |
| AIR BLK | .00 | 4:00pm |
| ACCY CHK | .07 | 4:01pm |
| AIR BLK | .00 | 4:02pm |
| **SUB TEST** | **.00** | **4:03pm** |
| AIR BLK | .00 | 4:03pm |
| **SUB TEST** | **.00** | **4:05pm** |
| AIR BLK | .00 | 4:06pm |

**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: *1378*
Test Date: *11/06/2017* Test Time: *4:09pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:09pm |
| FLO | Pass | 4:09pm |
| FC | Pass | 4:09pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:09pm |
| SRC | Pass | 4:09pm |
| DET | Pass | 4:09pm |
| BAR | Pass | 4:09pm |
| BT | Pass | 4:09pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:10pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:10pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:10pm |
| CAL | Pass | 4:10pm |

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 Forsyth Instrument Location Bat Mobile Unit 11

Instrument Serial No. 008972

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 30 day of November, 20 17 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

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**

*FORSYTH BAT MOBILE UNIT 11 330*

Serial Number: *008973*
Test Date: *11/30/2017*

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: AG607501
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:01pm |
| AIR BLK | .00 | 9:02pm |
| ACCY CHK | .08 | 9:03pm |
| AIR BLK | .00 | 9:04pm |
| **SUB TEST** | **.00** | **9:04pm** |
| AIR BLK | .00 | 9:05pm |
| **SUB TEST** | **.00** | **9:06pm** |
| AIR BLK | .00 | 9:07pm |

**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 BAT MOBILE UNIT 11 330*

Serial Number: *008973* Test Record Number: *430*
Test Date: *11/30/2017* Test Time: *9:09pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:09pm |
| FLO | Pass | 9:09pm |
| FC | Pass | 9:10pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:10pm |
| SRC | Pass | 9:10pm |
| DET | Pass | 9:10pm |
| BAR | Pass | 9:10pm |
| BT | Pass | 9:10pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:10pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:10pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:10pm |
| CAL | Pass | 9:11pm |

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 Guilford Instrument Location UNC-Greensboro Police Department

Instrument Serial No. 008604

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 9 day of November, 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

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 EC/IR-II: Subject Test**

*GUILFORD COUNTY UNC-G POLICE DEPT 400*

Serial Number: *008604*
Test Date: *11/09/2017*

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: AG621404
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:14pm |
| AIR BLK | .00 | 3:14pm |
| ACCY CHK | .08 | 3:15pm |
| AIR BLK | .00 | 3:16pm |
| **SUB TEST** | **.00** | **3:17pm** |
| AIR BLK | .00 | 3:18pm |
| **SUB TEST** | **.00** | **3:19pm** |
| AIR BLK | .00 | 3:20pm |

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

L. Kevin Dean
Signature of Chemical Analyst

Court CVR

L. Kevin Dean
**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 UNC-G POLICE DEPT 400*

Serial Number: *008604* Test Record Number: *1570*
Test Date: *11/09/2017* Test Time: *3:22pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:22pm |
| FLO | Pass | 3:22pm |
| FC | Pass | 3:23pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:23pm |
| SRC | Pass | 3:23pm |
| DET | Pass | 3:23pm |
| BAR | Pass | 3:23pm |
| BT | Pass | 3:23pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:24pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:24pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:24pm |
| CAL | Pass | 3:24pm |

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 Guilford Instrument Location Greensboro PD

Instrument Serial No. 008725 100 Police PLAZA Greensboro, NC.

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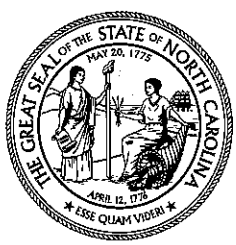
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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 9 day of November, 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.**




S. Kevin Dean — 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 EC/IR-II: Subject Test**

*GUILFORD COUNTY GREENSBORO PD 400*

Serial Number: *008725*
Test Date: *11/09/2017*

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: AG621404
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:57pm |
| AIR BLK | .00 | 3:58pm |
| ACCY CHK | .07 | 3:59pm |
| AIR BLK | .00 | 3:59pm |
| **SUB TEST** | **.00** | **4:00pm** |
| AIR BLK | .00 | 4:01pm |
| **SUB TEST** | **.00** | **4:03pm** |
| AIR BLK | .00 | 4:04pm |

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

L. Kevin Dean
Signature of Chemical Analyst

Court CVR

L. Kevin Dean
**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 GREENSBORO PD 400*

Serial Number: *008725* Test Record Number: *4025*
Test Date: *11/09/2017* Test Time: *4:04pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:05pm |
| FLO | Pass | 4:05pm |
| FC | Pass | 4:05pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:05pm |
| SRC | Pass | 4:05pm |
| DET | Pass | 4:05pm |
| BAR | Pass | 4:05pm |
| BT | Pass | 4:05pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:05pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:05pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:06pm |
| CAL | Pass | 4:06pm |

Preventive Maintenance
Status: Pass

L. Kim Dean

**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 Gates Instrument Location Gates Co. S.O.

Instrument Serial No. 008851 202 Court St, Gatesville, NC

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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 November, 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

643
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**

*GATES COUNTY GATES CO SO 360*

Serial Number: *008851*
Test Date: *11/15/2017*

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: AG710701
Exp Date: 04/17/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:05pm |
| AIR BLK | .00 | 1:06pm |
| ACCY CHK | .08 | 1:06pm |
| AIR BLK | .00 | 1:07pm |
| **SUB TEST** | **.00** | **1:10pm** |
| AIR BLK | .00 | 1:11pm |
| **SUB TEST** | **.00** | **1:12pm** |
| AIR BLK | .00 | 1:13pm |

**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

*GATES COUNTY GATES CO SO 360*

Serial Number: *008851* Test Record Number: *592*
Test Date: *11/15/2017* Test Time: *1:14pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:14pm |
| FLO | Pass | 1:14pm |
| FC | Pass | 1:15pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:15pm |
| SRC | Pass | 1:15pm |
| DET | Pass | 1:15pm |
| BAR | Pass | 1:15pm |
| BT | Pass | 1:15pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:15pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:15pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:16pm |
| CAL | Pass | 1:16pm |

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 Gaston Instrument Location Bat Mobile Unit 11

Instrument Serial No. 008973

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 17 day of November, 20 17 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

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**

*GASTON BAT MOBILE UNIT 11 350*

Serial Number: *008973*
Test Date: *11/17/2017*

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: AG607501
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:28pm |
| AIR BLK | .00 | 9:29pm |
| ACCY CHK | .08 | 9:30pm |
| AIR BLK | .00 | 9:31pm |
| **SUB TEST** | **.00** | **9:31pm** |
| AIR BLK | .00 | 9:32pm |
| **SUB TEST** | **.00** | **9:33pm** |
| AIR BLK | .00 | 9:34pm |

**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

*GASTON BAT MOBILE UNIT 11 350*

Serial Number: *008973* Test Record Number: *427*
Test Date: *11/17/2017* Test Time: *9:36pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:36pm |
| FLO | Pass | 9:36pm |
| FC | Pass | 9:36pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:36pm |
| SRC | Pass | 9:36pm |
| DET | Pass | 9:36pm |
| BAR | Pass | 9:36pm |
| BT | Pass | 9:36pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:37pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:37pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:37pm |
| CAL | Pass | 9:37pm |

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 Gates Instrument Location Gates Co. S.O.

Instrument Serial No. 008884 202 Court St., Gatesville, 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 30th day of November, 20 17 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

6413
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**

*GATES COUNTY GATES CO SO 360*

Serial Number: *008884*
Test Date: *11/30/2017*

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: AG710701
Exp Date: 04/17/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:28am |
| AIR BLK | .00 | 10:29am |
| ACCY CHK | .08 | 10:30am |
| AIR BLK | .00 | 10:30am |
| **SUB TEST** | **.00** | **10:31am** |
| AIR BLK | .00 | 10:32am |
| **SUB TEST** | **.00** | **10:33am** |
| AIR BLK | .00 | 10:34am |

**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

*GATES COUNTY GATES CO SO 360*

Serial Number: *008884* Test Record Number: *833*
Test Date: *11/30/2017* Test Time: *10:35am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:36am |
| FLO | Pass | 10:36am |
| FC | Pass | 10:36am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:36am |
| SRC | Pass | 10:36am |
| DET | Pass | 10:36am |
| BAR | Pass | 10:36am |
| BT | Pass | 10:36am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:37am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:37am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:37am |
| CAL | Pass | 10:37am |

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 HALIFAX Instrument Location ROANOKE RAPIDS PD

Instrument Serial No. 008635 1640 ROANOKE AVE ROANOKE RAPIDS, NC

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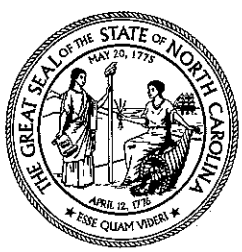
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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 30 day of NOVEMBER, 20 17 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

637
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**

*HALIFAX CO ROANOKE RAPIDS PD 410*

Serial Number: *008635*
Test Date: *11/30/2017*

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: *SMITH, BRIAN*
Permit Number: *8937E*
Effective:
*08/01/2017-08/01/2019*

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 | 8:30pm |
| AIR BLK | .00 | 8:31pm |
| ACCY CHK | .08 | 8:32pm |
| AIR BLK | .00 | 8:33pm |
| **SUB TEST** | **.00** | **8:34pm** |
| AIR BLK | .00 | 8:34pm |
| **SUB TEST** | **.00** | **8:36pm** |
| AIR BLK | .00 | 8:37pm |

**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

*HALIFAX CO ROANOKE RAPIDS PD 410*

Serial Number: *008635* Test Record Number: *1624*
Test Date: *11/30/2017* Test Time: *8:40pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:40pm |
| FLO | Pass | 8:40pm |
| FC | Pass | 8:41pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:41pm |
| SRC | Pass | 8:41pm |
| DET | Pass | 8:41pm |
| BAR | Pass | 8:41pm |
| BT | Pass | 8:41pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:41pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:41pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:42pm |
| CAL | Pass | 8:42pm |

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 HALIFAX Instrument Location ROANOKE RAPIDS PD

Instrument Serial No. 008656 1040 ROANOKE AVE. ROANOKE RAPIDS, 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 30 day of NOVEMBER, 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

637
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**

*HALIFAX CO. ROANOKE RAPIDS PD 410*

Serial Number: *008656*
Test Date: *11/30/2017*

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: *SMITH, BRIAN*
Permit Number: *8937E*
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 | 8:31pm |
| AIR BLK | .00 | 8:32pm |
| ACCY CHK | .07 | 8:33pm |
| AIR BLK | .00 | 8:34pm |
| **SUB TEST** | **.00** | **8:34pm** |
| AIR BLK | .00 | 8:36pm |
| **SUB TEST** | **.00** | **8:37pm** |
| AIR BLK | .00 | 8:38pm |

**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

*HALIFAX CO. ROANOKE RAPIDS PD 410*

Serial Number: *008656* Test Record Number: *578*
Test Date: *11/30/2017* Test Time: *8:40pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:40pm |
| FLO | Pass | 8:40pm |
| FC | Pass | 8:40pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:40pm |
| SRC | Pass | 8:40pm |
| DET | Pass | 8:40pm |
| BAR | Pass | 8:40pm |
| BT | Pass | 8:40pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:41pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:41pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:41pm |
| CAL | Pass | 8:41pm |

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 HALIFAX Instrument Location HALIFAX CO. SHERIFF'S OFFICE

Instrument Serial No. 008695 355 FERRELL LN HALIFAX, 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 30 day of NOVEMBER, 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

637
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**

*HALIFAX CO. HALIFAX CO. SD 410*

Serial Number: *008695*
Test Date: *11/30/2017*

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: *SMITH, BRIAN*
Permit Number: *8937E*
Effective:
*08/01/2017-08/01/2019*

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

Lot Number: AG607501
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:36pm |
| AIR BLK | .00 | 4:37pm |
| ACCY CHK | .08 | 4:38pm |
| AIR BLK | .00 | 4:39pm |
| **SUB TEST** | **.00** | **4:39pm** |
| AIR BLK | .00 | 4:40pm |
| **SUB TEST** | **.00** | **4:41pm** |
| AIR BLK | .00 | 4:42pm |

**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

*HALIFAX CO. HALIFAX CO. SD 410*

Serial Number: *008695* Test Record Number: *2399*
Test Date: *11/30/2017* Test Time: *4:45pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:45pm |
| FLO | Pass | 4:45pm |
| FC | Pass | 4:45pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:45pm |
| SRC | Pass | 4:45pm |
| DET | Pass | 4:45pm |
| BAR | Pass | 4:45pm |
| BT | Pass | 4:45pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:46pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:46pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:46pm |
| CAL | Pass | 4:46pm |

Preventive Maintenance
Status: Pass

Bruce D Smith
**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 Harnett Co Instrument Location Dunn Police Dept

Instrument Serial No. 008644 Dunn 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 3rd day of November, 20 11 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

654
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**

*HARNETT COUNTY DUNN POLICE DEPT. 420*

Serial Number: *008644*
Test Date: *11/03/2017*

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: *7682E*
Effective:
*02/01/2016-02/01/2018*

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

Lot Number: AG621403
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:29am |
| AIR BLK | .00 | 10:30am |
| ACCY CHK | .08 | 10:31am |
| AIR BLK | .00 | 10:32am |
| **SUB TEST** | **.00** | **10:33am** |
| AIR BLK | .00 | 10:34am |
| **SUB TEST** | **.00** | **10:35am** |
| AIR BLK | .00 | 10:36am |

**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

*HARNETT COUNTY DUNN POLICE DEPT. 420*

Serial Number: *008644* Test Record Number: *1268*
Test Date: *11/03/2017* Test Time: *10:38am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:39am |
| FLO | Pass | 10:39am |
| FC | Pass | 10:39am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:39am |
| SRC | Pass | 10:39am |
| DET | Pass | 10:39am |
| BAR | Pass | 10:39am |
| BT | Pass | 10:39am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:40am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:40am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:40am |
| CAL | Pass | 10:40am |

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 Harnett Co. Instrument Location Harnett Co. Det. Center

Instrument Serial No. 008730 Lillington, 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 3rd day of November, 20 17 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

654
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**

*HARNETT COUNTY DETENTION CENTER 420*

Serial Number: *008730*
Test Date: *11/03/2017*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAITENANCE*
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: *7682E*
Effective:
*02/01/2016-02/01/2018*

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 | 11:31am |
| AIR BLK | .00 | 11:31am |
| ACCY CHK | .08 | 11:32am |
| AIR BLK | .00 | 11:33am |
| **SUB TEST** | **.00** | **11:34am** |
| AIR BLK | .00 | 11:34am |
| **SUB TEST** | **.00** | **11:36am** |
| AIR BLK | .00 | 11:37am |

**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

*HARNETT COUNTY DETENTION CENTER 420*

Serial Number: *008730* Test Record Number: *2844*
Test Date: *11/03/2017* Test Time: *11:39am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:39am |
| FLO | Pass | 11:39am |
| FC | Pass | 11:39am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:39am |
| SRC | Pass | 11:39am |
| DET | Pass | 11:39am |
| BAR | Pass | 11:39am |
| BT | Pass | 11:39am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:40am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:40am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:40am |
| CAL | Pass | 11:40am |

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 Harnett Co. Instrument Location Harnett Co. Det. Center

Instrument Serial No. 008429 Lillington, 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 3rd day of November, 20 11 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

654
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**

*HARNETT COUNTY DETENTION CENTER 420*

Serial Number: *008729*
Test Date: *11/03/2017*

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: *7682E*
Effective:
*02/01/2016-02/01/2018*

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

Lot Number: AG702302
Exp Date: 01/23/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:33am |
| AIR BLK | .00 | 11:33am |
| ACCY CHK | .08 | 11:34am |
| AIR BLK | .00 | 11:35am |
| **SUB TEST** | **.00** | **11:36am** |
| AIR BLK | .00 | 11:37am |
| **SUB TEST** | **.00** | **11:38am** |
| AIR BLK | .00 | 11:39am |

**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

*HARNETT COUNTY DETENTION CENTER 420*

Serial Number: *008729* Test Record Number: *2203*
Test Date: *11/03/2017* Test Time: *11:41am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:41am |
| FLO | Pass | 11:41am |
| FC | Pass | 11:42am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:42am |
| SRC | Pass | 11:42am |
| DET | Pass | 11:42am |
| BAR | Pass | 11:42am |
| BT | Pass | 11:42am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:42am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:42am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:42am |
| CAL | Pass | 11:42am |

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 Hertford Instrument Location Murfreesboro P.D.

Instrument Serial No. 008906 115 E. Broad St., Murfreesboro, NC.

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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 November, 20 17 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

643
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**

*HERTFORD COUNTY MURFREESBORO PD 450*

Serial Number: *008906*
Test Date: *11/15/2017*

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: AG702401
Exp Date: 01/24/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:32am |
| AIR BLK | .00 | 10:32am |
| ACCY CHK | .08 | 10:33am |
| AIR BLK | .00 | 10:34am |
| **SUB TEST** | **.00** | **10:35am** |
| AIR BLK | .00 | 10:35am |
| **SUB TEST** | **.00** | **10:37am** |
| AIR BLK | .00 | 10:38am |

**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

*HERTFORD COUNTY MURFREESBORO PD 450*

Serial Number: *008906* Test Record Number: *645*
Test Date: *11/15/2017* Test Time: *10:42am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:42am |
| FLO | Pass | 10:42am |
| FC | Pass | 10:42am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:42am |
| SRC | Pass | 10:42am |
| DET | Pass | 10:42am |
| BAR | Pass | 10:42am |
| BT | Pass | 10:42am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:43am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:43am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:43am |
| CAL | Pass | 10:43am |

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 Hoke County Instrument Location Hoke Co. Detention CTR.

Instrument Serial No. 008855 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 15th day of December, 2014 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

654
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: *008855*
Test Date: *12/15/2017*

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: *7682E*
Effective:
*02/01/2016-02/01/2018*

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 | 11:37am |
| AIR BLK | .00 | 11:38am |
| ACCY CHK | .08 | 11:39am |
| AIR BLK | .00 | 11:40am |
| **SUB TEST** | **.00** | **11:40am** |
| AIR BLK | .00 | 11:41am |
| **SUB TEST** | **.00** | **11:43am** |
| AIR BLK | .00 | 11:43am |

**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

*HOKE COUNTY DETENTION CENTER 460*

Serial Number: *008855* Test Record Number: *1337*
Test Date: *12/15/2017* Test Time: *11:48am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:48am |
| FLO | Pass | 11:48am |
| FC | Pass | 11:49am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:49am |
| SRC | Pass | 11:49am |
| DET | Pass | 11:49am |
| BAR | Pass | 11:49am |
| BT | Pass | 11:49am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:49am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:49am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:50am |
| CAL | Pass | 11:50am |

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 Hoke County Instrument Location Hoke Co. Detention Ctr.

Instrument Serial No. 008852 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 15th day of December, 2014 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

654
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: *12/15/2017*

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: *7682E*
Effective:
*02/01/2016-02/01/2018*

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

Lot Number: AG621403
Exp Date: 08/01/2018

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

**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

*HOKE COUNTY DETENTION CENTER 460*

Serial Number: *008852* Test Record Number: *849*
Test Date: *12/15/2017* Test Time: *11:51am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:51am |
| FLO | Pass | 11:51am |
| FC | Pass | 11:52am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:52am |
| SRC | Pass | 11:52am |
| DET | Pass | 11:52am |
| BAR | Pass | 11:52am |
| BT | Pass | 11:52am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:52am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:52am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:53am |
| CAL | Pass | 11:53am |

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 Iredell Instrument Location Iredell County SD

Instrument Serial No. 008809 201 E Water St, Statesville

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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 2nd day of November, 20 17 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

656
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: Preventive Maintenance

*IREDELL COUNTY IREDELL COUNTY SD 480*

Serial Number: *008809* Test Record Number: *3765*
Test Date: *11/02/2017* Test Time: *9:05am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:06am |
| FLO | Pass | 9:06am |
| FC | Pass | 9:06am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:06am |
| SRC | Pass | 9:06am |
| DET | Pass | 9:06am |
| BAR | Pass | 9:06am |
| BT | Pass | 9:06am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:07am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:07am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:07am |
| CAL | Pass | 9:07am |

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: Subject Test**

*IREDELL COUNTY IREDELL COUNTY SD 480*

Serial Number: *008809*
Test Date: *11/02/2017*

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:
*01/01/2016-01/01/2018*

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 | 9:09am |
| AIR BLK | .00 | 9:09am |
| ACCY CHK | .07 | 9:10am |
| AIR BLK | .00 | 9:11am |
| **SUB TEST** | **.00** | **9:12am** |
| AIR BLK | .00 | 9:14am |
| **SUB TEST** | **.00** | **9:14am** |
| AIR BLK | .00 | 9:16am |

**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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Iredell Instrument Location Statesville PD

Instrument Serial No. 008619 300 S. Tradd 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 8th day of November, 20 17 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

656
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: Preventive Maintenance

*IREDELL COUNTY STATESVILLE PD 480*

Serial Number: *008619* Test Record Number: *1344*
Test Date: *11/08/2017* Test Time: *1:32pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:32pm |
| FLO | Pass | 1:32pm |
| FC | Pass | 1:33pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:33pm |
| SRC | Pass | 1:33pm |
| DET | Pass | 1:33pm |
| BAR | Pass | 1:33pm |
| BT | Pass | 1:33pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:33pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:33pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:34pm |
| CAL | Pass | 1:34pm |

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: Subject Test**

*IREDELL COUNTY STATESVILLE PD 480*

Serial Number: *008619*
Test Date: *11/08/2017*

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:
*01/01/2016-01/01/2018*

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

Lot Number: AG621403
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:36pm |
| AIR BLK | .00 | 1:36pm |
| ACCY CHK | .07 | 1:37pm |
| AIR BLK | .00 | 1:38pm |
| **SUB TEST** | **.00** | **1:38pm** |
| AIR BLK | .00 | 1:39pm |
| **SUB TEST** | **.00** | **1:41pm** |
| AIR BLK | .00 | 1:42pm |

**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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Johnson Co. Instrument Location Benson Police Dept.

Instrument Serial No. 008875 Benson, 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 3rd day of November, 20 11 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

654
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 BENSON POLICE DEPT.*
*500*

Serial Number: *008885*
Test Date: *11/03/2017*

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: *7682E*
Effective:
*02/01/2016-02/01/2018*

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

Lot Number: AG621501
Exp Date: 08/02/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:37am |
| AIR BLK | .00 | 9:37am |
| ACCY CHK | .07 | 9:38am |
| AIR BLK | .00 | 9:39am |
| **SUB TEST** | **.00** | **9:40am** |
| AIR BLK | .00 | 9:41am |
| **SUB TEST** | **.00** | **9:42am** |
| AIR BLK | .00 | 9:43am |

**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

*JOHNSTON COUNTY BENSON POLICE DEPT. 500*

Serial Number: *008885* Test Record Number: *499*
Test Date: *11/03/2017* Test Time: *9:44am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:44am |
| FLO | Pass | 9:44am |
| FC | Pass | 9:44am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:44am |
| SRC | Pass | 9:44am |
| DET | Pass | 9:44am |
| BAR | Pass | 9:44am |
| BT | Pass | 9:44am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:45am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:45am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:45am |
| CAL | Pass | 9:45am |

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 JOHNSTON Instrument Location SELMA POLICE DEPT.

Instrument Serial No. 008595 SELMA 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 02 day of NOVEMBER, 20 17 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

371
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 SELMA PD 500*

Serial Number: *008595*
Test Date: *11/02/2017*

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: *RUSSELL, LARRY*
Permit Number: *6108E*
Effective:
*08/01/2017-08/01/2019*

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

Lot Number: AG607502
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:19am |
| AIR BLK | .00 | 11:20am |
| ACCY CHK | .07 | 11:20am |
| AIR BLK | .00 | 11:21am |
| **SUB TEST** | **.00** | **11:22am** |
| AIR BLK | .00 | 11:23am |
| **SUB TEST** | **.00** | **11:24am** |
| AIR BLK | .00 | 11:25am |

**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

*JOHNSTON COUNTY SELMA PD 500*

Serial Number: *008595* Test Record Number: *1178*
Test Date: *11/02/2017* Test Time: *11:26am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:26am |
| FLO | Pass | 11:26am |
| FC | Pass | 11:26am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:26am |
| SRC | Pass | 11:26am |
| DET | Pass | 11:26am |
| BAR | Pass | 11:26am |
| BT | Pass | 11:26am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:27am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:27am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:27am |
| CAL | Pass | 11:27am |

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 LEE Instrument Location LEE Co. JAIL

Instrument Serial No. 008645 SANFORD, 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 09 day of NOVEMBER, 20 17 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

371
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**

*LEE COUNTY LEE CO. LEC. 520*

Serial Number: *008645*
Test Date: *11/09/2017*

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: *RUSSELL, LARRY*
Permit Number: *6108E*
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 | 4:50pm |
| AIR BLK | .00 | 4:51pm |
| ACCY CHK | .08 | 4:51pm |
| AIR BLK | .00 | 4:53pm |
| **SUB TEST** | **.00** | **4:53pm** |
| AIR BLK | .00 | 4:54pm |
| **SUB TEST** | **.00** | **4:56pm** |
| AIR BLK | .00 | 4:57pm |

**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

*LEE COUNTY LEE CO. LEC. 520*

Serial Number: *008645* Test Record Number: *1773*
Test Date: *11/09/2017* Test Time: *4:58pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:59pm |
| FLO | Pass | 4:59pm |
| FC | Pass | 4:59pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:59pm |
| SRC | Pass | 4:59pm |
| DET | Pass | 4:59pm |
| BAR | Pass | 4:59pm |
| BT | Pass | 4:59pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:59pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:59pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 5:00pm |
| CAL | Pass | 5:00pm |

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 Lenoir Instrument Location Kinston PD.

Instrument Serial No. 008624 205 E. King St., Kinston, 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 November, 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

647
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**

*LENOIR COUNTY KINSTON PD 530*

Serial Number: *008624*
Test Date: *11/15/2017*

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*
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: AG621404
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:45am |
| AIR BLK | .00 | 11:46am |
| ACCY CHK | .07 | 11:47am |
| AIR BLK | .00 | 11:48am |
| **SUB TEST** | **.00** | **11:48am** |
| AIR BLK | .00 | 11:49am |
| **SUB TEST** | **.00** | **11:51am** |
| AIR BLK | .00 | 11:52am |

**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**

*LENOIR COUNTY KINSTON PD 530*

Serial Number: *008624* Test Record Number: *1651*
Test Date: *11/15/2017* Test Time: *11:53am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:53am |
| FLO | Pass | 11:53am |
| FC | Pass | 11:53am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:53am |
| SRC | Pass | 11:53am |
| DET | Pass | 11:53am |
| BAR | Pass | 11:53am |
| BT | Pass | 11:53am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:54am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:54am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:54am |
| CAL | Pass | 11:54am |

Preventive Maintenance
Status: Pass

Linda A. Kear
**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 LENOIR Instrument Location LENOIR CO. S.O.

Instrument Serial No. 008639 130 Queen ST., KINSTON, 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 November, 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

647
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**

*LENOIR COUNTY LENOIR CO SO 530*

Serial Number: *008639*
Test Date: *11/15/2017*

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*
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: AG607501
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:25am |
| AIR BLK | .00 | 11:27am |
| ACCY CHK | .07 | 11:27am |
| AIR BLK | .00 | 11:28am |
| **SUB TEST** | **.00** | **11:29am** |
| AIR BLK | .00 | 11:30am |
| **SUB TEST** | **.00** | **11:31am** |
| AIR BLK | .00 | 11:32am |

**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

*LENOIR COUNTY LENOIR CO SO 530*

Serial Number: *008639* Test Record Number: *3080*
Test Date: *11/15/2017* Test Time: *11:33am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:33am |
| FLO | Pass | 11:33am |
| FC | Pass | 11:33am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:33am |
| SRC | Pass | 11:33am |
| DET | Pass | 11:33am |
| BAR | Pass | 11:33am |
| BT | Pass | 11:33am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:34am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:34am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:34am |
| CAL | Pass | 11:34am |

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 Co. JAIL

Instrument Serial No. DD 8709 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 13 day of NOVEMBER, 20 17 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

371
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 MONTGOMERY CO. JAIL*
*610*

Serial Number: *008709*
Test Date: *11/13/2017*

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: *RUSSELL, LARRY*
Permit Number: *6108E*
Effective:
*08/01/2017-08/01/2019*

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

Lot Number: AG607502
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:58pm |
| AIR BLK | .00 | 1:59pm |
| ACCY CHK | .08 | 1:59pm |
| AIR BLK | .00 | 2:00pm |
| **SUB TEST** | **.00** | **2:01pm** |
| AIR BLK | .00 | 2:02pm |
| **SUB TEST** | **.00** | **2:03pm** |
| AIR BLK | .00 | 2:04pm |

**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

*MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610*

Serial Number: *008709* Test Record Number: *1033*
Test Date: *11/13/2017* Test Time: *2:09pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:09pm |
| FLO | Pass | 2:09pm |
| FC | Pass | 2:10pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:10pm |
| SRC | Pass | 2:10pm |
| DET | Pass | 2:10pm |
| BAR | Pass | 2:10pm |
| BT | Pass | 2:10pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:10pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:10pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:10pm |
| CAL | Pass | 2:10pm |

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 Co. JAIL

Instrument Serial No. 008657 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 13 day of NOVEMBER, 20 17 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

371
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 MONTGOMERY CO. JAIL*
*610*

Serial Number: *008657*
Test Date: *11/13/2017*

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: *RUSSELL, LARRY*
Permit Number: *6108E*
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 | 1:53pm |
| AIR BLK | .00 | 1:54pm |
| ACCY CHK | .07 | 1:54pm |
| AIR BLK | .00 | 1:55pm |
| **SUB TEST** | **.00** | **1:56pm** |
| AIR BLK | .00 | 1:57pm |
| **SUB TEST** | **.00** | **1:59pm** |
| AIR BLK | .00 | 2:00pm |

**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

*MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610*

Serial Number: *008657* Test Record Number: *1481*
Test Date: *11/13/2017* Test Time: *2:02pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:02pm |
| FLO | Pass | 2:02pm |
| FC | Pass | 2:02pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:02pm |
| SRC | Pass | 2:02pm |
| DET | Pass | 2:02pm |
| BAR | Pass | 2:02pm |
| BT | Pass | 2:02pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:03pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:03pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:03pm |
| CAL | Pass | 2:03pm |

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 Moore Instrument Location Pinehurst Police Dept

Instrument Serial No. 008710 Pinehurst, 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 14th day of November, 20 17 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

654
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**

*MOORE COUNTY PINEHURST PD. 620*

Serial Number: *008710*
Test Date: *11/14/2017*

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: *7682E*
Effective:
*02/01/2016-02/01/2018*

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

Lot Number: AG702302
Exp Date: 01/23/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:24am |
| AIR BLK | .00 | 10:25am |
| ACCY CHK | .07 | 10:26am |
| AIR BLK | .00 | 10:26am |
| **SUB TEST** | **.00** | **10:27am** |
| AIR BLK | .00 | 10:28am |
| **SUB TEST** | **.00** | **10:29am** |
| AIR BLK | .00 | 10:30am |

**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

*MOORE COUNTY PINEHURST PD. 620*

Serial Number: *008710* Test Record Number: *1435*
Test Date: *11/14/2017* Test Time: *10:31am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:31am |
| FLO | Pass | 10:31am |
| FC | Pass | 10:31am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:31am |
| SRC | Pass | 10:31am |
| DET | Pass | 10:31am |
| BAR | Pass | 10:31am |
| BT | Pass | 10:31am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:32am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:32am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:32am |
| CAL | Pass | 10:32am |

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 Martin Instrument Location Martin Co. S.O.

Instrument Serial No. 008912 305 E. Main St., Williamston, 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 13th day of November, 20 17 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

643
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: *008912*
Test Date: *11/13/2017*

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: AG621403
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:29am |
| AIR BLK | .00 | 10:30am |
| ACCY CHK | .08 | 10:31am |
| AIR BLK | .00 | 10:32am |
| **SUB TEST** | **.00** | **10:32am** |
| AIR BLK | .00 | 10:33am |
| **SUB TEST** | **.00** | **10:35am** |
| AIR BLK | .00 | 10:36am |

**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: *008912* Test Record Number: *1301*
Test Date: *11/13/2017* Test Time: *10:37am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:38am |
| FLO | Pass | 10:38am |
| FC | Pass | 10:38am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:38am |
| SRC | Pass | 10:38am |
| DET | Pass | 10:38am |
| BAR | Pass | 10:38am |
| BT | Pass | 10:38am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:39am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:39am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:39am |
| CAL | Pass | 10:39am |

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 Bat Mobile Unit 11

Instrument Serial No. 008973

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 13 day of November, 20 17 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

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**

*MECKLENBURG BAT MOBILE UNIT 11 590*

Serial Number: *008973*
Test Date: *11/13/2017*

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: AG607501
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:06pm |
| AIR BLK | .00 | 8:07pm |
| ACCY CHK | .08 | 8:07pm |
| AIR BLK | .00 | 8:08pm |
| **SUB TEST** | **.00** | **8:09pm** |
| AIR BLK | .00 | 8:11pm |
| **SUB TEST** | **.00** | **8:11pm** |
| AIR BLK | .00 | 8:12pm |

**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

*MECKLENBURG BAT MOBILE UNIT 11 590*

Serial Number: *008973* Test Record Number: *422*
Test Date: *11/13/2017* Test Time: *8:13pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:14pm |
| FLO | Pass | 8:14pm |
| FC | Pass | 8:14pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:14pm |
| SRC | Pass | 8:14pm |
| DET | Pass | 8:14pm |
| BAR | Pass | 8:14pm |
| BT | Pass | 8:14pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:15pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:15pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:15pm |
| CAL | Pass | 8:15pm |

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 11

Instrument Serial No. 089970

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 13 day of November, 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

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**

*MECKLENBURG BAT MOBILE UNIT 11 590*

Serial Number: *008970*
Test Date: *11/13/2017*

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: AG607501
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:08pm |
| AIR BLK | .00 | 8:09pm |
| ACCY CHK | .07 | 8:09pm |
| AIR BLK | .00 | 8:10pm |
| **SUB TEST** | **.00** | **8:11pm** |
| AIR BLK | .00 | 8:12pm |
| **SUB TEST** | **.00** | **8:13pm** |
| AIR BLK | .00 | 8:14pm |

**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 11 590*

Serial Number: *008970* Test Record Number: *407*
Test Date: *11/13/2017* Test Time: *8:15pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:15pm |
| FLO | Pass | 8:15pm |
| FC | Pass | 8:15pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:16pm |
| SRC | Pass | 8:16pm |
| DET | Pass | 8:16pm |
| BAR | Pass | 8:16pm |
| BT | Pass | 8:16pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:16pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:16pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:16pm |
| CAL | Pass | 8:16pm |

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 Huntersville PD

Instrument Serial No. 008747 9630 Dian Clarke Ave, Huntersville

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 November, 20 17 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

656
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: Preventive Maintenance

*MECKLENBURG HUNTERSVILLE PD 590*

Serial Number: *008747* Test Record Number: *2594*
Test Date: *11/08/2017* Test Time: *11:53am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:54am |
| FLO | Pass | 11:54am |
| FC | Pass | 11:54am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:54am |
| SRC | Pass | 11:54am |
| DET | Pass | 11:54am |
| BAR | Pass | 11:54am |
| BT | Pass | 11:54am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:55am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:55am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:55am |
| CAL | Pass | 11:55am |

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: Subject Test**

*MECKLENBURG HUNTERSVILLE PD 590*

Serial Number: *008747*
Test Date: *11/08/2017*

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:
*01/01/2016-01/01/2018*

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

Lot Number: AG534901
Exp Date: 12/15/2017

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:58am |
| AIR BLK | .00 | 11:58am |
| ACCY CHK | .08 | 11:59am |
| AIR BLK | .00 | 12:00pm |
| **SUB TEST** | **.00** | **12:00pm** |
| AIR BLK | .00 | 12:01pm |
| **SUB TEST** | **.00** | **12:03pm** |
| AIR BLK | .00 | 12:03pm |

**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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location Cornelius P.D

Instrument Serial No. 008692 21440 Catawba 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 8th day of November, 20 17 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

656
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: Preventive Maintenance

*MECKLENBURG COUNTY CORNELIUS PD 590*

Serial Number: *008692* Test Record Number: *2725*
Test Date: *11/08/2017* Test Time: *12:36pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:37pm |
| FLO | Pass | 12:37pm |
| FC | Pass | 12:37pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:37pm |
| SRC | Pass | 12:37pm |
| DET | Pass | 12:37pm |
| BAR | Pass | 12:37pm |
| BT | Pass | 12:37pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:37pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:37pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:38pm |
| CAL | Pass | 12:38pm |

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: Subject Test**

*MECKLENBURG COUNTY CORNELIUS PD 590*

Serial Number: *008692*
Test Date: *11/08/2017*

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:
*01/01/2016-01/01/2018*

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

Lot Number: AG621501
Exp Date: 08/02/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:40pm |
| AIR BLK | .00 | 12:41pm |
| ACCY CHK | .08 | 12:42pm |
| AIR BLK | .00 | 12:43pm |
| **SUB TEST** | **.00** | **12:43pm** |
| AIR BLK | .00 | 12:44pm |
| **SUB TEST** | **.00** | **12:46pm** |
| AIR BLK | .00 | 12:47pm |

**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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location CMPD-LEC

Instrument Serial No. 008691 600 E. Trade St., Charlotte

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 November, 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

656
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

*MECKLENBURG COUNTY CMPD LEC 590*

Serial Number: *008691*
Test Date: *11/28/2017*

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:
*01/01/2016-01/01/2018*

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

Lot Number: AG607502
Exp Date: 03/15/2018

| 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 | 11:26am |
| **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

*MECKLENBURG COUNTY CMPD LEC 590*

Serial Number: *008691* Test Record Number: *7122*
Test Date: *11/28/2017* Test Time: *11:33am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:33am |
| FLO | Pass | 11:33am |
| FC | Pass | 11:33am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:33am |
| SRC | Pass | 11:33am |
| DET | Pass | 11:33am |
| BAR | Pass | 11:33am |
| BT | Pass | 11:33am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:34am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:34am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:34am |
| CAL | Pass | 11:34am |

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 Matthews PD

Instrument Serial No. 008699 1201 Crews Rd. Matthews

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 November, 20 17 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

656
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**

*MECKLENBURG COUNTY MATTHEWS PD 590*

Serial Number: *008699*
Test Date: *11/28/2017*

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:
*01/01/2016-01/01/2018*

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 | 12:15pm |
| AIR BLK | .00 | 12:16pm |
| ACCY CHK | .07 | 12:17pm |
| AIR BLK | .00 | 12:18pm |
| **SUB TEST** | **.00** | **12:19pm** |
| AIR BLK | .00 | 12:20pm |
| **SUB TEST** | **.00** | **12:21pm** |
| AIR BLK | .00 | 12:23pm |

**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

*MECKLENBURG COUNTY MATTHEWS PD 590*

Serial Number: *008699* Test Record Number: *2575*
Test Date: *11/28/2017* Test Time: *12:24pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:25pm |
| FLO | Pass | 12:25pm |
| FC | Pass | 12:25pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:25pm |
| SRC | Pass | 12:25pm |
| DET | Pass | 12:25pm |
| BAR | Pass | 12:25pm |
| BT | Pass | 12:25pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:26pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:26pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:26pm |
| CAL | Pass | 12:26pm |

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 Mitchell Instrument Location Spruce Pine PD

Instrument Serial No. 008726 Spruce Pine, 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 30 day of November, 2012, 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

649
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**

*MITCHELL COUNTY SPRUCE PINE PD 600*

Serial Number: *008726*
Test Date: *11/30/2017*

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: AG621403
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:49pm |
| AIR BLK | .00 | 3:50pm |
| ACCY CHK | .08 | 3:51pm |
| AIR BLK | .00 | 3:52pm |
| **SUB TEST** | **.00** | **3:52pm** |
| AIR BLK | .00 | 3:53pm |
| **SUB TEST** | **.00** | **3:55pm** |
| AIR BLK | .00 | 3:56pm |

**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

*MITCHELL COUNTY SPRUCE PINE PD 600*

Serial Number: *008726* Test Record Number: *906*
Test Date: *11/30/2017* Test Time: *3:56pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:57pm |
| FLO | Pass | 3:57pm |
| FC | Pass | 3:57pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:57pm |
| SRC | Pass | 3:57pm |
| DET | Pass | 3:57pm |
| BAR | Pass | 3:57pm |
| BT | Pass | 3:57pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:58pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:58pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:58pm |
| CAL | Pass | 3:58pm |

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 NORTHAMPTON Instrument Location NORTHAMPTON CO. SHERIFF'S OFFICE

Instrument Serial No. 008607 105 W. JEFFERSON ST. JACKSON, 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 30 day of NOVEMBER, 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

637
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**

*NORTHAMPTON COUNTY SHERIFFS DEPARTMENT*
*650*

Serial Number: *008607*
Test Date: *11/30/2017*

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: *SMITH, BRIAN*
Permit Number: *8937E*
Effective:
*08/01/2017-08/01/2019*

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

Lot Number: AG702302
Exp Date: 01/23/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:35pm |
| AIR BLK | .00 | 3:36pm |
| ACCY CHK | .07 | 3:37pm |
| AIR BLK | .00 | 3:38pm |
| **SUB TEST** | **.00** | **3:38pm** |
| AIR BLK | .00 | 3:39pm |
| **SUB TEST** | **.00** | **3:41pm** |
| AIR BLK | .00 | 3:42pm |

**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

*NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650*

Serial Number: *008607* Test Record Number: *918*
Test Date: *11/30/2017* Test Time: *3:46pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:46pm |
| FLO | Pass | 3:46pm |
| FC | Pass | 3:46pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:46pm |
| SRC | Pass | 3:46pm |
| DET | Pass | 3:46pm |
| BAR | Pass | 3:46pm |
| BT | Pass | 3:46pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:47pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:47pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:47pm |
| CAL | Pass | 3:47pm |

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 NORTHAMPTON Instrument Location NORTHAMPTON CO. SHERIFF'S OFFICE

Instrument Serial No. 008688 105 W. JEFFERSON ST. JACKSON, NC

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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 30 day of NOVEMBER, 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.

Brad D Smith
Signature of Certifying Official

637
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**

*NORTHAMPTON COUNTY SHERIFFS DEPARTMENT*
*650*

Serial Number: *008688*
Test Date: *11/30/2017*

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: *SMITH, BRIAN*
Permit Number: *8937E*
Effective:
*08/01/2017-08/01/2019*

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

Lot Number: AG702302
Exp Date: 01/23/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:36pm |
| AIR BLK | .00 | 3:37pm |
| ACCY CHK | .07 | 3:38pm |
| AIR BLK | .00 | 3:39pm |
| **SUB TEST** | **.00** | **3:39pm** |
| AIR BLK | .00 | 3:40pm |
| **SUB TEST** | **.00** | **3:42pm** |
| AIR BLK | .00 | 3:43pm |

**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

*NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650*

Serial Number: *008688* Test Record Number: *761*
Test Date: *11/30/2017* Test Time: *3:46pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:47pm |
| FLO | Pass | 3:47pm |
| FC | Pass | 3:47pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:47pm |
| SRC | Pass | 3:47pm |
| DET | Pass | 3:47pm |
| BAR | Pass | 3:47pm |
| BT | Pass | 3:47pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:47pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:47pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:48pm |
| CAL | Pass | 3:48pm |

Preventive Maintenance
Status: Pass

Brian D Smith
**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 NAT MONITE 4

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 16 day of NOV, 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

663
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**

*MECK COUNTY BAT MOBILE UNIT 4 590*

Serial Number: *008871*
Test Date: *11/16/2017*

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: *NC*
Driver's License Number: *NONE*

Analyst's Name: *VARNELL, BRYON L*
Permit Number: *16896E*
Effective:
*09/22/2017-09/01/2019*

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

Lot Number: AG607501
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:19pm |
| AIR BLK | .00 | 11:20pm |
| ACCY CHK | .08 | 11:20pm |
| AIR BLK | .00 | 11:21pm |
| **SUB TEST** | **.00** | **11:22pm** |
| AIR BLK | .00 | 11:23pm |
| **SUB TEST** | **.00** | **11:24pm** |
| AIR BLK | .00 | 11:25pm |

**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

*MECK COUNTY BAT MOBILE UNIT 4 590*

Serial Number: *008871* Test Record Number: [illegible]
Test Date: *11/16/2017* Test Time: *11:27pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:27pm |
| FLO | Pass | 11:27pm |
| FC | Pass | 11:27pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:27pm |
| SRC | Pass | 11:27pm |
| DET | Pass | 11:27pm |
| BAR | Pass | 11:27pm |
| BT | Pass | 11:27pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:28pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:28pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:28pm |
| CAL | Pass | 11:28pm |

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 SAT MONTE 4

Instrument Serial No. 004774

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 16 day of NOV, 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

663
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**

*MECK COUNTY BAT MOBILE UNIT 4 590*

Serial Number: *008734*
Test Date: *11/16/2017*

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: *NC*
Driver's License Number: *NONE*

Analyst's Name: *VARNELL, BRYON L*
Permit Number: *16896E*
Effective:
*09/22/2017-09/01/2019*

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

Lot Number: 702401
Exp Date: 01/24/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:14pm |
| AIR BLK | .00 | 11:15pm |
| ACCY CHK | .08 | 11:16pm |
| AIR BLK | .00 | 11:17pm |
| **SUB TEST** | **.00** | **11:18pm** |
| AIR BLK | .00 | 11:19pm |
| **SUB TEST** | **.00** | **11:21pm** |
| AIR BLK | .00 | 11:22pm |

**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

*MECK COUNTY BAT MOBILE UNIT 4 590*

Serial Number: *008734* Test Record Number: *967*
Test Date: *11/16/2017* Test Time: *11:25pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:25pm |
| FLO | Pass | 11:25pm |
| FC | Pass | 11:25pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:25pm |
| SRC | Pass | 11:25pm |
| DET | Pass | 11:25pm |
| BAR | Pass | 11:25pm |
| BT | Pass | 11:25pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:26pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:26pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:26pm |
| CAL | Pass | 11:26pm |

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 SAF MONICH

Instrument Serial No. 008717

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 16 day of NOV, 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

663
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**

*MECK COUNTY BAT MOBILE UNIT 4 590*

Serial Number: *008717*
Test Date: *11/16/2017*

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: *NC*
Driver's License Number: *NONE*

Analyst's Name: *VARNELL, BRYON L*
Permit Number: *16896E*
Effective:
*09/22/2017-09/01/2019*

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

Lot Number: AG607601
Exp Date: 03/16/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:12pm |
| AIR BLK | .00 | 11:13pm |
| ACCY CHK | .08 | 11:13pm |
| AIR BLK | .00 | 11:14pm |
| **SUB TEST** | **.00** | **11:15pm** |
| AIR BLK | .00 | 11:16pm |
| **SUB TEST** | **.00** | **11:18pm** |
| AIR BLK | .00 | 11:19pm |

**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

*MECK COUNTY BAT MOBILE UNIT 4 590*

Serial Number: *008717* Test Record Number: *588*
Test Date: *11/16/2017* Test Time: *11:25pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:25pm |
| FLO | Pass | 11:25pm |
| FC | Pass | 11:25pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:26pm |
| SRC | Pass | 11:26pm |
| DET | Pass | 11:26pm |
| BAR | Pass | 11:26pm |
| BT | Pass | 11:26pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:26pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:26pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:26pm |
| CAL | Pass | 11:26pm |

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 NEW HANOVER Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008575 WILMINGTON, 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 4 day of NOVEMBER, 20 17 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

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**

*NEW HANOVER COUNTY BAT MOBILE UNIT 9*
*640*

Serial Number: *008575*
Test Date: *11/04/2017*

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: AG710701
Exp Date: 04/17/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:17pm |
| AIR BLK | .00 | 10:17pm |
| ACCY CHK | .07 | 10:18pm |
| AIR BLK | .00 | 10:19pm |
| **SUB TEST** | **.00** | **10:20pm** |
| AIR BLK | .00 | 10:21pm |
| **SUB TEST** | **.00** | **10:23pm** |
| AIR BLK | .00 | 10:24pm |

**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

*NEW HANOVER COUNTY BAT MOBILE UNIT 9 640*

Serial Number: *008575* Test Record Number: *1049*
Test Date: *11/04/2017* Test Time: *10:24pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:24pm |
| FLO | Pass | 10:24pm |
| FC | Pass | 10:25pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:25pm |
| SRC | Pass | 10:25pm |
| DET | Pass | 10:25pm |
| BAR | Pass | 10:25pm |
| BT | Pass | 10:25pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:25pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:25pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:25pm |
| CAL | Pass | 10:25pm |

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 NEW HANOVER Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008707 WILMINGTON, 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 4 day of NOVEMBER, 20 17 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

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**

*NEW HANOVER COUNTY BAT MOBILE UNIT 9*
*640*

Serial Number: *008707*
Test Date: *11/04/2017*

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:42pm |
| AIR BLK | .00 | 11:43pm |
| ACCY CHK | .07 | 11:44pm |
| AIR BLK | .00 | 11:44pm |
| **SUB TEST** | **.00** | **11:45pm** |
| AIR BLK | .00 | 11:46pm |
| **SUB TEST** | **.00** | **11:48pm** |
| AIR BLK | .00 | 11:48pm |

**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

*NEW HANOVER COUNTY BAT MOBILE UNIT 9 640*

Serial Number: *008707* Test Record Number: *2444*
Test Date: *11/04/2017* Test Time: *11:49pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:50pm |
| FLO | Pass | 11:50pm |
| FC | Pass | 11:50pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:50pm |
| SRC | Pass | 11:50pm |
| DET | Pass | 11:50pm |
| BAR | Pass | 11:50pm |
| BT | Pass | 11:50pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:51pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:51pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:51pm |
| CAL | Pass | 11:51pm |

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 NEW HANOVER Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 0086016 WILMINGTON, 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 4 day of NOVEMBER, 20 17 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

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**

*NEW HANOVER COUNTY BAT MOBILE UNIT 9*
*640*

Serial Number: *008616*
Test Date: *11/04/2017*

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:39pm |
| AIR BLK | .00 | 11:40pm |
| ACCY CHK | .07 | 11:41pm |
| AIR BLK | .00 | 11:42pm |
| **SUB TEST** | **.00** | **11:43pm** |
| AIR BLK | .00 | 11:43pm |
| **SUB TEST** | **.00** | **11:45pm** |
| AIR BLK | .00 | 11:46pm |

**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

*NEW HANOVER COUNTY BAT MOBILE UNIT 9 640*

Serial Number: *008616* Test Record Number: *2364*
Test Date: *11/04/2017* Test Time: *11:47pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:48pm |
| FLO | Pass | 11:48pm |
| FC | Pass | 11:48pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:48pm |
| SRC | Pass | 11:48pm |
| DET | Pass | 11:48pm |
| BAR | Pass | 11:48pm |
| BT | Pass | 11:48pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:49pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:49pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:49pm |
| CAL | Pass | 11:49pm |

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 NEW HANOVER Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008704 WILMINGTON, 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 4 day of NOVEMBER, 20 17 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

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**

*NEW HANOVER COUNTY BAT MOBILE UNIT 9*
*640*

Serial Number: *008704*
Test Date: *11/04/2017*

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: AG607601
Exp Date: 03/16/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:40pm |
| AIR BLK | .00 | 11:41pm |
| ACCY CHK | .08 | 11:41pm |
| AIR BLK | .00 | 11:42pm |
| **SUB TEST** | **.00** | **11:42pm** |
| AIR BLK | .00 | 11:43pm |
| **SUB TEST** | **.00** | **11:45pm** |
| AIR BLK | .00 | 11:46pm |

**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

*NEW HANOVER COUNTY BAT MOBILE UNIT 9 640*

Serial Number: *008704* Test Record Number: *489*
Test Date: *11/04/2017* Test Time: *11:46pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:46pm |
| FLO | Pass | 11:46pm |
| FC | Pass | 11:47pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:47pm |
| SRC | Pass | 11:47pm |
| DET | Pass | 11:47pm |
| BAR | Pass | 11:47pm |
| BT | Pass | 11:47pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:47pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:47pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:47pm |
| CAL | Pass | 11:47pm |

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 Pasquotank Instrument Location Pasquotank Co. Public Safety

Instrument Serial No. 008950 Bldg., 200 E. Colonial St., Elizabeth City

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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 November, 20 17 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

643
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**

*PASQUOTANK COUNTY PUBLIC SAFETY BLDG*
*690*

Serial Number: *008950*
Test Date: *11/20/2017*

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: AG621404
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:30am |
| AIR BLK | .00 | 11:30am |
| ACCY CHK | .08 | 11:31am |
| AIR BLK | .00 | 11:32am |
| **SUB TEST** | **.00** | **11:32am** |
| AIR BLK | .00 | 11:33am |
| **SUB TEST** | **.00** | **11:35am** |
| AIR BLK | .00 | 11:36am |

**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**

*PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690*

Serial Number: *008950* Test Record Number: *1596*
Test Date: *11/20/2017* Test Time: *11:37am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:38am |
| FLO | Pass | 11:38am |
| FC | Pass | 11:38am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:38am |
| SRC | Pass | 11:38am |
| DET | Pass | 11:38am |
| BAR | Pass | 11:38am |
| BT | Pass | 11:38am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:39am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:39am |

CRC Tests

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

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 Pasquotank Instrument Location Elizabeth City P.D.

Instrument Serial No. 008941 305 E. Main St., Elizabeth City, N.C.

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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 November, 20 17 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

6043
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**

*PASQUOTANK COUNTY ELIZABETH CITY 690*

Serial Number: *008941*
Test Date: *11/20/2017*

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: AG621404
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:58am |
| AIR BLK | .00 | 10:59am |
| ACCY CHK | .08 | 11:00am |
| AIR BLK | .00 | 11:01am |
| **SUB TEST** | **.00** | **11:01am** |
| AIR BLK | .00 | 11:02am |
| **SUB TEST** | **.00** | **11:04am** |
| AIR BLK | .00 | 11:05am |

**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

*PASQUOTANK COUNTY ELIZABETH CITY 690*

Serial Number: *008941* Test Record Number: *1239*
Test Date: *11/20/2017* Test Time: *11:09am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:09am |
| FLO | Pass | 11:09am |
| FC | Pass | 11:09am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:09am |
| SRC | Pass | 11:09am |
| DET | Pass | 11:09am |
| BAR | Pass | 11:09am |
| BT | Pass | 11:09am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:10am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:10am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:10am |
| CAL | Pass | 11:10am |

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 SD

Instrument Serial No. 008832 46 Ward St. 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 27th day of November, 20 17 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

656
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**

*POLK COUNTY POLK COUNTY SD 740*

Serial Number: *008832*
Test Date: *11/27/2017*

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:
*01/01/2016-01/01/2018*

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

Lot Number: AG621403
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:09am |
| AIR BLK | .00 | 11:10am |
| ACCY CHK | .07 | 11:11am |
| AIR BLK | .00 | 11:12am |
| **SUB TEST** | **.00** | **11:13am** |
| AIR BLK | .00 | 11:13am |
| **SUB TEST** | **.00** | **11:15am** |
| AIR BLK | .00 | 11:16am |

**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

*POLK COUNTY POLK COUNTY SD 740*

Serial Number: *008832* Test Record Number: *1427*
Test Date: *11/27/2017* Test Time: *11:18am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:19am |
| FLO | Pass | 11:19am |
| FC | Pass | 11:19am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:19am |
| SRC | Pass | 11:19am |
| DET | Pass | 11:19am |
| BAR | Pass | 11:19am |
| BT | Pass | 11:19am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:19am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:20am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:20am |
| CAL | Pass | 11:20am |

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 Instrument Location Archdale

Instrument Serial No. 008791 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 8 day of November, 20 17, 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 EC/IR-II: Subject Test**

*RANDOLPH COUNTY ARCHDALE PD 750*

Serial Number: *008791*
Test Date: *11/08/2017*

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: AG621404
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:10am |
| AIR BLK | .00 | 11:11am |
| ACCY CHK | .08 | 11:11am |
| AIR BLK | .00 | 11:12am |
| **SUB TEST** | **.00** | **11:13am** |
| AIR BLK | .00 | 11:14am |
| **SUB TEST** | **.00** | **11:15am** |
| AIR BLK | .00 | 11:16am |

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

L. Kevin Dean
Signature of Chemical Analyst

Court CVR

L. Kevin Dean
**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

*RANDOLPH COUNTY ARCHDALE PD 750*

Serial Number: *008791* Test Record Number: *1227*
Test Date: *11/08/2017* Test Time: *11:17am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:17am |
| FLO | Pass | 11:17am |
| FC | Pass | 11:18am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:18am |
| SRC | Pass | 11:18am |
| DET | Pass | 11:18am |
| BAR | Pass | 11:18am |
| BT | Pass | 11:18am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:18am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:18am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:18am |
| CAL | Pass | 11:18am |

Preventive Maintenance
Status: Pass

L. Kevin Dean

**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 20 day of November, 20 17, 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. Kevin Dean
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 EC/IR-II: Subject Test**

*ROCKINGHAM COUNTY REIDSVILLE PD 780*

Serial Number: *008784*
Test Date: *11/20/2017*

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:13pm |
| AIR BLK | .00 | 3:14pm |
| ACCY CHK | .08 | 3:14pm |
| AIR BLK | .00 | 3:15pm |
| **SUB TEST** | **.00** | **3:16pm** |
| AIR BLK | .00 | 3:17pm |
| **SUB TEST** | **.00** | **3:19pm** |
| AIR BLK | .00 | 3:20pm |

**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 REIDSVILLE PD 780*

Serial Number: *008784* Test Record Number: *1028*
Test Date: *11/20/2017* Test Time: *3:20pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:21pm |
| FLO | Pass | 3:21pm |
| FC | Pass | 3:21pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:21pm |
| SRC | Pass | 3:21pm |
| DET | Pass | 3:21pm |
| BAR | Pass | 3:21pm |
| BT | Pass | 3:21pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:22pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:22pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:22pm |
| CAL | Pass | 3:22pm |

Preventive Maintenance
Status: Pass

L. Kevin Dean
**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 Police

Instrument Serial No. 008802 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 7 day of November, 20 17 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

657
Certificate Number

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

DHHS 4080 (11/07)

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. Jail

Instrument Serial No. 008860 Asheboro, 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 6th day of November, 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

654
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**

*ROCKINGHAM COUNTY MADISON PD 780*

Serial Number: *008802*
Test Date: *11/07/2017*

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: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective:
*07/01/2016-07/01/2018*

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 | 11:43am |
| AIR BLK | .00 | 11:44am |
| ACCY CHK | .08 | 11:44am |
| AIR BLK | .00 | 11:46am |
| **SUB TEST** | **.00** | **11:46am** |
| AIR BLK | .00 | 11:47am |
| **SUB TEST** | **.00** | **11:49am** |
| AIR BLK | .00 | 11:50am |

**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 MADISON PD 780*

Serial Number: *008802* Test Record Number: *750*
Test Date: *11/07/2017* Test Time: *11:50am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:51am |
| FLO | Pass | 11:51am |
| FC | Pass | 11:51am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:51am |
| SRC | Pass | 11:51am |
| DET | Pass | 11:51am |
| BAR | Pass | 11:51am |
| BT | Pass | 11:51am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:52am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:52am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:52am |
| CAL | Pass | 11:52am |

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: Subject Test

*RANDOLPH COUNTY RANDOLPH COUNTY JAIL*
*750*

Serial Number: *008860*
Test Date: *11/06/2017*

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: *7682E*
Effective:
*02/01/2016-02/01/2018*

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

Lot Number: AG702401
Exp Date: 01/24/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:05pm |
| AIR BLK | .00 | 12:05pm |
| ACCY CHK | .08 | 12:06pm |
| AIR BLK | .00 | 12:07pm |
| **SUB TEST** | **.00** | **12:08pm** |
| AIR BLK | .00 | 12:09pm |
| **SUB TEST** | **.00** | **12:10pm** |
| AIR BLK | .00 | 12:11pm |

**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

*RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750*

Serial Number: *008860* Test Record Number: *2568*
Test Date: *11/06/2017* Test Time: *12:13pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:14pm |
| FLO | Pass | 12:14pm |
| FC | Pass | 12:14pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:14pm |
| SRC | Pass | 12:14pm |
| DET | Pass | 12:14pm |
| BAR | Pass | 12:14pm |
| BT | Pass | 12:14pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:14pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:14pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:15pm |
| CAL | Pass | 12:15pm |

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. Jail

Instrument Serial No. 008899 Asheboro, NC

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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 November, 20 17 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

654
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 RANDOLPH CO. JAIL 750*

Serial Number: *008899*
Test Date: *11/06/2017*

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: *7682E*
Effective:
*02/01/2016-02/01/2018*

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 | 12:02pm |
| AIR BLK | .00 | 12:03pm |
| ACCY CHK | .08 | 12:04pm |
| AIR BLK | .00 | 12:05pm |
| **SUB TEST** | **.00** | **12:06pm** |
| AIR BLK | .00 | 12:07pm |
| **SUB TEST** | **.00** | **12:08pm** |
| AIR BLK | .00 | 12:09pm |

**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**

*RANDOLPH COUNTY RANDOLPH CO. JAIL 750*

Serial Number: *008899* Test Record Number: *2701*
Test Date: *11/06/2017* Test Time: *12:10pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:10pm |
| FLO | Pass | 12:10pm |
| FC | Pass | 12:10pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:10pm |
| SRC | Pass | 12:10pm |
| DET | Pass | 12:10pm |
| BAR | Pass | 12:10pm |
| BT | Pass | 12:10pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:11pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:11pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:11pm |
| CAL | Pass | 12:11pm |

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 Stokes Instrument Location Stokes County Jail

Instrument Serial No. 008596 Danbury, 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 7 day of November, 20 17 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

657
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**

*STOKES COUNTY STOKES COUNTY JAIL 840*

Serial Number: *008596*
Test Date: *11/07/2017*

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: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective:
*07/01/2016-07/01/2018*

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

Lot Number: AG702401
Exp Date: 01/24/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:28am |
| AIR BLK | .00 | 10:28am |
| ACCY CHK | .07 | 10:29am |
| AIR BLK | .00 | 10:30am |
| **SUB TEST** | **.00** | **10:31am** |
| AIR BLK | .00 | 10:31am |
| **SUB TEST** | **.00** | **10:33am** |
| AIR BLK | .00 | 10:34am |

**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

*STOKES COUNTY STOKES COUNTY JAIL 840*

Serial Number: *008596* Test Record Number: *967*
Test Date: *11/07/2017* Test Time: *10:35am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:35am |
| FLO | Pass | 10:35am |
| FC | Pass | 10:35am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:35am |
| SRC | Pass | 10:35am |
| DET | Pass | 10:35am |
| BAR | Pass | 10:35am |
| BT | Pass | 10:35am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:36am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:36am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:36am |
| CAL | Pass | 10:36am |

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 Stokes Instrument Location King Police Department

Instrument Serial No. 008610

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 7 day of November, 20 17 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

657
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**

*STOKES COUNTY KING PD 840*

Serial Number: *008610*
Test Date: *11/07/2017*

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: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective:
*07/01/2016-07/01/2018*

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

Lot Number: AG702401
Exp Date: 01/24/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:53pm |
| AIR BLK | .00 | 12:54pm |
| ACCY CHK | .07 | 12:55pm |
| AIR BLK | .00 | 12:56pm |
| **SUB TEST** | **.00** | **12:56pm** |
| AIR BLK | .00 | 12:57pm |
| **SUB TEST** | **.00** | **12:59pm** |
| AIR BLK | .00 | 1:00pm |

**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

*STOKES COUNTY KING PD 840*

Serial Number: *008610* Test Record Number: *1906*
Test Date: *11/07/2017* Test Time: *1:01pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:01pm |
| FLO | Pass | 1:01pm |
| FC | Pass | 1:01pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:01pm |
| SRC | Pass | 1:01pm |
| DET | Pass | 1:01pm |
| BAR | Pass | 1:01pm |
| BT | Pass | 1:01pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:02pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:02pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:02pm |
| CAL | Pass | 1:02pm |

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 Surry Instrument Location Elkin Police

Instrument Serial No. 008926 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 3 day of November, 20 17 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

657
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

*SURRY COUNTY ELKIN PD 850*

Serial Number: *008926*
Test Date: *11/03/2017*

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: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective:
*07/01/2016-07/01/2018*

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

Lot Number: AG607502
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:00pm |
| AIR BLK | .00 | 2:01pm |
| ACCY CHK | .08 | 2:02pm |
| AIR BLK | .00 | 2:03pm |
| **SUB TEST** | **.00** | **2:03pm** |
| AIR BLK | .00 | 2:04pm |
| **SUB TEST** | **.00** | **2:06pm** |
| AIR BLK | .00 | 2:07pm |

**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

*SURRY COUNTY ELKIN PD 850*

Serial Number: *008926* Test Record Number: *779*
Test Date: *11/03/2017* Test Time: *2:08pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:08pm |
| FLO | Pass | 2:08pm |
| FC | Pass | 2:08pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:08pm |
| SRC | Pass | 2:08pm |
| DET | Pass | 2:08pm |
| BAR | Pass | 2:08pm |
| BT | Pass | 2:08pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:09pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:09pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:09pm |
| CAL | Pass | 2:09pm |

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**
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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 County SD

Instrument Serial No. 008824 126 S 3rd St., 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 8th day of November, 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

656
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: Preventive Maintenance

*STANLY COUNTY STANLY COUNTY SD 830*

Serial Number: *008824* Test Record Number: *1245*
Test Date: *11/08/2017* Test Time: *10:33am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:34am |
| FLO | Pass | 10:34am |
| FC | Pass | 10:34am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:34am |
| SRC | Pass | 10:34am |
| DET | Pass | 10:34am |
| BAR | Pass | 10:34am |
| BT | Pass | 10:34am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:35am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:35am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:35am |
| CAL | Pass | 10:35am |

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**
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**Intox EC/IR-II: Subject Test**

*STANLY COUNTY STANLY COUNTY SD 830*

Serial Number: *008824*
Test Date: *11/08/2017*

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:
*01/01/2016-01/01/2018*

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

Lot Number: AG621403
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:39am |
| AIR BLK | .00 | 10:40am |
| ACCY CHK | .08 | 10:40am |
| AIR BLK | .00 | 10:41am |
| **SUB TEST** | **.00** | **10:42am** |
| AIR BLK | .00 | 10:43am |
| **SUB TEST** | **.00** | **10:44am** |
| AIR BLK | .00 | 10:45am |

**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**
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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 186 Ray Kennedy Dr., 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 28th day of November, 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

656
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**

*STANLY LOCUST PD 830*

Serial Number: *008706*
Test Date: *11/28/2017*

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:
*01/01/2016-01/01/2018*

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

Lot Number: AG607601
Exp Date: 03/16/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:58pm |
| AIR BLK | .00 | 1:59pm |
| ACCY CHK | .08 | 2:00pm |
| AIR BLK | .00 | 2:01pm |
| **SUB TEST** | **.00** | **2:02pm** |
| AIR BLK | .00 | 2:02pm |
| **SUB TEST** | **.00** | **2:04pm** |
| AIR BLK | .00 | 2:05pm |

**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**
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# Intox EC/IR-II: Preventive Maintenance

*STANLY LOCUST PD 830*

Serial Number: *008706* Test Record Number: *3468*
Test Date: *11/28/2017* Test Time: *2:06pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:07pm |
| FLO | Pass | 2:07pm |
| FC | Pass | 2:07pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:07pm |
| SRC | Pass | 2:07pm |
| DET | Pass | 2:07pm |
| BAR | Pass | 2:07pm |
| BT | Pass | 2:07pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:07pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:07pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:08pm |
| CAL | Pass | 2:08pm |

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 VANCE Instrument Location VANCE Co Sheriff's Office

Instrument Serial No. 008937 156 Church ST
Henderson, 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 29 day of NOV, 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

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 EC/IR-II: Subject Test**

*VANCE COUNTY SHERIFF'S DEPARTMENT 900*

Serial Number: *008937*
Test Date: *11/29/2017*

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, SIMON S*
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: AG702402
Exp Date: 01/24/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:57pm |
| AIR BLK | .00 | 3:58pm |
| ACCY CHK | .08 | 3:59pm |
| AIR BLK | .00 | 4:00pm |
| **SUB TEST** | **.00** | **4:01pm** |
| AIR BLK | .00 | 4:02pm |
| **SUB TEST** | **.00** | **4:03pm** |
| AIR BLK | .00 | 4:04pm |

**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**

*VANCE COUNTY SHERIFF'S DEPARTMENT 900*

Serial Number: *008937* Test Record Number: *2406*
Test Date: *11/29/2017* Test Time: *4:06pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:06pm |
| FLO | Pass | 4:06pm |
| FC | Pass | 4:06pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:06pm |
| SRC | Pass | 4:06pm |
| DET | Pass | 4:06pm |
| BAR | Pass | 4:06pm |
| BT | Pass | 4:06pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:07pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:07pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:07pm |
| CAL | Pass | 4:07pm |

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 WAKE Instrument Location WAKE CO. DETENTION CTR

Instrument Serial No. 008778 3301 HAMMOND RD RALEIGH, 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 NOVEMBER, 20 17 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.

Bruce D Smith
Signature of Certifying Official

637
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**

*WAKE COUNTY DETENTION CENTER 910*

Serial Number: *008778*
Test Date: *11/21/2017*

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: *SMITH, BRIAN*
Permit Number: *8937E*
Effective:
*08/01/2017-08/01/2019*

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 | 4:34pm |
| AIR BLK | .00 | 4:35pm |
| ACCY CHK | .08 | 4:35pm |
| AIR BLK | .00 | 4:37pm |
| **SUB TEST** | **.00** | **4:37pm** |
| AIR BLK | .00 | 4:38pm |
| **SUB TEST** | **.00** | **4:40pm** |
| AIR BLK | .00 | 4:41pm |

**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

*WAKE COUNTY DETENTION CENTER 910*

Serial Number: *008778* Test Record Number: *2871*
Test Date: *11/21/2017* Test Time: *4:44pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:44pm |
| FLO | Pass | 4:44pm |
| FC | Pass | 4:44pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:44pm |
| SRC | Pass | 4:44pm |
| DET | Pass | 4:44pm |
| BAR | Pass | 4:44pm |
| BT | Pass | 4:44pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:45pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:45pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:45pm |
| CAL | Pass | 4:45pm |

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 Wilson Instrument Location Wilson Co. Detention Center

Instrument Serial No. 008627 100 E. Green St., Wilson, 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 17th day of November, 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

643
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**

*WILSON COUNTY DETENTION CENTER 970*

Serial Number: *008627*
Test Date: *11/17/2017*

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 | 9:51am |
| AIR BLK | .00 | 9:52am |
| ACCY CHK | .08 | 9:53am |
| AIR BLK | .00 | 9:54am |
| **SUB TEST** | **.00** | **9:54am** |
| AIR BLK | .00 | 9:55am |
| **SUB TEST** | **.00** | **9:57am** |
| AIR BLK | .00 | 9:58am |

**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

*WILSON COUNTY DETENTION CENTER 970*

Serial Number: *008627* Test Record Number: *2161*
Test Date: *11/17/2017* Test Time: *9:59am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:00am |
| FLO | Pass | 10:00am |
| FC | Pass | 10:00am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:00am |
| SRC | Pass | 10:00am |
| DET | Pass | 10:00am |
| BAR | Pass | 10:00am |
| BT | Pass | 10:00am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:00am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:00am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:01am |
| CAL | Pass | 10:01am |

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 Wilson Instrument Location Wilson Co. Detention Center

Instrument Serial No. 008652 100 E. Green St., Wilson, 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 17th day of November, 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

643
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**

*WILSON COUNTY DETENTION CENTER 970*

Serial Number: *008652*
Test Date: *11/17/2017*

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: AG621404
Exp Date: 08/01/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:32am |
| AIR BLK | .00 | 9:32am |
| ACCY CHK | .07 | 9:33am |
| AIR BLK | .00 | 9:34am |
| **SUB TEST** | **.00** | **9:35am** |
| AIR BLK | .00 | 9:36am |
| **SUB TEST** | **.00** | **9:38am** |
| AIR BLK | .00 | 9:39am |

**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

*WILSON COUNTY DETENTION CENTER 970*

Serial Number: *008652* Test Record Number: *3017*
Test Date: *11/17/2017* Test Time: *9:40am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:41am |
| FLO | Pass | 9:41am |
| FC | Pass | 9:41am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:41am |
| SRC | Pass | 9:41am |
| DET | Pass | 9:41am |
| BAR | Pass | 9:41am |
| BT | Pass | 9:41am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:41am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:41am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:42am |
| CAL | Pass | 9:42am |

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 Wayne Instrument Location Wayne Co. Detention ctr.

Instrument Serial No. 008671 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 14th day of November, 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

647
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**

*WAYNE COUNTY WAYNE CO DETENTION 950*

Serial Number: *008671*
Test Date: *11/14/2017*

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*
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 | 12:01pm |
| AIR BLK | .00 | 12:02pm |
| ACCY CHK | .08 | 12:02pm |
| AIR BLK | .00 | 12:03pm |
| **SUB TEST** | **.00** | **12:04pm** |
| AIR BLK | .00 | 12:05pm |
| **SUB TEST** | **.00** | **12:07pm** |
| AIR BLK | .00 | 12:07pm |

**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: *008671* Test Record Number: *4510*
Test Date: *11/14/2017* Test Time: *12:09pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:09pm |
| FLO | Pass | 12:09pm |
| FC | Pass | 12:10pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:10pm |
| SRC | Pass | 12:10pm |
| DET | Pass | 12:10pm |
| BAR | Pass | 12:10pm |
| BT | Pass | 12:10pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:10pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:10pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:10pm |
| CAL | Pass | 12:10pm |

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 Wayne Instrument Location Wayne Co Detention Ctr.

Instrument Serial No. 008649 267 E. Chestnut St., Goldsboro, 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 14th day of November, 20 17 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.

Linda A. Reel
Signature of Certifying Official

647
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**

*WAYNE COUNTY WAYNE CO DETENTION 950*

Serial Number: *008649*
Test Date: *11/14/2017*

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*
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 | 11:49am |
| AIR BLK | .00 | 11:50am |
| ACCY CHK | .08 | 11:51am |
| AIR BLK | .00 | 11:52am |
| **SUB TEST** | **.00** | **11:52am** |
| AIR BLK | .00 | 11:53am |
| **SUB TEST** | **.00** | **11:55am** |
| AIR BLK | .00 | 11:56am |

**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: *008649* Test Record Number: *3306*
Test Date: *11/14/2017* Test Time: *11:57am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:57am |
| FLO | Pass | 11:57am |
| FC | Pass | 11:57am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:58am |
| SRC | Pass | 11:58am |
| DET | Pass | 11:58am |
| BAR | Pass | 11:58am |
| BT | Pass | 11:58am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:58am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:58am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:58am |
| CAL | Pass | 11:58am |

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 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 14th day of November, 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

647
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**

*WAYNE COUNTY WAYNE CO DETENTION 950*

Serial Number: *008879*
Test Date: *11/14/2017*

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*
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: AG702302
Exp Date: 01/23/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:52am |
| AIR BLK | .00 | 11:53am |
| ACCY CHK | .08 | 11:54am |
| AIR BLK | .00 | 11:55am |
| **SUB TEST** | **.00** | **11:57am** |
| AIR BLK | .00 | 11:58am |
| **SUB TEST** | **.00** | **12:01pm** |
| AIR BLK | .00 | 12:02pm |

**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

*WAYNE COUNTY WAYNE CO DETENTION 950*

Serial Number: *008879* Test Record Number: *943*
Test Date: *11/14/2017* Test Time: *12:03pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:04pm |
| FLO | Pass | 12:04pm |
| FC | Pass | 12:04pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:04pm |
| SRC | Pass | 12:04pm |
| DET | Pass | 12:04pm |
| BAR | Pass | 12:04pm |
| BT | Pass | 12:04pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:05pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:05pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:05pm |
| CAL | Pass | 12:05pm |

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 Detention

Instrument Serial No. 008843 Wilkesboro, N.C.

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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 3 day of November, 20 17 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

657
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**

*WILKES COUNTY WILKES CO DETENTION 960*

Serial Number: *008843*
Test Date: *11/03/2017*

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: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective:
*07/01/2016-07/01/2018*

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 | 9:26am |
| AIR BLK | .00 | 9:27am |
| ACCY CHK | .07 | 9:27am |
| AIR BLK | .00 | 9:28am |
| **SUB TEST** | **.00** | **9:30am** |
| AIR BLK | .00 | 9:31am |
| **SUB TEST** | **.00** | **9:32am** |
| AIR BLK | .00 | 9:33am |

**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**
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# Intox EC/IR-II: Preventive Maintenance

*WILKES COUNTY WILKES CO DETENTION 960*

Serial Number: *008843* Test Record Number: *2160*
Test Date: *11/03/2017* Test Time: *9:34am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:34am |
| FLO | Pass | 9:34am |
| FC | Pass | 9:35am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:35am |
| SRC | Pass | 9:35am |
| DET | Pass | 9:35am |
| BAR | Pass | 9:35am |
| BT | Pass | 9:35am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:35am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:35am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:36am |
| CAL | Pass | 9:36am |

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 Detention

Instrument Serial No. 008865 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 3 day of November, 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

657
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**

*WILKES COUNTY WILKES CO DETENTION 960*

Serial Number: *008865*
Test Date: *11/03/2017*

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: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective:
*07/01/2016-07/01/2018*

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 | 9:31am |
| AIR BLK | .00 | 9:32am |
| ACCY CHK | .08 | 9:33am |
| AIR BLK | .00 | 9:34am |
| **SUB TEST** | **.00** | **9:34am** |
| AIR BLK | .00 | 9:35am |
| **SUB TEST** | **.00** | **9:37am** |
| AIR BLK | .00 | 9:38am |

**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**
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# Intox EC/IR-II: Preventive Maintenance

*WILKES COUNTY WILKES CO DETENTION 960*

Serial Number: *008865* Test Record Number: *549*
Test Date: *11/03/2017* Test Time: *9:39am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:39am |
| FLO | Pass | 9:39am |
| FC | Pass | 9:39am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:40am |
| SRC | Pass | 9:40am |
| DET | Pass | 9:40am |
| BAR | Pass | 9:40am |
| BT | Pass | 9:40am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:40am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:40am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:40am |
| CAL | Pass | 9:40am |

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**
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Wake Instrument Location Bar Mobile Unit 8

Instrument Serial No. 008615 Holly Springs PD

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 3 day of November, 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

644
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**

*WAKE COUNTY BAT MOBILE UNIT 8 910*

Serial Number: *008615*
Test Date: *11/03/2017*

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: *SKINNER, TONYA*
Permit Number: *13651E*
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 | 11:18pm |
| AIR BLK | .00 | 11:19pm |
| ACCY CHK | .07 | 11:20pm |
| AIR BLK | .00 | 11:21pm |
| **SUB TEST** | **.00** | **11:23pm** |
| AIR BLK | .00 | 11:24pm |
| **SUB TEST** | **.00** | **11:25pm** |
| AIR BLK | .00 | 11:26pm |

**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**
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# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 8 910*

Serial Number: *008615* Test Record Number: *5508*
Test Date: *11/03/2017* Test Time: *11:28pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:28pm |
| FLO | Pass | 11:28pm |
| FC | Pass | 11:28pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:28pm |
| SRC | Pass | 11:28pm |
| DET | Pass | 11:28pm |
| BAR | Pass | 11:28pm |
| BT | Pass | 11:28pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:29pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:29pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:29pm |
| CAL | Pass | 11:29pm |

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**
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Wake Instrument Location Bat Mobile Unit 8

Instrument Serial No. 008816 Holly Springs PD

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 3 day of November, 20 17, 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.**

Tonya B. Skinner — Signature of Certifying Official

644 — 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: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 8 910*

Serial Number: *008816* Test Record Number: *7367*
Test Date: *11/03/2017* Test Time: *11:40pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:40pm |
| FLO | Pass | 11:40pm |
| FC | Pass | 11:41pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:41pm |
| SRC | Pass | 11:41pm |
| DET | Pass | 11:41pm |
| BAR | Pass | 11:41pm |
| BT | Pass | 11:41pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:41pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:41pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:41pm |
| CAL | Pass | 11:41pm |

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: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 8 910*

Serial Number: *008816*
Test Date: *11/03/2017*

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: *SKINNER, TONYA*
Permit Number: *13651E*
Effective:
*08/01/2017-08/01/2019*

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

Lot Number: AG607501
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:32pm |
| AIR BLK | .00 | 11:33pm |
| ACCY CHK | .07 | 11:33pm |
| AIR BLK | .00 | 11:34pm |
| **SUB TEST** | **.00** | **11:35pm** |
| AIR BLK | .00 | 11:35pm |
| **SUB TEST** | **.00** | **11:37pm** |
| AIR BLK | .00 | 11:38pm |

**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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County WAYNE Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008575 GOLDSBORO, 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 NOVEMBER, 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

C48
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**

*WAYNE COUNTY BAT MOBILE UNIT 9 950*

Serial Number: *008575*
Test Date: *11/18/2017*

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: AG710701
Exp Date: 04/17/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:01pm |
| AIR BLK | .00 | 11:02pm |
| ACCY CHK | .07 | 11:02pm |
| AIR BLK | .00 | 11:03pm |
| **SUB TEST** | **.00** | **11:04pm** |
| AIR BLK | .00 | 11:05pm |
| **SUB TEST** | **.00** | **11:06pm** |
| AIR BLK | .00 | 11:08pm |

**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 BAT MOBILE UNIT 9 950*

Serial Number: *008575* Test Record Number: *1056*
Test Date: *11/18/2017* Test Time: *11:09pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:09pm |
| FLO | Pass | 11:09pm |
| FC | Pass | 11:09pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:09pm |
| SRC | Pass | 11:09pm |
| DET | Pass | 11:09pm |
| BAR | Pass | 11:09pm |
| BT | Pass | 11:09pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:10pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:10pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:10pm |
| CAL | Pass | 11:10pm |

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 WAYNE Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008647 GOLDSBORO, 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 NOVEMBER, 20 17 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

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**

*WAYNE COUNTY BAT MOBILE UNIT 9 950*

Serial Number: *008647*
Test Date: *11/18/2017*

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: AG710701
Exp Date: 04/17/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:02pm |
| AIR BLK | .00 | 11:03pm |
| ACCY CHK | .07 | 11:03pm |
| AIR BLK | .00 | 11:04pm |
| **SUB TEST** | **.00** | **11:05pm** |
| AIR BLK | .00 | 11:06pm |
| **SUB TEST** | **.00** | **11:07pm** |
| AIR BLK | .00 | 11:08pm |

**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**
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# Intox EC/IR-II: Preventive Maintenance

*WAYNE COUNTY BAT MOBILE UNIT 9 950*

Serial Number: *008647* Test Record Number: *2381*
Test Date: *11/18/2017* Test Time: *11:09pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:09pm |
| FLO | Pass | 11:09pm |
| FC | Pass | 11:09pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:10pm |
| SRC | Pass | 11:10pm |
| DET | Pass | 11:10pm |
| BAR | Pass | 11:10pm |
| BT | Pass | 11:10pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:10pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:10pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:10pm |
| CAL | Pass | 11:10pm |

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 WAYNE Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008704 GOLDSBORO, 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 NOVEMBER, 20 17 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

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**

*WAYNE COUNTY BAT MOBILE UNIT 9 950*

Serial Number: *008704*
Test Date: *11/18/2017*

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: AG607601
Exp Date: 03/16/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:04pm |
| AIR BLK | .00 | 11:05pm |
| ACCY CHK | .08 | 11:05pm |
| AIR BLK | .00 | 11:06pm |
| **SUB TEST** | **.00** | **11:07pm** |
| AIR BLK | .00 | 11:08pm |
| **SUB TEST** | **.00** | **11:09pm** |
| AIR BLK | .00 | 11:10pm |

**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

*WAYNE COUNTY BAT MOBILE UNIT 9 950*

Serial Number: *008704* Test Record Number: *495*
Test Date: *11/18/2017* Test Time: *11:13pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:13pm |
| FLO | Pass | 11:13pm |
| FC | Pass | 11:13pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:14pm |
| SRC | Pass | 11:14pm |
| DET | Pass | 11:14pm |
| BAR | Pass | 11:14pm |
| BT | Pass | 11:14pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:14pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:14pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:14pm |
| CAL | Pass | 11:14pm |

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 Wake Instrument Location Wake Forest PD

Instrument Serial No. 008700 225 S. Taylor ST
Wake Forest, 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 28 day of NOV, 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

692
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**

*WAKE COUNTY WAKE FOREST PD 910*

Serial Number: *008700*
Test Date: *11/28/2017*

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, SIMON S*
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: AG702402
Exp Date: 01/24/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 5:00pm |
| AIR BLK | .00 | 5:02pm |
| ACCY CHK | .08 | 5:02pm |
| AIR BLK | .00 | 5:03pm |
| **SUB TEST** | **.00** | **5:04pm** |
| AIR BLK | .00 | 5:04pm |
| **SUB TEST** | **.00** | **5:06pm** |
| AIR BLK | .00 | 5:07pm |

**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

*WAKE COUNTY WAKE FOREST PD 910*

Serial Number: *008700* Test Record Number: *1296*
Test Date: *11/28/2017* Test Time: *5:08pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 5:09pm |
| FLO | Pass | 5:09pm |
| FC | Pass | 5:09pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 5:09pm |
| SRC | Pass | 5:09pm |
| DET | Pass | 5:09pm |
| BAR | Pass | 5:09pm |
| BT | Pass | 5:09pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 5:09pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 5:09pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 5:10pm |
| CAL | Pass | 5:10pm |

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 Co LEC

Instrument Serial No. 008793 128 Rafters Ln
Warrenton, 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 29 day of Nov, 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

662
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: *11/29/2017*

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, SIMON S*
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: AG607502
Exp Date: 03/15/2018

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:47pm |
| AIR BLK | .00 | 2:48pm |
| ACCY CHK | .07 | 2:48pm |
| AIR BLK | .00 | 2:50pm |
| **SUB TEST** | **.00** | **2:51pm** |
| AIR BLK | .00 | 2:52pm |
| **SUB TEST** | **.00** | **2:53pm** |
| AIR BLK | .00 | 2:54pm |

**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

*WARREN COUNTY WARREN COUNTY JAIL 920*

Serial Number: *008793* Test Record Number: *1254*
Test Date: *11/29/2017* Test Time: *2:56pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:56pm |
| FLO | Pass | 2:56pm |
| FC | Pass | 2:56pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:56pm |
| SRC | Pass | 2:56pm |
| DET | Pass | 2:56pm |
| BAR | Pass | 2:56pm |
| BT | Pass | 2:56pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:57pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:57pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:57pm |
| CAL | Pass | 2:57pm |

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 NORLINA PD

Instrument Serial No. 008945 101 MAIN ST
NORLINA, 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 29 day of NOV, 20 17, 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

662
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 NORLINA POLICE DEPT 920*

Serial Number: *008945*
Test Date: *11/29/2017*

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, SIMON S*
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: AG721401
Exp Date: 08/02/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:08pm |
| AIR BLK | .00 | 2:09pm |
| ACCY CHK | .08 | 2:10pm |
| AIR BLK | .00 | 2:11pm |
| **SUB TEST** | **.00** | **2:11pm** |
| AIR BLK | .00 | 2:12pm |
| **SUB TEST** | **.00** | **2:14pm** |
| AIR BLK | .00 | 2:15pm |

**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

*WARREN COUNTY NORLINA POLICE DEPT 920*

Serial Number: *008945* Test Record Number: *365*
Test Date: *11/29/2017* Test Time: *2:18pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:19pm |
| FLO | Pass | 2:19pm |
| FC | Pass | 2:19pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:19pm |
| SRC | Pass | 2:19pm |
| DET | Pass | 2:19pm |
| BAR | Pass | 2:19pm |
| BT | Pass | 2:19pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:20pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:20pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:20pm |
| CAL | Pass | 2:20pm |

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 Watauga Instrument Location Watauga Co. Jail

Instrument Serial No. 008715 Boone, 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 7 day of November, 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

649
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**

*WATAUGA COUNTY WATAUGA JAIL 940*

Serial Number: *008715*
Test Date: *11/07/2017*

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: AG722408
Exp Date: 08/12/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:56pm |
| AIR BLK | .00 | 2:57pm |
| ACCY CHK | .08 | 2:57pm |
| AIR BLK | .00 | 2:59pm |
| **SUB TEST** | **.00** | **2:59pm** |
| AIR BLK | .00 | 3:00pm |
| **SUB TEST** | **.00** | **3:02pm** |
| AIR BLK | .00 | 3:03pm |

**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

*WATAUGA COUNTY WATAUGA JAIL 940*

Serial Number: *008715* Test Record Number: *2046*
Test Date: *11/07/2017* Test Time: *3:03pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:04pm |
| FLO | Pass | 3:04pm |
| FC | Pass | 3:04pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:04pm |
| SRC | Pass | 3:04pm |
| DET | Pass | 3:04pm |
| BAR | Pass | 3:04pm |
| BT | Pass | 3:04pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:04pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:05pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:05pm |
| CAL | Pass | 3:05pm |

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 Yadkin Instrument Location Yadkin County Jail

Instrument Serial No. DD8944 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 3 day of November, 20 17 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

657
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**

*YADKIN COUNTY YADKIN CO JAIL 980*

Serial Number: *008944*
Test Date: *11/03/2017*

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: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective:
*07/01/2016-07/01/2018*

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

Lot Number: AG702302
Exp Date: 01/23/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:05pm |
| AIR BLK | .00 | 1:06pm |
| ACCY CHK | .08 | 1:07pm |
| AIR BLK | .00 | 1:07pm |
| **SUB TEST** | **.00** | **1:08pm** |
| AIR BLK | .00 | 1:09pm |
| **SUB TEST** | **.00** | **1:10pm** |
| AIR BLK | .00 | 1:11pm |

**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

*YADKIN COUNTY YADKIN CO JAIL 980*

Serial Number: *008944* Test Record Number: *1450*
Test Date: *11/03/2017* Test Time: *1:12pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:13pm |
| FLO | Pass | 1:13pm |
| FC | Pass | 1:13pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:13pm |
| SRC | Pass | 1:13pm |
| DET | Pass | 1:13pm |
| BAR | Pass | 1:13pm |
| BT | Pass | 1:13pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:14pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:14pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:14pm |
| CAL | Pass | 1:14pm |

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 Yadkin Instrument Location Yadkin County Jail

Instrument Serial No. 008854 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 3 day of November, 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

657
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**

*YADKIN COUNTY YADKIN CO JAIL 980*

Serial Number: *008854*
Test Date: *11/03/2017*

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: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective:
*07/01/2016-07/01/2018*

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

Lot Number: AG702302
Exp Date: 01/23/2019

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:06pm |
| AIR BLK | .00 | 1:07pm |
| ACCY CHK | .08 | 1:07pm |
| AIR BLK | .00 | 1:09pm |
| **SUB TEST** | **.00** | **1:09pm** |
| AIR BLK | .00 | 1:10pm |
| **SUB TEST** | **.00** | **1:12pm** |
| AIR BLK | .00 | 1:12pm |

**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

*YADKIN COUNTY YADKIN CO JAIL 980*

Serial Number: *008854* Test Record Number: *450*
Test Date: *11/03/2017* Test Time: *1:13pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:14pm |
| FLO | Pass | 1:14pm |
| FC | Pass | 1:14pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:14pm |
| SRC | Pass | 1:14pm |
| DET | Pass | 1:14pm |
| BAR | Pass | 1:14pm |
| BT | Pass | 1:14pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:14pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:15pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:15pm |
| CAL | Pass | 1:15pm |

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 Union Instrument Location Union County SD

Instrument Serial No. 008876 3344 Presson Rd, Monroe

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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 November, 20 17 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.

Joseph E. Hutch
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.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*UNION COUNTY UNION COUNTY SD 890*

Serial Number: *008876*
Test Date: *11/28/2017*

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*
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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:49pm |
| AIR BLK | .00 | 1:50pm |
| ACCY CHK | .07 | 1:51pm |
| AIR BLK | .00 | 1:52pm |
| **SUB TEST** | **.00** | **1:53pm** |
| AIR BLK | .00 | 1:54pm |
| **SUB TEST** | **.00** | **1:55pm** |
| AIR BLK | .00 | 1:56pm |

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

J. E. Hutch

Signature of Chemical Analyst

Court CVR

J. E. Hutch

**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: *008876* Test Record Number: *4618*
Test Date: *11/28/2017* Test Time: *1:57pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:58pm |
| FLO | Pass | 1:58pm |
| FC | Pass | 1:58pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:58pm |
| SRC | Pass | 1:58pm |
| DET | Pass | 1:58pm |
| BAR | Pass | 1:58pm |
| BT | Pass | 1:58pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:59pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:59pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:59pm |
| CAL | Pass | 1:59pm |

Preventive Maintenance
Status: Pass

**Analyst**

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**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**