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

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

I certify that on the 12th day of July, 2009, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628
Test Date: 03/12/2009

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: RIVERA, ANTHONY
Permit Number: 08259E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG816303
Exp Date: 06/11/2010

Test  g/210L  Time
DIAG     Pass  10:12am
AIR BLK .00  10:13am
ACCY CHK .08  10:13am
AIR BLK .00  10:14am
SUB TEST .00  10:15am
AIR BLK .00  10:16am
SUB TEST .00  10:17am
AIR BLK .00  10:18am

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 WILMINGTON PD 640

Serial Number: 008628    Test Record Number: 610
Test Date: 03/12/2009    Test Time: 10:20am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>COMP</td>
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<td>CAL</td>
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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 ALAMANCE Instrument Location ALAMANCE CO JAIL

Instrument Serial No. 007651 109 S. MAPLE ST GRAMHAM, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27th day of MARCH, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008651
Test Date: 03/27/2009

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 D
Permit Number: 08937E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG901901
Exp Date: 01/19/2011

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<tr>
<td>ACCY CHK</td>
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<td>5:34pm</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 19th day of November, 2007, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test
PASQUOTANK COUNTY PUBLIC SAFETY BLDG
690

Serial Number: 008941
Test Date: 03/19/2009

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723402
Exp Date: 08/21/2009

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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: 008941    Test Record Number: 175
Test Date: 03/19/2009    Test Time: 1:17pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Carrick
Instrument Location: Carrick 10, 50.

Instrument Serial No.: 008947  407-A Maple Dr, Maple 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 26th day of December, 2007, 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 647

A signed copy 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 CURRITUCK SO-MAPLE 260

Serial Number: 008947
Test Date: 03/26/2009

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

 Analyst's Name: KEESLER, LINDA A
 Permit Number: 11646E
 Effective: 12/01/2007-12/01/2009

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

Lot Number: AG723402
Exp Date: 08/21/2009

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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 BC/IR-II: Preventive Maintenance**

**CURRITUCK COUNTY CURRITUCK SO-MAPLE 260**

Serial Number: 008947    Test Record Number: 236
Test Date: 03/26/2009    Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

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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: Cameron Instrument Location: Cameron 03.59

Instrument Serial No. 008340  113 Hwy 343, Cameron, N.C.

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

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

I certify that on the 19th day of March, 2005, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**CAMDEN COUNTY CAMDEN CO SO 140**

Serial Number: 008940  
Test Date: 03/19/2009

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

Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG723402  
Exp Date: 08/21/2009

<table>
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<td>ACCY CHK</td>
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<td>AIR BLK</td>
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<td>1:52pm</td>
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<td><strong>SUB TEST</strong></td>
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<tr>
<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940      Test Record Number: 104
Test Date: 03/19/2009      Test Time: 1:58pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>1:58pm</td>
</tr>
<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Yancey  Instrument Location: Yancey Co. Jail

Instrument Serial No: 008657  Bennettville, 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 31 day of May, 2007, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653
Test Date: 03/31/2009

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: 12/01/2007-12/01/2009

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

Lot Number: AG722502
Exp Date: 08/12/2009

Test       g/210L       Time
DIAG       Pass         3:02pm
AIR BLK    .00          3:02pm
ACCY CHK   .08          3:03pm
AIR BLK    .00          3:04pm
SUB TEST   .00          3:04pm
AIR BLK    .00          3:05pm
SUB TEST   .00          3:07pm
AIR BLK    .00          3:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

**YANCEY COUNTY YANCEY COUNTY JAIL 990**

Serial Number: 008653    Test Record Number: 533
Test Date: 03/31/2009    Test Time: 3:08pm EDT

**System Check: Passed**

### Baseline Tests

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<td>FC</td>
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### Temperature Tests

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### CRC Tests

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<tr>
<td>CAL</td>
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</tr>
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</table>

**Preventive Maintenance Status:** Pass

---

*This form is used when performing Preventive Maintenance procedures*
*Forensic Tests for Alcohol Branch*
*Department of Health and Human Services*
*Rev. 12/2007*
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Madison  Instrument Location Mus 4/11  D.D.
Instrument Serial No. 00 5599  Mus 4/11  TCT

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

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

I certify that on the 12 day of March, 2008 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 649

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

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599
Test Date: 03/12/2009

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: BUREETTE, ANTHONY J
Permit Number: 11304E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722502
Exp Date: 08/12/2009

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<th>Time</th>
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<tbody>
<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
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<td>6:10pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>6:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599    Test Record Number: 301
Test Date: 03/12/2009   Test Time: 6:17pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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<tr>
<td>CAL</td>
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Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Madison  Instrument Location Mars H'11 P.D.
Instrument Serial No. 00 8582  Mars H'11 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 12 day of March, 2007 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**MADISON COUNTY MARS HILL PD 560**

Serial Number: 008582
Test Date: 03/12/2009

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: 12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

![Signature]

**Analyst**

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

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582  Test Record Number: 515
Test Date: 03/12/2009  Test Time: 6:17pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Henderson Co.
Instrument Location: Henderson Co. Detention
Instrument Serial No.: 09822

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 March, 2009, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

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

HENDERSON COUNTY DETENTION 440

Serial Number: 008822
Test Date: 03/16/2009

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:
   12/01/2007-12/01/2009
Officer's Name: NONE,
   Type of Agency: FTA
   Agency: DHHS
Test Type: Breath Test

Lot Number: AG723301
Exp Date: 08/20/2009

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<tr>
<td>ACCY CHK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

HENDERSON COUNTY DETENTION 440

Serial Number: 008822    Test Record Number: 428
Test Date: 03/16/2009    Test Time: 7:27pm EDT

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
<td>PRNT</td>
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CRC Tests

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<tbody>
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</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Henderson Instrument Location Henderson Ca Detention

Instrument Serial No. 008906 Hendersonville NC

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

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

I certify that on the ___ day of March, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

HENDERSON COUNTY DETENTION 440

Serial Number: 008806
Test Date: 03/16/2009

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:
12/01/2007-12/01/2009

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

Lot Number: AG722701
Exp Date: 08/14/2009

Test     g/210L     Time

DIAG     Pass     7:18pm
AIR BLK  .00     7:19pm
ACCY CHK .07     7:19pm
AIR BLK  .00     7:20pm
SUB TEST .00     7:21pm
AIR BLK  .00     7:22pm
SUB TEST .00     7:24pm
AIR BLK  .00     7:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

("Signature")

Analyst

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

**HENDERSON COUNTY DENTENTION 440**

Serial Number: 008806    Test Record Number: 307  
Test Date: 03/16/2009    Test Time: 7:25pm EDT

**System Check: Passed**

## Baseline Tests

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<tr>
<td>FC</td>
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## Temperature Tests

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## CRC Tests

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<tr>
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</tr>
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</table>

**Preventive Maintenance Status:** Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Caldwell  Instrument Location: Caldwell Co. Jail

Instrument Serial No. 098103  Location: 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 24 day of March, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Certificate Number

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

Caldwell County Caldwell County Jail
130

Serial Number: 008803
Test Date: 03/24/2009

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:
12/01/2007-12/01/2009

Officer’s Name: None,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG722502
Exp Date: 08/12/2009

Test g/210L Time

Diag Pass 11:11am
Air BLK .00 11:12am
Acy CHK .08 11:13am
Air BLK .00 11:14am
Sub Test .00 11:14am
Air BLK .00 11:15am
Sub Test .00 11:17am
Air BLK .00 11:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

**Caldwell County Caldwell County Jail 130**

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**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<td>Pass</td>
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**Preventive Maintenance**

**Status: Pass**

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH  

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County: Caldwell  
Instrument Location: Caldwell Co. Jail  

Instrument Serial No.: 008719  

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 24th day of March, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  
Certificate Number

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

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

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008719
Test Date: 03/24/2009

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: 12/01/2007-12/01/2009

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

Lot Number: AG722503
Exp Date: 08/12/2009

Test       g/210L     Time
----------- -----------  ------------
DIAG       Pass       11:12am
AIR BLK    .00        11:13am
ACCY CHK   .07        11:14am
AIR BLK    .00        11:14am
SUB TEST   .00        11:15am
AIR BLK    .00        11:16am
SUB TEST   .00        11:17am
AIR BLK    .00        11:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

Caldwell County Caldwell County Jail 130

Serial Number: 008719    Test Record Number: 394
Test Date: 03/24/2009    Test Time: 11:19am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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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 Jackson Instrument Location Jackson Co. Jail
Instrument Serial No. 008606 Sydney, 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 March, 2007 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

JACKSON COUNTY JAIL 490

Serial Number: 008606
Test Date: 03/30/2009

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

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<td>ACCY CHK</td>
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<td>10:04am</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

*JACKSON COUNTY  JACKSON COUNTY JAIL 490*

Serial Number: 008606    Test Record Number: 125    Test Date: 03/30/2009    Test Time: 10:10am EDT

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
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<td>10:11am</td>
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</tbody>
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**Preventive Maintenance**

**Status: Pass**

---

*This form is used when performing Preventive Maintenance procedures*

*Forensic Tests for Alcohol Branch*

*Department of Health and Human Services*

*Rev. 12/2007*
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Jackson  Instrument Location: Jackson Co. Jail

Instrument Serial No: 008708  Sylvan, 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 March, 2005 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

**JACKSON COUNTY JAIL 490**

Serial Number: 008708  
Test Date: 03/30/2009

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

Analyst's Name: CUTLER, DANIEL R  
Permit Number: 08457E  
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722702  
Exp Date: 08/14/2009

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<td>ACCY CHK</td>
<td>.07</td>
<td>10:03am</td>
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<td>AIR BLK</td>
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<td>10:04am</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst  
Court CVR

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Graham Instrument Location Graham Co., S.D.
Instrument Serial No. 008683 Robbinsville, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 26 day of March, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008683
Test Date: 03/26/2009

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722502
Exp Date: 08/12/2009

Test g/210L Time

DIAG Pass 12:48pm
AIR BLK .00 12:49pm
ACCY CHK .07 12:50pm
AIR BLK .00 12:50pm
SUB TEST .00 12:51pm
AIR BLK .00 12:52pm
SUB TEST .00 12:53pm
AIR BLK .00 12:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**GRAHAM COUNTY GRAHAM COUNTY SD 370**

Serial Number: 008683  Test Record Number: 489  
Test Date: 03/26/2009  Test Time: 12:55pm EDT

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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<tbody>
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**Printer Tests**

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**CRC Tests**

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<td>CAL</td>
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</table>

**Preventive Maintenance**  
Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Swain
Instrument Location: Cherokee PD

Instrument Serial No.: 003782

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 24th day of March, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number: 655

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

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

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782  
Test Date: 03/24/2009

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: CUTLER, DANIEL R  
Permit Number: 08457E  
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722601  
Exp Date: 08/13/2009

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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782    Test Record Number: 196
Test Date: 03/24/2009    Test Time: 10:00am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<td>CAL</td>
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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: MONTGOMERY Instrument Location: MONTGOMERY CO.

Instrument Serial No. 008721 Courthouse, 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 31 day of MARCH, 2009 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 371

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

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

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721
Test Date: 03/31/2009

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 H
 Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

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<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Signature of Analyst

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

**MONTGOMERY TROY COURT HOUSE 610**

Serial Number: 008721      Test Record Number: 232  
Test Date: 03/31/2009      Test Time: 3:27pm EDT

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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<tbody>
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CRC Tests

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<td>CAL</td>
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Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County   
Instrument Location 

Instrument Serial No.   

Courthouse, 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 31 day of  March  20 09 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709
Test Date: 03/31/2009

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 H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

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Reported AC: .00 g/210L

[Signature of Chemical Analyst]

Court CVR

[Signature of Analyst]

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

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709 Test Record Number: 236
Test Date: 03/31/2009 Test Time: 3:00pm EDT

System Check: Passed

Baseline Tests

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<td>Pass</td>
<td>3:01pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
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Temperature Tests

<table>
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<tr>
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<td>3:01pm</td>
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Blank Tests

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<tbody>
<tr>
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Printer Tests

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<tr>
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CRC Tests

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<tr>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:02pm</td>
</tr>
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</table>

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Cabarrus  Instrument Location Cabarrus County SD

Instrument Serial No. 008590  30 Corban Ave SE, Concord

704-920-3000

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 11th day of March, 2009 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 557

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

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

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590
Test Date: 03/11/2009

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: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722502
Exp Date: 08/12/2009

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</tr>
<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
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<td>10:52am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:53am</td>
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<td>10:56am</td>
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<td>AIR BLK</td>
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<td>10:56am</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Bobby D. Willis
Analyst

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

**CABARRUS COUNTY CABARRUS COUNTY SD 120**

Serial Number: 008590    Test Record Number: 590  
Test Date: 03/11/2009    Test Time: 10:58am EDT

System Check: Passed

**Baseline Tests**

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<td>FC</td>
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**Temperature Tests**

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<td>10:58am</td>
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<tr>
<td>BT</td>
<td>Pass</td>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:59am</td>
</tr>
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</table>

Preventive Maintenance Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Cleveland                        Instrument Location: Kings Mtn., P.D.

Instrument Serial No.: 008594         112 S. Piedmont Ave, Kings Mtn.

704-734-0444

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 5 day of March, 2009, 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]

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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008594
Test Date: 03/05/2009

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: WILLIS, BOBBY D
Permit Number: 08010E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG816303
Exp Date: 06/11/2010

Test   g/210L   Time

DIAG   Pass   3:27pm
AIR BLK .00   3:28pm
ACCY CHK .07   3:29pm
AIR BLK .00   3:30pm
SUB TEST .00   3:31pm
AIR BLK .00   3:32pm
SUB TEST .00   3:33pm
AIR BLK .00   3:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008594    Test Record Number: 673
Test Date: 03/05/2009    Test Time: 3:35pm EST

System Check: Passed

Baseline Tests

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<td>3:36pm</td>
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Temperature Tests

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<td>3:36pm</td>
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<tr>
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Blank Tests

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Printer Tests

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CRC Tests

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<td>CAL</td>
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Preventive Maintenance
Status: Pass

[Signature]

Botley D. Willis
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       States       Instrument Location States 6 Jly

Instrument Serial No. 60896

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

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

Signature of Certifying Official

Certificate Number

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

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

**STOKES COUNTY STOKES COUNTY JAIL 840**

Serial Number: 008596  
Test Date: 03/25/2009

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: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG902001  
Exp Date: 01/20/2011

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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:00pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:02pm</td>
</tr>
<tr>
<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

*STOKES COUNTY STOKES COUNTY JAIL 840*

Serial Number: 008596    Test Record Number: 338  
Test Date: 03/25/2009    Test Time: 12:07pm EDT

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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**Printer Tests**

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**CRC Tests**

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Preventive Maintenance

Status: Pass

---

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

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

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

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

Signature of Certifying Official
Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600    Test Record Number: 452
Test Date: 03/27/2009    Test Time: 11:52pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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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.

Serial Number: 008600
Test Date: 03/27/2009

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG723401
Exp Date: 08/21/2009

Test g/210L Time
DIAG Pass 11:41pm
AIR BLK .00 11:42pm
ACCY CHK .07 11:43pm
AIR BLK .00 11:43pm
SUB TEST .00 11:44pm
AIR BLK .00 11:45pm
SUB TEST .00 11:47pm
AIR BLK .00 11:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Unk
Instrument Location: CBR

Instrument Serial No.: OGS615
330 S. Main St. 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 25 day of Jan, 2007, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

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

Wake County CCBI 910

Serial Number: 008615
Test Date: 03/25/2009

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: QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective: 01/01/2008-01/01/2010

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

Lot Number: AG723402
Exp Date: 08/21/2009

Test  g/210L  Time

DIAG  Pass  12:01pm
AIR BLK  .00  12:03pm
ACCY CHK  .07  12:03pm
AIR BLK  .00  12:04pm
SUB TEST  .00  12:05pm
AIR BLK  .00  12:06pm
SUB TEST  .00  12:07pm
AIR BLK  .00  12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysis

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 CCBI 910**

Serial Number: 008615  Test Record Number: 980  
Test Date: 03/25/2009  Test Time: 12:10pm EDT

**System Check:** Passed

#### Baseline Tests

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</thead>
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#### Temperature Tests

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#### CRC Tests

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</table>

### Preventive Maintenance Status: Pass

[Signature]

Analyst

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Cabarrus Instrument Location Cabarrus Co. S. D.

Instrument Serial No. 008625 30 Carban Ave., S.E. Concord

704-920-3000

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 March, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625
Test Date: 03/11/2009

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: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG016302
Exp Date: 06/11/2010

Test g/210L Time

DIAG Pass 10:50am
AIR BLK .00 10:51am
ACCY CHK .08 10:52am
AIR BLK .00 10:53am
SUB TEST .00 10:53am
AIR BLK .00 10:54am
SUB TEST .00 10:56am
AIR BLK .00 10:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance
CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625     Test Record Number: 1060
Test Date: 03/11/2009     Test Time: 10:58am EDT

System Check: Passed

Baseline Tests

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<td>10:58am</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

[Signature]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ___________________________ Instrument Location ___________________________

Instrument Serial No. ______________

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

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

Signature of Certifying Official ___________________________ Certificate Number ___________________________

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

DHHS 4086 (11/07)
Intox EC/IR-II: Subject Test

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008636
Test Date: 03/30/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG816303
Exp Date: 06/11/2010

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<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:14pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:18pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:20pm</td>
</tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008638  Test Record Number: 335
Test Date: 03/30/2009  Test Time: 1:22pm EDT

System Check: Passed

Baseline Tests

Test  Status  Time
IR    Pass   1:22pm
FLO   Pass   1:22pm
FC    Pass   1:22pm

Temperature Tests

Test  Status  Time
FC1   Pass   1:22pm
SRC   Pass   1:22pm
DET   Pass   1:22pm
BAR   Pass   1:22pm
BT    Pass   1:22pm

Blank Tests

Test  Status  Time
AIR   Pass   1:23pm

Printer Tests

Test  Status  Time
PRNT  Pass   1:23pm

CRC Tests

Test  Status  Time
COMP  Pass   1:23pm
CAL   Pass   1:23pm

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 GRANVILLE Instrument Location CREEDMOOR PD

Instrument Serial No. 008641 111 MASONIC ST. CREEDMOOR 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 23 day of MARCH, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**GRANVILLE COUNTY CREEDEMOOR PD 380**

- Serial Number: 008641
- Test Date: 03/23/2009

**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 D
- Permit Number: 08937E
- Effective: 12/01/2007-12/01/2009
- Officer's Name: NONE, NONE
- Type of Agency: FTA
- Agency: DHHS
- Test Type: Breath Test

- Lot Number: AG814002
- Exp Date: 05/19/2010

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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:15pm</td>
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<td>ACCY CHK</td>
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<td>SUB TEST</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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**Reported AC:** .00 g/210L

**Signature of Chemical Analyst**

Court CVR

**Analysis**

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

GRANVILLE COUNTY CREEDEMOOR PD 380

Serial Number: 008641    Test Record Number: 394
Test Date: 03/23/2009    Test Time: 2:22pm EDT

System Check: Passed

Baseline Tests

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<td>2:23pm</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Haywood
Instrument Location: BAT Mobile Unit 3
Instrument Serial No.: 008647

Maggie Valley, 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 March, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: [Signature]
Certificate Number: 648

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

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

HAYWOOD COUNTY BAT MOBILE UNIT 3 430

Serial Number: 008647
Test Date: 03/28/2009

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: 12/01/2007-12/01/2009

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

Lot Number: AG722602
Exp Date: 08/13/2009

Test g/210L Time

DIAG Pass 9:59pm
AIR BLK .00 10:00pm
ACCY CHK .07 10:01pm
AIR BLK .00 10:01pm
SUB TEST .00 10:02pm
AIR BLK .00 10:03pm
SUB TEST .00 10:04pm
AIR BLK .00 10:05pm

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
Rev. 12/2007
System Check: Passed

Baseline Tests

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<td>10:10pm</td>
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Blank Tests

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<td>10:11pm</td>
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Printer Tests

<table>
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<tr>
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</tr>
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<tbody>
<tr>
<td>FRNT</td>
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<td>10:11pm</td>
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CRC Tests

<table>
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<tr>
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<th>Time</th>
</tr>
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<tr>
<td>COMP</td>
<td>Pass</td>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:11pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location CCBII

Instrument Serial No. 008686 330 S. SALISBURY ST., 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 25th day of January, 2007 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

WAKE COUNTY CCBI 910

Serial Number: 008686
Test Date: 03/25/2009

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: QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective: 01/01/2008-01/01/2010

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

Lot Number: AG814002
Exp Date: 05/19/2010

Test    g/210L   Time
DIAG    Pass     12:05pm
AIR BLK .00     12:06pm
ACCY CHK .07    12:06pm
AIR BLK .00     12:07pm
SUB TEST .00    12:08pm
AIR BLK .00     12:09pm
SUB TEST .00    12:11pm
AIR BLK .00     12:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**WAKE COUNTY CCBI 910**

Serial Number: 008686  
Test Record Number: 1137  
Test Date: 03/25/2009  
Test Time: 12:14pm EDT

System Check: Passed

**Baseline Tests**

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<td>12:15pm</td>
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<td>FC</td>
<td>Pass</td>
<td>12:15pm</td>
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**Temperature Tests**

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<tbody>
<tr>
<td>FCl</td>
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<td>SRC</td>
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<tr>
<td>DET</td>
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<td>12:15pm</td>
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<tr>
<td>BT</td>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>COMP</td>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:16pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

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

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

I certify that on the 28 day of MARCH, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

HAYWOOD COUNTY BAT MOBILE UNIT 3 430

Serial Number: 006707
Test Date: 03/28/2009

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:
12/01/2007-12/01/2009

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

Lot Number: AG816302
Exp Date: 06/11/2010

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**Haywood County BAT Mobile Unit 3 430**

**Serial Number:** 008707  **Test Record Number:** 279

**Test Date:** 03/28/2009  **Test Time:** 11:40pm EDT

**System Check:** Passed

## Baseline Tests

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</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:40pm</td>
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## Temperature Tests

<table>
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</thead>
<tbody>
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<tr>
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<tr>
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<td>11:40pm</td>
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## Blank Tests

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## Printer Tests

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<tbody>
<tr>
<td>PRNT</td>
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</table>

## CRC Tests

<table>
<thead>
<tr>
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<tbody>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:41pm</td>
</tr>
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</table>

## Preventive Maintenance

**Status:** Pass

---

This form is used when performing Preventive Maintenance procedures.

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County __Rockingham__ Instrument Location __Reidsville__

Instrument Serial No. __028784__

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the ___12___ day of __March__, 20__ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official ________________ Certificate Number ________________

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

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784
Test Date: 03/12/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722601
Exp Date: 08/13/2009

<table>
<thead>
<tr>
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<tr>
<td>DIAG</td>
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<td>1:45pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:46pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:48pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:48pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:49pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:51pm</td>
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<tr>
<td>AIR BLK</td>
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<td>1:52pm</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784       Test Record Number: 237
Test Date: 03/12/2009       Test Time: 1:53pm EDT

System Check: Passed

Baseline Tests

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<td>1:53pm</td>
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<tr>
<td>FC</td>
<td>Pass</td>
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Temperature Tests

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<td>1:53pm</td>
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<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:53pm</td>
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<td>BT</td>
<td>Pass</td>
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Blank Tests

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Printer Tests

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<td>PRNT</td>
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CRC Tests

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<td>COMP</td>
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<tr>
<td>CAL</td>
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<td>1:54pm</td>
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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27 day of February, 2029, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788  Test Record Number: 174
Test Date: 03/27/2009  Test Time: 10:28pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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<tr>
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<tr>
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CRC Tests

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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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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 5 910

Serial Number: 008788
Test Date: 03/27/2009

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722802
Exp Date: 08/15/2009

<table>
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<tbody>
<tr>
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<td>10:19pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:20pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:21pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
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<td>AIR BLK</td>
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<td>10:26pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Scotland Instrument Location Batemans Bay

Instrument Serial No. C05-20 Instrument Location Caloundra

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, 2007 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 636

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

DHHS 4080 (11/07)
**Intox EC/IK-II: Preventive Maintenance**

*SCOTLAND COUNTY BAT MOBILE UNIT 5 820*

Serial Number: 008788    Test Record Number: 166  
Test Date: 03/17/2009    Test Time: 7:45pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
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<tr>
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<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
<td>IR</td>
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<td>7:45pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:45pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:45pm</td>
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**Temperature Tests**

<table>
<thead>
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<th>Time</th>
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<tbody>
<tr>
<td>FC1</td>
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<td>7:45pm</td>
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<td>7:45pm</td>
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<tr>
<td>DET</td>
<td>Pass</td>
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<tr>
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<td>BT</td>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
<td>Pass</td>
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**Preventive Maintenance**

Status: Pass

[Signature]

Analyst

---

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

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008788
Test Date: 03/17/2009

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722802
Exp Date: 08/15/2009

Test g/210L Time

DIAG Pass 7:36pm
AIR BLK .00 7:37pm
ACCY CHK .08 7:37pm
AIR BLK .00 7:38pm
SUB TEST .00 7:39pm
AIR BLK .00 7:40pm
SUB TEST .00 7:41pm
AIR BLK .00 7:42pm

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

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

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-I:< Preventive Maintenance

NASH COUNTY BAT MOBILE UNIT 5 630

Serial Number: 008788 Test Record Number: 169
Test Date: 03/20/2009 Test Time: 10:37pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

NASH COUNTY BAT MOBILE UNIT 5 630

Serial Number: 008788
Test Date: 03/20/2009

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722802
Exp Date: 08/15/2009

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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:30pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:31pm</td>
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</tr>
<tr>
<td>AIR BLK</td>
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</tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
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 2 day of March, 2001 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 658

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

**WARREN COUNTY WARREN COUNTY JAIL 920**

- **Serial Number:** 008793
- **Test Date:** 03/26/2009

**Citation Number:** M0000000-0  
**Subject's Name:**  
**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:** QUARANTELLO, NICHOLAS J  
**Permit Number:** 21536E  
**Effective:** 01/01/2008-01/01/2010

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

- **Lot Number:** AG722801  
- **Exp Date:** 08/15/2009

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

**Signature of Chemical Analyst**

**Court CVR**

---

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

**WARREN COUNTY WARREN COUNTY JAIL 920**

Serial Number: 008793    Test Record Number: 163
Test Date: 03/26/2009    Test Time: 12:05pm EDT

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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Preventive Maintenance Status: Pass

[Signature]

Analyst

---

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

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County: VANCE  
Instrument Location: Vance Co Sheriff's Dept  
Instrument Serial No.: 00893  
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 26 day of March, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.  

Signature of Certifying Official:  
Certificate Number: 652  

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: 008923
Test Date: 03/26/2009

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:
QUARANTELO, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

Lot Number: AG723402
Exp Date: 08/21/2009

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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
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<td>1:36pm</td>
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<tr>
<td>AIR BLK</td>
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<td>1:37pm</td>
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<tr>
<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**VANCE COUNTY SHERFF'S DEPARTMENT 900**

Serial Number: 008923  Test Record Number: 71  
Test Date: 03/26/2009  Test Time: 1:42pm EDT

**System Check: Passed**

**Baseline Tests**

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<td>FC</td>
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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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**Preventive Maintenance Status:** Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County __________________________ Instrument Location ________________________

Instrument Serial No. 008925

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 24th day of March, 2007 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official __________________________

Certificate Number 632

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 YADKINVILLE PD 980

Serial Number: 008925
Test Date: 03/24/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722601-02
Exp Date: 08/13/2009

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<td>ACCY CHK</td>
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</tr>
<tr>
<td>AIR BLK</td>
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</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925    Test Record Number: 109
Test Date: 03/24/2009    Test Time: 2:00pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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<tr>
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CRC Tests

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<td>Pass</td>
<td>2:01pm</td>
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</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

INTOXIMETERS, MODEL INTOX EC/IR II

County: FRANKLIN
Instrument Location: FRANKLIN CO. JAIL
Instrument Serial No.: 008733
285 THOMPSON 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 23 day of MARCH, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number] 637

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: 03/23/2009

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723402
Exp Date: 08/21/2009

Test     g/210L  Time
DIAG     Pass  4:43pm
AIR BLK .00  4:44pm
ACCY CHK .08  4:44pm
AIR BLK .00  4:45pm
SUB TEST .00  4:46pm
AIR BLK .00  4:47pm
SUB TEST .00  4:48pm
AIR BLK .00  4:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933    Test Record Number: 210
Test Date: 03/23/2009    Test Time: 4:51pm EDT

System Check: Passed

Baseline Tests

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<td>FC</td>
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<td>4:51pm</td>
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Temperature Tests

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<tbody>
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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance

Status: Pass

[Signature]

 Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Surry
Instrument Location: Surry C. Jail
Instrument Serial No: 008924

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 MARCH, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934
Test Date: 03/10/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722802-15
Exp Date: 08/15/2009

Test g/210L Time

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tr>
<td>DIAG Pass</td>
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<tr>
<td>AIR BLK .00</td>
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<tr>
<td>AIR BLK .00</td>
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<td>11:26am</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

*SUDDY COUNTY SURRY CO JAIL 850*

Serial Number: 008934    Test Record Number: 264
Test Date: 03/10/2009    Test Time: 11:29am EDT

System Check: Passed

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<td>FC</td>
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### Temperature Tests

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<td>11:29am</td>
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### Printer Tests

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### CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:30am</td>
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</table>

**Preventive Maintenance**

Status: Pass

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ____________________ Instrument Location ____________________

Instrument Serial No. 208728 ____________________

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 24th day of March, 2007, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official ____________________ Certificate Number 632

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 PILOT MOUNTAIN PD 850

Serial Number: 008938
Test Date: 03/24/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723401-21
Exp Date: 08/21/2009

Test          g/210L  Time

DIAG          Pass 4:39pm
AIR BLK .00   4:40pm
ACCY CHK .08  4:41pm
AIR BLK .00   4:41pm
SUB TEST .00  4:42pm
AIR BLK .00   4:43pm
SUB TEST .00  4:45pm
AIR BLK .00   4:46pm

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

SURREY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938    Test Record Number: 107
Test Date: 03/24/2009    Test Time: 4:47pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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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. JAIL

Instrument Serial No. 008942 285 T 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 23 day of MARCH, 2009 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

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: 008942
Test Date: 03/23/2009

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 D
Permit Number: 08937E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722601
Exp Date: 08/13/2009

Test g/210L Time

DIAG Pass 4:44pm
AIR BLK .00 4:45pm
ACCY CHK .08 4:45pm
AIR BLK .00 4:46pm
SUB TEST .00 4:47pm
AIR BLK .00 4:48pm
SUB TEST .00 4:49pm
AIR BLK .00 4:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anatist

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: 112
Test Date: 03/23/2009    Test Time: 4:52pm EDT

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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<th>Status</th>
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<tbody>
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Blank Tests

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Printer Tests

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<tbody>
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CRC Tests

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<tbody>
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<td>4:54pm</td>
</tr>
<tr>
<td>CAL</td>
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</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

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

I certify that on the 26th day of November, 2009, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943
Test Date: 03/24/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG825401
Exp Date: 10/02/2011

Test g/210L Time

<p>| | | |</p>
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<tbody>
<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>AIR BLK</td>
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<td>3:53pm</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>3:54pm</td>
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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 MOUNT AIRY PD 850

Serial Number: 008943   Test Record Number: 302
Test Date: 03/24/2009   Test Time: 3:57pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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CRC Tests

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Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures.

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location WAKE FOREST PD

Instrument Serial No. 008700 401 OWEN 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 __________ day of __________, 2007 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]
Certificate Number

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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700
Test Date: 03/19/2009

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: QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective: 01/01/2008-01/01/2010

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

Lot Number: AG723402
Exp Date: 08/21/2009

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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700    Test Record Number: 193
Test Date: 03/19/2009    Test Time: 11:22am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Orange  Instrument Location: Chapel Hill PD

Instrument Serial No: 008839  30 Martin Luther King Jr. Blvd

Chapel Hill, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 18th day of March, 2009, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 657

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

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839
Test Date: 03/18/2009

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:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

Lot Number: AG814002
Exp Date: 05/19/2010

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<tr>
<td>ACCY CHK</td>
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<td>1:05pm</td>
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<tr>
<td>AIR BLK</td>
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<td>1:06pm</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 009839    Test Record Number: 232
Test Date: 03/18/2009    Test Time: 1:11pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

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

I certify that on the 18th day of March 1, 2009, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

**ORANGE COUNTY CHAPEL HILL PD 670**

- **Serial Number:** 008856
- **Test Date:** 03/18/2009

**Citation Number:** MO000000-0

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

- **Analyst's Name:** QUARANTELLO, NICHOLAS J
- **Permit Number:** 21536E
- **Effective:** 01/01/2008-01/01/2010

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

- **Lot Number:** AG814002
- **Exp Date:** 05/19/2010

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

**Signature of Chemical Analyst**

**Court CVR**

**Analyst**

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856    Test Record Number: 239
Test Date: 03/18/2009    Test Time: 1:09pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

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

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: ORANGE  Instrument Location: HILLSBOROUGH PD

Instrument Serial No.: 208799  127 N. CHURTON CT
HILLSBOROUGH, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 18 day of MARCH, 2057 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799
Test Date: 03/18/2009

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: QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective: 01/01/2008-01/01/2010

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

Lot Number: AG722702
Exp Date: 08/14/2009

Test g/210L Time

DIAG Pass 11:48am
AIR BLK .00 11:49am
ACCY CHK .07 11:50am
AIR BLK .00 11:50am
SUB TEST .00 11:51am
AIR BLK .00 11:52am
SUB TEST .00 11:53am
AIR BLK .00 11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799  Test Record Number: 260
Test Date: 03/18/2009  Test Time: 11:56am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<tbody>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ALAMANCE Instrument Location ALAMANCE Co. JAIL

Instrument Serial No. 008913 109 S. MARK ST. GRAHAM, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 15th day of MARCH, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913
Test Date: 03/18/2009

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:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

Lot Number: AG816303
Exp Date: 06/11/2010

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<tr>
<td>AIR BLK</td>
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<tr>
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<td>AIR BLK</td>
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<td>10:46am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**ALAMANCE COUNTY ALAMANCE CO. JAIL 000**

Serial Number: 008913    Test Record Number: 331  
Test Date: 03/18/2009   Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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<th>Time</th>
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<tr>
<td>PRNT</td>
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CRC Tests

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<td>COMP</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
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Preventive Maintenance

Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ALAMANCE Instrument Location ALAMANCE CO JAIL

Instrument Serial No. C08853 109 S. MADE ST, GRAHAM, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 18 day of MARCH, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official] 658

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

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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853
Test Date: 03/18/2009

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: NX
Driver's License Number: NONE

Analyst's Name:
QUARANTELO, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

Lot Number: AG814002
Exp Date: 05/19/2010

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<td>ACCY CHK</td>
<td>.07</td>
<td>10:42am</td>
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<td>AIR BLK</td>
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<td>10:43am</td>
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<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>10:44am</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Ambulance County Alamance Co. Jail 000  
Serial Number: 006853  Test Record Number: 190  
Test Date: 03/18/2009  Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ALAMANCE Instrument Location Burlington NE

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

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 18th day of MARCH, 2007 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907
Test Date: 03/18/2009

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:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

Lot Number: AG814002
Exp Date: 05/19/2010

Test g/210L Time

DIAG Pass 9:58am
AIR BLK .00 9:59am
ACCY CHK .07 10:00am
AIR BLK .00 10:01am
SUB TEST .00 10:02am
AIR BLK .00 10:03am
SUB TEST .00 10:04am
AIR BLK .00 10:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**ALAMANCE COUNTY BURLINGTON PD 000**

Serial Number: 008907    Test Record Number: 206
Test Date: 03/18/2009    Test Time: 10:07am EDT

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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**Blank Tests**

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<tbody>
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**Printer Tests**

<table>
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<th>Time</th>
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</thead>
<tbody>
<tr>
<td>PRNT</td>
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**CRC Tests**

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<tbody>
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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

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

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

I certify that on the __________ day of March, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

**ALAMANCE COUNTY BURLINGTON PD 000**

Serial Number: 008812  
Test Date: 03/18/2009

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: QUARANTELLO, NICHOLAS J  
Permit Number: 21536E  
Effective: 01/01/2008-01/01/2010

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

Lot Number: AG814002  
Exp Date: 05/19/2010

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<td>ACCY CHK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812      Test Record Number: 261
Test Date: 03/18/2009      Test Time: 10:06am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

Analyst

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

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

I certify that on the 21st day of March, 2007, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898
Test Date: 03/21/2009

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective: 02/01/2008-02/01/2010

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

Lot Number: AG814002
Exp Date: 05/19/2010

Test       g/210L   Time
DIAG       Pass    8:33pm
AIR BLK    .00     8:34pm
ACCY CHK   .07     8:34pm
AIR BLK    .00     8:35pm
SUB TEST   .00     8:35pm
AIR BLK    .00     8:36pm
SUB TEST   .00     8:38pm
AIR BLK    .00     8:39pm

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

ONSLLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898    Test Record Number: 142
Test Date: 03/21/2009    Test Time: 8:42pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

Analyst

K. C. Parker

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

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

I certify that on the 21 day of March, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

ONSLow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939    Test Record Number: 136
Test Date: 03/21/2009    Test Time: 8:52pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939
Test Date: 03/21/2009

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

Lot Number: AG814101
Exp Date: 05/20/2010

Test g/210L Time
DIAG Pass 8:45pm
AIR BLK .00 8:46pm
ACCY CHK .07 8:47pm
AIR BLK .00 8:48pm
SUB TEST .00 8:48pm
AIR BLK .00 8:49pm
SUB TEST .00 8:50pm
AIR BLK .00 8:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  Onslow  Instrument Location BART Mobile Unit
Instrument Serial No. 008667  Jacksonville 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 31 day of March, 2007 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]  [Certificate Number]

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

DHHS 4080 (11/07)
Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869  Test Record Number: 123
Test Date: 03/21/2009  Test Time: 9:01pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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</table>

Preventive Maintenance
Status: Pass

K. C. [Signature]
Analyst

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

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869
Test Date: 03/21/2009

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

Lot Number: AG814002
Exp Date: 05/19/2010

Test g/210L Time

DIAG Pass 8:54pm
AIR BLK .00 8:55pm
ACCY CHK .07 8:55pm
AIR BLK .00 8:56pm
SUB TEST .00 8:57pm
AIR BLK .00 8:58pm
SUB TEST .00 8:59pm
AIR BLK .00 9:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County SCOTLAND Instrument Location SCOTLAND County

Instrument Serial No. 008861 Sheriff's Dept

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 23 day of MARCH, 2009 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  578  Certificate Number

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

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

*SCOTLAND COUNTY SHERIFFS DEPT. 820*

Serial Number: 008861  
Test Date: 03/23/2009

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: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG722601  
Exp Date: 08/13/2009

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<td>ACCY CHK</td>
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**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

SCOTLAND COUNTY SHERIFFS DEPT. 820

Serial Number: 008861    Test Record Number: 72
Test Date: 03/23/2009    Test Time: 10:13am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MOORE Instrument Location SOUTHERN PINES
Instrument Serial No. 008720 Police Dept.

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 MARCH, 2007 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number 378

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

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

**MOORE SOUTHERN PINES PD. 620**

Serial Number: 008720  
Test Date: 03/18/2009

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: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG722702  
Exp Date: 08/14/2009

<table>
<thead>
<tr>
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<th>g/210L</th>
<th>Time</th>
</tr>
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<tbody>
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<td>DIAG</td>
<td>Pass</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:53pm</td>
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<tr>
<td>AIR BLK</td>
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<tr>
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<td>.00</td>
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</table>

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

Signature of Chemical Analyst

Court CVR

**This form is used when performing Preventive Maintenance procedures**

Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720    Test Record Number: 218
Test Date: 03/18/2009    Test Time: 4:02pm EDT

System Check: Passed

Baseline Tests

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<td>4:02pm</td>
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<tr>
<td>FC</td>
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<td>4:02pm</td>
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Temperature Tests

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<tbody>
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<td>4:02pm</td>
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<td>BT</td>
<td>Pass</td>
<td>4:02pm</td>
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Blank Tests

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<tbody>
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Printer Tests

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<tbody>
<tr>
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CRC Tests

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<tbody>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:03pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Richmond
Instrument Location: PFI Mobile Unit 4
Instrument Serial No.: CE8734

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 March, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number: 651

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

RICHMOND COUNTY BAT MOBILE UNIT 4 760

Serial Number: 008734      Test Record Number: 218
Test Date: 03/20/2009      Test Time: 10:49pm EDT

System Check: Passed

Baseline Tests

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<td>10:49pm</td>
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<td>FC</td>
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Temperature Tests

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<tbody>
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<td>10:49pm</td>
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<tr>
<td>BT</td>
<td>Pass</td>
<td>10:49pm</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:50pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:50pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

RICHMOND COUNTY BAT MOBILE UNIT 4 760

Serial Number: 008734
Test Date: 03/20/2009

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: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

Test g/210L Time
DIAG Pass 10:41pm
AIR BLK .00 10:42pm
ACCY CHK .07 10:43pm
AIR BLK .00 10:44pm
SUB TEST .00 10:44pm
AIR BLK .00 10:45pm
SUB TEST .00 10:47pm
AIR BLK .00 10:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: DAVIDSON
Instrument Location: BATMOBILE UNIT 3

Instrument Serial No. 008707

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 MARCH, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008707
Test Date: 03/20/2009

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG816302
Exp Date: 06/11/2010

Test g/210L Time
DIAG Pass 9:57pm
AIR BLK .00 9:58pm
ACCY CHK .08 9:59pm
AIR BLK .00 9:59pm
SUB TEST .00 10:00pm
AIR BLK .00 10:01pm
SUB TEST .00 10:02pm
AIR BLK .00 10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature of Analyst]

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

**DAVIDSON COUNTY BAT MOBILE UNIT 3 280**

Serial Number: 008707  Test Record Number: 275  
Test Date: 03/20/2009  Test Time: 10:05pm EDT

System Check: Passed

### Baseline Tests

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<tr>
<td>FC</td>
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### Temperature Tests

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<tbody>
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<td>10:05pm</td>
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<tr>
<td>BAR</td>
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<td>10:05pm</td>
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### Blank Tests

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### Printer Tests

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### CRC Tests

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<tr>
<td>CAL</td>
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</table>

Preventive Maintenance  
Status: Pass

---

*This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007*
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MECKLENBURG  Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008707  MATTHEWS, 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 17th day of MARCH, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707
Test Date: 03/17/2009

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:
12/01/2007-12/01/2009

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

Lot Number: AG816302
Exp Date: 06/11/2010

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<td>AIR BLK</td>
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<td>11:11pm</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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</tr>
</tbody>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

[Signature]

Court CVR

[Signature]

Analyst

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707  Test Record Number: 270
Test Date: 03/17/2009  Test Time: 11:16pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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<tbody>
<tr>
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Printer Tests

<table>
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<tbody>
<tr>
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CRC Tests

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

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  MECKLENBURG  Instrument Location  BATMOBILE UNIT 3

Instrument Serial No.  008647  MATTHEWS, 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 MARCH, 2009 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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647
Test Date: 03/17/2009

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:
12/01/2007-12/01/2009

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

Lot Number: AG722602
Exp Date: 08/13/2009

Test     g/210L  Time
DIAG     Pass   11:10pm
AIR BLK  .00   11:11pm
ACCY CHK .07   11:12pm
AIR BLK  .00   11:13pm
SUB TEST .00   11:13pm
AIR BLK  .00   11:14pm
SUB TEST .00   11:17pm
AIR BLK  .00   11:18pm

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**

**MECKLENBURG COUNTY BAT MOBILE UNIT 3590**

Serial Number: 008647  Test Record Number: 438  
Test Date: 03/17/2009  Test Time: 11:20pm EDT

---

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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**CRC Tests**

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<td>CAL</td>
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</table>

**Preventive Maintenance Status:** Pass

---

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

---

[Signature]

**Analyst**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008614 Matthews, 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 MARCH, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616
Test Date: 03/17/2009

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:
12/01/2007-12/01/2009

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

Lot Number: AG722601
Exp Date: 08/13/2009

Test g/210L Time
DIAG Pass 11:26pm
AIR BLK .00 11:27pm
ACCY CHK .07 11:28pm
AIR BLK .00 11:28pm
SUB TEST .00 11:29pm
AIR BLK .00 11:30pm
SUB TEST .00 11:31pm
AIR BLK .00 11:32pm

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 BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 424
Test Date: 03/17/2009 Test Time: 11:33pm EDT

System Check: Passed

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

I certify that on the 12th day of MARCH, 2009, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]
Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616
Test Date: 03/12/2009

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:
12/01/2007-12/01/2009

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

Lot Number: AG722601
Exp Date: 08/13/2009

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]
Analyst

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616   Test Record Number: 419
Test Date: 03/12/2009   Test Time: 11:43pm EDT

System Check: Passed

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Temperature Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD 
INTOXIMETERS, MODEL INTOX EC/IR II

County: MECKLENSBURG Instrument Location: BATMOBILE UNIT 3

Instrument Serial No.: 008647 CHARLOTTE, 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 12 day of MARCH, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647
Test Date: 03/12/2009

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:
12/01/2007-12/01/2009

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

Lot Number: AG722602
Exp Date: 08/13/2009

Test g/210L Time

DIAG Pass 11:33pm
AIR BLK .00 11:34pm
ACCY CHK .07 11:35pm
AIR BLK .00 11:35pm
SUB TEST .00 11:36pm
AIR BLK .00 11:37pm
SUB TEST .00 11:38pm
AIR BLK .00 11:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647    Test Record Number: 431
Test Date: 03/12/2009    Test Time: 11:41pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MECKLENBURG  Instrument Location BATMOBILE UNIT 3
Instrument Serial No. 008707  CHARLOTTE, 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 12 day of MARCH, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707
Test Date: 03/12/2009

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: 12/01/2007-12/01/2009

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

Lot Number: AG816302
Exp Date: 06/11/2010

Test g/210L Time
DIAG Pass 10:42pm
AIR BLK .00 10:43pm
ACCY CHK .08 10:44pm
AIR BLK .00 10:45pm
SUB TEST .00 10:45pm
AIR BLK .00 10:46pm
SUB TEST .00 10:47pm
AIR BLK .00 10:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance
MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707    Test Record Number: 264
Test Date: 03/12/2009    Test Time: 10:49pm EDT

System Check: Passed

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Temperature Tests

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Printer Tests

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<td>10:51pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

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

Signature of Certifying Official

Certificate Number

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

DHS 4080 (11/07)
Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698    Test Record Number: 295
Test Date: 03/13/2009    Test Time: 11:54pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>DET</td>
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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698
Test Date: 03/13/2009

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
12/01/2007-12/01/2009

Officer's Name: NONE, NONE 1
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG723401
Exp Date: 08/21/2009

Test g/210L Time

DIAG Pass 11:42pm
AIR BLK .00 11:43pm
ACCY CHK .07 11:43pm
AIR BLK .00 11:44pm
SUB TEST .00 11:45pm
AIR BLK .00 11:46pm
SUB TEST .00 11:47pm
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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County __________ Instrument Location _____________
Instrument Serial No. ______________ Instrument No. _____________

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

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

[Signature]
Signature of Certifying Official

[Certificate Number]

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

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788    Test Record Number: 161
Test Date: 03/13/2009    Test Time: 11:29pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:31pm</td>
</tr>
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</table>

Preventive Maintenance Status: Pass

Analyst

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

**WAYNE COUNTY BAT MOBILE UNIT 5 950**

Serial Number: 008788  
Test Date: 03/13/2009

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: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722802  
Exp Date: 08/15/2009

### Test Data

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<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:18pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:20pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:21pm</td>
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<tr>
<td>SUB TEST</td>
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</table>

Reported AC: .00 g/210L

---

Signature of Chemical Analyst

Court CVR

---

**Analyst**

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ___________ Instrument Location _______________________

Instrument Serial No. ___08788___  ________________

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the ________________ day of ________________, 2009 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

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

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788    Test Record Number: 161
Test Date: 03/13/2009    Test Time: 11:29pm EDT

System Check: Passed

Baseline Tests

<table>
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<tr>
<th>Test</th>
<th>Status</th>
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<tbody>
<tr>
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<td>11:30pm</td>
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<tr>
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Temperature Tests

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<th>Test</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>FCL</td>
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<td>11:30pm</td>
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<tr>
<td>BAR</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<td>CAL</td>
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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

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788
Test Date: 03/13/2009

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722802
Exp Date: 08/15/2009

Test g/210L Time

DIAG Pass 11:18pm
AIR BLK .00 11:18pm
ACCY CHK .08 11:19pm
AIR BLK .00 11:20pm
SUB TEST .00 11:20pm
AIR BLK .00 11:21pm
SUB TEST .00 11:23pm
AIR BLK .00 11:24pm

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
Preventive Maintenance Record

Moore County Jail

Instrument Location: MOORE COUNTY JAIL

Instrument Serial No. 008735  CARThACe, 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 MARCH 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: [Signature]

Certificate Number: 371

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 MOORE COUNTY JAIL 620

Serial Number: 008735
Test Date: 03/18/2009

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 H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG902603
Exp Date: 01/26/2011

Test g/210L Time
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DIAG Pass 4:20pm
AIR BLK .00 4:21pm
ACCY CHK .08 4:22pm
AIR BLK .00 4:22pm
SUB TEST .00 4:23pm
AIR BLK .00 4:24pm
SUB TEST .00 4:25pm
AIR BLK .00 4:26pm
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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 MOORE COUNTY JAIL 620**

Serial Number: 008735  Test Record Number: 335  
Test Date: 03/18/2009  Test Time: 4:27pm EDT

System Check: Passed

## Baseline Tests

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## Temperature Tests

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## Printer Tests

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## CRC Tests

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Preventive Maintenance  
Status: Pass

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

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

I certify that on the 18 day of MARCH, 2007 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

MOORE ROBBINS PD 620

Serial Number: 008728
Test Date: 03/18/2009

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 H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

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Reported gC: .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 ROBBINS PD 620

Serial Number: 008728    Test Record Number: 94
Test Date: 03/18/2009    Test Time: 10:41am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  Moore  Instrument Location  Pinehurst Police
Instrument Serial No.  008710  DEPT.

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 MARCH 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Certificate Number

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

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

MOORE PINEHURST PD. 620

Serial Number: 008710
Test Date: 03/18/2009

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: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723401
Exp Date: 08/21/2009

Test                      g/210L  Time

DIAG                      Pass    11:22am
AIR BLK                   .00      11:22am
ACCCY CHK                 .07      11:23am
AIR BLK                   .00      11:24am
SUB TEST                  .00      11:24am
AIR BLK                   .00      11:25am
SUB TEST                  .00      11:27am
AIR BLK                   .00      11:28am

Reported AC:     .00 g/210L

[Signature]
Signature of Chemical Analyst

Court CVR

[Signature]
Analyst

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

MOORE PINEHURST PD. 620

Serial Number: 008710    Test Record Number: 274
Test Date: 03/18/2009    Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<td>CAL</td>
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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  Richmond  Instrument Location  Richmond County

Instrument Serial No.  5840  Magistrate's Office

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 March, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008840
Test Date: 03/17/2009

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: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

Test        g/210L        Time
DIAG        Pass           1:30pm
AIR BLK     .00            1:31pm
ACCY CHK    .07            1:32pm
AIR BLK     .00            1:33pm
SUB TEST    .00            1:33pm
AIR BLK     .00            1:34pm
SUB TEST    .00            1:36pm
AIR BLK     .00            1:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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

*RICHMOND RICHMOND CO. MAG OFF 760*

Serial Number: 008840    Test Record Number: 157
Test Date: 03/17/2009    Test Time: 1:48pm EDT

System Check: Passed

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Blank Tests  
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Printer Tests  
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CRC Tests  
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<tr>
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<tr>
<td>CAL</td>
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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 **RICHMOND**  Instrument Location **RICHMOND COUNTY**

Instrument Serial No. **008701**  **MAGISTRATE'S OFFICE**

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 **MARCH**, **2009** the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

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

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008701
Test Date: 03/17/2009

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: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG902901
Exp Date: 01/11/2011

Test g/210L Time
DIAG Pass 12:58pm
AIR BLK .00 12:58pm
ACCY CHK .08 12:59pm
AIR BLK .00 1:00pm
SUB TEST .00 1:00pm
AIR BLK .00 1:01pm
SUB TEST .00 1:03pm
AIR BLK .00 1:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**RICHMOND RICHMOND CO. MAG OFF 760**

Serial Number: 008701  Test Record Number: 513
Test Date: 03/17/2009  Test Time: 1:05pm EDT

System Check: *Passed*

#### Baseline Tests

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#### Temperature Tests

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#### CRC Tests

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Preventive Maintenance
Status: Pass

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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 COUNTY 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 16 day of MARCH, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

**LEE COUNTY LEE CO. LEC. 520**

Serial Number: 008645  
Test Date: 03/16/2009

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 H  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG723301  
Exp Date: 08/20/2009

<table>
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<tr>
<td>ACCY CHK</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst: [Signature]

Court CVR

---

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

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645    Test Record Number: 660
Test Date: 03/16/2009    Test Time: 3:53pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<th>Status</th>
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Blank Tests

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Printer Tests

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<th>Test</th>
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<tbody>
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CRC Tests

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<tr>
<td>CAL</td>
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</table>

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County: Hyde  
Instrument Location: Hyde Co., Sheriff Office, N.C.  
Instrument Serial No.: C08201  

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

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

I certify that on the 21st day of March, 2009, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]  
[Certificate Number]

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

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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801  
Test Date: 03/03/2009

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:  
12/01/2007-12/01/2009

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

Lot Number: AG722701  
Exp Date: 08/14/2009

<table>
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<tr>
<th>Test</th>
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<th>Time</th>
</tr>
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<tbody>
<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:14am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:15am</td>
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<tr>
<td>AIR BLK</td>
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<td>10:15am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
<td>.00</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**HYDE COUNTY HYDE CO SO SWAN QUAR 470**

Serial Number: 008801    Test Record Number: 95  
Test Date: 03/03/2009    Test Time: 10:21am EST

System Check: **Passed**

**Baseline Tests**

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<td>10:21am</td>
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<tr>
<td>FC</td>
<td>Pass</td>
<td>10:22am</td>
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**Temperature Tests**

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**Blank Tests**

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<tr>
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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
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</table>

**Preventive Maintenance Status:** Pass

[Signature]

**Analyst**

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Greenville  Instrument Location: North Mobile Unit 4

Instrument Serial No.: CC2734

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 March, 20xx, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734  Test Record Number: 208
Test Date: 03/13/2009  Test Time: 9:46pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>9:46pm</td>
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<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance
Status: Pass

[Signature]

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

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734
Test Date: 03/13/2009

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

Analyst's Name: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

Test g/210L Time

DIAG Pass 9:38pm
AIR BLK .00 9:39pm
ACCY CHK .07 9:39pm
AIR BLK .00 9:40pm
SUB TEST .00 9:41pm
AIR BLK .00 9:42pm
SUB TEST .00 9:43pm
AIR BLK .00 9:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Durham
Instrument Location PAT Mobile Unit 4

Instrument Serial No. 008724

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

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

I certify that on the __________ day of ______________, 2009, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008734   Test Record Number: 211
Test Date: 03/14/2009   Test Time: 8:42pm EDT

System Check: Passed

Baseline Tests

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<th>Test</th>
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Temperature Tests

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<tbody>
<tr>
<td>FCI</td>
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<td>8:43pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:43pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:43pm</td>
</tr>
<tr>
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<td>8:43pm</td>
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Blank Tests

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<th>Time</th>
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<tbody>
<tr>
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Printer Tests

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CRC Tests

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<tr>
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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008734  
Test Date: 03/14/2009

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: TRUDELL, SR., DANIEL T  
Permit Number: 21535E  
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722501  
Exp Date: 08/12/2009

<table>
<thead>
<tr>
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<th>Time</th>
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<tbody>
<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:35pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>8:36pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:37pm</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
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 4
Instrument Serial No. O8281

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 March, 2001 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008871  Test Record Number: 90
Test Date: 03/14/2009  Test Time: 9:27pm EDT

System Check: Passed

Baseline Tests

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<tr>
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<tbody>
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<tr>
<td>FC</td>
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</table>

Temperature Tests

<table>
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<tr>
<th>Test</th>
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<tbody>
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Blank Tests

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Printer Tests

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<tbody>
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CRC Tests

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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

**DURHAM COUNTY BAT MOBILE UNIT 4 310**

- **Serial Number:** 008871  
  **Test Date:** 03/14/2009

- **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:** TRUDELL, SR., DANIEL T  
  **Permit Number:** 21535E  
  **Effective:** 12/01/2007-12/01/2009

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

- **Lot Number:** AG816303  
  **Exp Date:** 06/11/2010

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<td>9:21pm</td>
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<tr>
<td>SUB TEST</td>
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<td>9:25pm</td>
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**Reported AC:** .00 g/210L

**Signature of Chemical Analyst**

Court CVR

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: CUMBERLAND  Instrument Location: CUMBERLAND COUNTY

Instrument Serial No.: 003614  DETENTION CENTER

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 MARCH, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614
Test Date: 03/09/2009

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: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG825401
Exp Date: 09/10/2010

Test g/210L Time
DIAG Pass 3:15pm
AIR BLK .00 3:15pm
ACCCY CHK .08 3:16pm
AIR BLK .00 3:17pm
SUB TEST .00 3:18pm
AIR BLK .00 3:19pm
SUB TEST .00 3:20pm
AIR BLK .00 3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

*CUMBERLAND COUNTY DETENTION CTR 250*

Serial Number: 008614    Test Record Number: 655  
Test Date: 03/09/2009    Test Time: 3:22pm EDT

System Check: Passed

### Baseline Tests

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<td>FC</td>
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### Temperature Tests

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### CRC Tests

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Preventive Maintenance  
Status: Pass  

[Signature]

Analyst

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CUMBERLAND
Instrument Location CUMBERLAND COUNTY

Instrument Serial No. 008632 DETENTION CENTER

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 MARCH, 2009 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 529

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

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632
Test Date: 03/09/2009

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: SIMMONS, PAUL T
Permit Number: 08619E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG901901
Exp Date: 01/19/2011

Test     g/210L    Time
DIAG    Pass     2:45pm
AIR BLK .00     2:46pm
ACCY CHK .08     2:46pm
AIR BLK .00     2:47pm
SUB TEST .00     2:49pm
AIR BLK .00     2:49pm
SUB TEST .00     2:51pm
AIR BLK .00     2:52pm

Reported AC: .08 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

*CUMBERLAND COUNTY DETENTION CTR 250*

Serial Number: 008632    Test Record Number: 625
Test Date: 03/09/2009    Test Time: 2:53pm EDT

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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**Printer Tests**

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**CRC Tests**

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<td>CAL</td>
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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: CUMBERLAND  Instrument Location: CUMBERLAND
Instrument Serial No. 008633  County Detention Center

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 MARCH, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633
Test Date: 03/09/2009

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: SIMMONS, PAUL T
 Permit Number: 08619E
 Effective:
 12/01/2007-12/01/2009

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

Lot Number: AG901901
Exp Date: 01/19/2011

Test   g/210L  Time

DIAG   Pass  1:29pm
AIR BLK .00  1:29pm
ACCY CHK .08  1:30pm
AIR BLK .00  1:31pm
SUB TEST .00  1:32pm
AIR BLK .00  1:33pm
SUB TEST .00  1:34pm
AIR BLK .00  1:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

*CUMBERLAND COUNTY DETENTION CTR 250*

Serial Number: 008633    Test Record Number: 535  
Test Date: 03/09/2009    Test Time: 1:45pm EDT

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
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</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Cumberland Instrument Location Cumberland County

Instrument Serial No. 008671 Detention Center

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 MARCH, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number 528

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

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672
Test Date: 03/09/2009

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: SIMMONS, PAUL T
Permit Number: 08619E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG902901
Exp Date: 01/29/2011

Test    g/210L  Time

DIAG    Pass   12:57pm
AIR BLK .00   12:58pm
ACCY CHK .08   12:59pm
AIR BLK .00   12:59pm
SUB TEST .00   1:00pm
AIR BLK .00   1:01pm
SUB TEST .00   1:03pm
AIR BLK .00   1:03pm

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672      Test Record Number: 1025
Test Date: 03/09/2009      Test Time: 1:05pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: [New Hanover]
Instrument Location: [Lab 106, Unit C]
Instrument Serial No.: 108939

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 [March], 2009, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

DHHS 4080 (11/07)
Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939    Test Record Number: 132
Test Date: 03/06/2009    Test Time: 8:17pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008939
Test Date: 03/06/2009

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

Lot Number: AG814101
Exp Date: 05/20/2010

Test  g/210L  Time

DIAG  Pass  8:09pm
AIR BLK  .00  8:10pm
ACCY CHK  .07  8:11pm
AIR BLK  .00  8:12pm
SUB TEST  .00  8:12pm
AIR BLK  .00  8:13pm
SUB TEST  .00  8:15pm
AIR BLK  .00  8:16pm

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: New Hanover
Instrument Location: KGT Mobile Clinic

Instrument Serial No: 008994

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

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

I certify that on the ___ day of March, 2009, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox BC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY. BAT MOBILE UNIT 6 640

Serial Number: 008898    Test Record Number: 135
Test Date: 03/06/2009    Test Time: 8:26pm EST

System Check: Passed

Baseline Tests

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<tr>
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Temperature Tests

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Blank Tests

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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008898
Test Date: 03/06/2009

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

Lot Number: AG814002
Exp Date: 05/19/2010

Test   g/210L   Time

DIAG   Pass     8:19pm
AIR BLK .00     8:20pm
ACCY CHK .07    8:20pm
AIR BLK .00     8:21pm
SUB TEST .00    8:22pm
AIR BLK .00     8:23pm
SUB TEST .00    8:24pm
AIR BLK .00     8:25pm

Reported AC: .00 g/210L

K. C. Rhodes
Signature of Chemical Analyst

Court CVR

K. C. Rhodes
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
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 Mob. 10 wvn. 6

Instrument Serial No: 008869

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

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

I certify that on the ___ day of March, 2009, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869    Test Record Number: 117
Test Date: 03/06/2009    Test Time: 8:07pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008869
Test Date: 03/06/2009

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

Lot Number: AG814002
Exp Date: 05/19/2010

Test g/210L Time

DIAG Pass 7:59pm
AIR BLK .00 8:00pm
ACCU CHK .08 8:01pm
AIR BLK .00 8:02pm
SUB TEST .00 8:02pm
AIR BLK .00 8:03pm
SUB TEST .00 8:05pm
AIR BLK .00 8:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County PH Instrument Location Ayden Police Dept.

Instrument Serial No. 0086100 1144 West Ave, Ayden, NC 28513

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 10th day of March, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

*PITT AYDEN PD 730*

Serial Number: 008666  
Test Date: 03/10/2009

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: 12/01/2007-12/01/2009

Officer's Name: NONE, NONE  
Type of Agency: FTA

Agency: DHHS  
Test Type: Breath Test

Lot Number: AG722602  
Exp Date: 08/13/2009

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<td>ACCY CHK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**PITT AYDEN PD 730**

Serial Number: 009666    Test Record Number: 287  
Test Date: 03/10/2009    Test Time: 3:38pm EDT

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<td>CAL</td>
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Preventive Maintenance Status: Pass

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the ______ day of March, 2009, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668
Test Date: 03/10/2009

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: 12/01/2007-12/01/2009

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

Lot Number: AG816303
Exp Date: 06/11/2010

Test g/210L Time
DIAG Pass 2:10pm
AIR BLK .00 2:11pm
ACCY CHK .07 2:12pm
AIR BLK .00 2:13pm
SUB TEST .00 2:13pm
AIR BLK .00 2:14pm
SUB TEST .00 2:16pm
AIR BLK .00 2:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668        Test Record Number: 836
Test Date: 03/10/2009        Test Time: 2:18pm EDT

System Check: Passed

Baseline Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ___________ Instrument Location ___________

Instrument Serial No. ___________ 124 Detention Dr., Greenville, 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 ______ day of _______, 20__ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**PITT COUNTY PITT CO DETENTION 730**

Serial Number: 008662  
Test Date: 03/10/2009

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: 12/01/2007-12/01/2009

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

Lot Number: AG722602  
Exp Date: 08/13/2009

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</tr>
<tr>
<td>AIR BLK</td>
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<tr>
<td>AIR BLK</td>
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<td>2:15pm</td>
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</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

PITMCOUNTY PITT CO DETENTION 730

Serial Number: 008662    Test Record Number: 295
Test Date: 03/10/2009    Test Time: 2:17pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  Randolph  Instrument Location  Randolph Co. Jail

Instrument Serial No.  000899  Asheboro, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 05 day of February, 2009 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

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008999
Test Date: 03/05/2009

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 H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723402
Exp Date: 08/21/2009

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<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
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<td>ACCY CHK</td>
<td>.07</td>
<td>1:36pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:37pm</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008899   Test Record Number: 425
Test Date: 03/05/2009   Test Time: 1:42pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>COMP</td>
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<tr>
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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  RANDOLPH  Instrument Location  RANDOLPH Co., NC
Instrument Serial No.  008860  ASHEBORO NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 05 day of MARCH, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

[Certificate Number]

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

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008860
Test Date: 03/05/2009

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 H
Permit Number: 06108E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722601
Exp Date: 08/13/2009

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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 RANDOLPH CO. JAIL 750

Serial Number: 008860    Test Record Number: 167
Test Date: 03/05/2009    Test Time: 2:11pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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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  RANDOLPH POLICE

Instrument Serial No.  008737  Dept.  RANDOLPH 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 05 day of MAR, 2009 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number: 571

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 RANDLEMAN PD 750

Serial Number: 008737
Test Date: 03/05/2009

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 H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723402
Exp Date: 08/21/2009

Test g/210L Time

  DIAG     Pass    10:57am
  AIR BLK  .00     10:58am
  ACCY CHK .07     10:59am
  AIR BLK  .00     11:00am
  SUB TEST .00     11:01am
  AIR BLK  .00     11:02am
  SUB TEST .00     11:03am
  AIR BLK  .00     11:04am

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 RANDLEMAN PD 750

Serial Number: 008737      Test Record Number: 155
Test Date: 03/05/2009      Test Time: 11:06am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<th>Status</th>
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<tbody>
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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Randolph Instrument Location: Liberty Police
Instrument Serial No.: 008830, Dept. Liberty, 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 05 day of March, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 371

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 LIBERTY POLICE DEPT 750

Serial Number: 008830
Test Date: 03/05/2009

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 H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722601
Exp Date: 08/13/2009

Test g/210L Time

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


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

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830    Test Record Number: 133
Test Date: 03/05/2009    Test Time: 3:41pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
</tbody>
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Temperature Tests

<table>
<thead>
<tr>
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<th>Status</th>
<th>Time</th>
</tr>
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<tbody>
<tr>
<td>FCI</td>
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<tr>
<td>DBT</td>
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<tr>
<td>BAR</td>
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<td>3:42pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
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Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
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Printer Tests

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<th>Time</th>
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<tbody>
<tr>
<td>PRNT</td>
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CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:43pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County LEE  Instrument Location SANFORD POLICE

Instrument Serial No. 008863  DPT, 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 10 day of MARCH, 2009 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]  37

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 Sanford Police Dept. 520**

Serial Number: 008863  
Test Date: 03/10/2009

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 H  
Permit Number: 06108E  
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG825401  
Exp Date: 09/10/2010

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
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<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:34pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:34pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:35pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:37pm</td>
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<td>AIR BLK</td>
<td>.00</td>
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Reported EC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

LEE COUNTY SANFORD POLICE DEPT. 520

Serial Number: 008863  Test Record Number: 43
Test Date: 03/10/2009  Test Time: 12:41pm EDT

System Check: Passed

Baseline Tests

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<tbody>
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Temperature Tests

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<tr>
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<td>Pass</td>
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Blank Tests

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<tbody>
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Printer Tests

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<tr>
<td>PRNT</td>
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CRC Tests

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<tr>
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<tbody>
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<td>COMP</td>
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<tr>
<td>CAL</td>
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<td>12:43pm</td>
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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: BAT Mobile Unit #9  
Instrument Serial No.: 005600  
Raleigh  

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 7th day of March, 2007, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: [Signature]  
Certificate Number: 636  

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 Rat Mobile Unit 5910*

Serial Number: 008600  Test Record Number: 439  
Test Date: 03/07/2009  Test Time: 10:47pm EST

**System Check: Passed**

**Baseline Tests**

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<td>FC</td>
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<td>10:48pm</td>
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**Temperature Tests**

<table>
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<th>Test</th>
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<tr>
<td>SRC</td>
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**Blank Tests**

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**Printer Tests**

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<td>PRNT</td>
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**CRC Tests**

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
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</table>

**Preventive Maintenance**

Status: Pass

---

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

_WAKE COUNTY BAT MOBILE UNIT 5 910_

Serial Number: 008600  
Test Date: 03/07/2009

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: XX

Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG723401  
Exp Date: 08/21/2009

<table>
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<tbody>
<tr>
<td>DIAG</td>
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<td>10:39pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:40pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:40pm</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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</table>

Reported AC: .00 g/210L

---

Signature of Chemical Analyst

---

Court CVR

---

Analyst

---

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

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

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
**Intox EC/IR-II: Preventive Maintenance**

**WAKE COUNTY BAT MOBILE UNIT 5 910**

Serial Number: 008698  Test Record Number: 291  
Test Date: 03/07/2009  Test Time: 11:15pm EST

System Check: Passed

**Baseline Tests**

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</tr>
<tr>
<td>FC</td>
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**Temperature Tests**

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<thead>
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<th>Test</th>
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<td>SRC</td>
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<td>11:16pm</td>
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<tr>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

---

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

Analyst
Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698
Test Date: 03/07/2009

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: MORGART, STEPHEN G
    Permit Number: 09372E
    Effective:
    12/01/2007-12/01/2009

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

Lot Number: AG723401
Exp Date: 08/21/2009

Test     g/210L     Time
DIAG    Pass     10:58pm
AIR BLK .00     10:59pm
ACCY CHK .07    11:00pm
AIR BLK .00     11:00pm
SUB TEST .00    11:01pm
AIR BLK .00     11:02pm
SUB TEST .00    11:05pm
AIR BLK .00     11:06pm

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location KST Mobile Unit 5

Instrument Serial No. 008788

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 7th day of MARCH, 2007 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

DHIS 4080 (11/07)
### Intox EC/IR-II: Preventive Maintenance

**Serial Number:** 008788  
**Test Record Number:** 154  
**Test Date:** 03/07/2009  
**Test Time:** 10:46pm EST

**System Check:** Passed

#### Baseline Tests

<table>
<thead>
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<th>Status</th>
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<tbody>
<tr>
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<tr>
<td>FLO</td>
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<td>10:46pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:46pm</td>
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</tbody>
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#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
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<td>SRC</td>
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<td>DBT</td>
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#### Blank Tests

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#### Printer Tests

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#### CRC Tests

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<tr>
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<tr>
<td>CAL</td>
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**Preventive Maintenance Status:** Pass

---

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 03/07/2009

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722802
Exp Date: 08/15/2009

Test g/210L Time
DIAG Pass 10:37pm
AIR BLK .00 10:38pm
ACCY CHK .08 10:38pm
AIR BLK .00 10:39pm
SUB TEST .00 10:40pm
AIR BLK .00 10:41pm
SUB TEST .00 10:42pm
AIR BLK .00 10:43pm

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
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Guilford Instrument Location: BAT Mobile Unit 3
Instrument Serial No.: CO8647 Gibsonville, 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 60 day of March 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

GReENSBRO CO BAT MOBILE UNIT 3 400

Serial Number: 008647
Test Date: 03/06/2009

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: 12/01/2007-12/01/2009

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

Lot Number: AG722602
Exp Date: 08/13/2009

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<tbody>
<tr>
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<tr>
<td>AIR BLK</td>
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<td>11:22pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:23pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:24pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:25pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:27pm</td>
</tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647    Test Record Number: 425
Test Date: 03/06/2009    Test Time: 11:28pm EST

System Check: Passed

Baseline Tests

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<tr>
<td>IR</td>
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<td>11:28pm</td>
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<tr>
<td>FC</td>
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Temperature Tests

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<td>SRC</td>
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<tr>
<td>DET</td>
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<td>11:29pm</td>
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<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

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<th>Test</th>
<th>Status</th>
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<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:29pm</td>
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CRC Tests

<table>
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<tr>
<th>Test</th>
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<tbody>
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<td>COMP</td>
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<td>11:30pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:30pm</td>
</tr>
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</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Guilford
Instrument Location: BATMOBILE UNIT 3

Instrument Serial No.: 008614
Gibsonville, 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 60 day of MARCH 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616
Test Date: 03/06/2009

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:
 12/01/2007-12/01/2009

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

Lot Number: AG722601
Exp Date: 08/13/2009

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<tr>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:36pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:36pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:37pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:38pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:39pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:40pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:41pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

-----------

 Analyst

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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616    Test Record Number: 414
Test Date: 03/06/2009    Test Time: 11:41pm EST

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

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County GUILFORD Instrument Location BATMOBILE UNIT 3

Instrument Serial No. 008707 GIBSONVILLE, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 20th day of MARCH 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**GREENSBORO BAT MOBILE UNIT 3 400**

- Serial Number: 008707
- Test Date: 03/06/2009

- 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: 12/01/2007-12/01/2009

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

- Lot Number: AG816302
- Exp Date: 06/11/2010

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<tr>
<td>AIR BLK .00</td>
<td>10:02pm</td>
<td></td>
</tr>
<tr>
<td>ACCY CHK .08</td>
<td>10:03pm</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>10:04pm</td>
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<tr>
<td>SUB TEST .00</td>
<td>10:06pm</td>
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<tr>
<td>AIR BLK .00</td>
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<tr>
<td>AIR BLK .00</td>
<td>10:09pm</td>
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</table>

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

**Signature of Chemical Analyst**

Court CVR

[signature]

**Analyst**

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

**GREENSBORO BAT MOBILE UNIT 3 400**

Serial Number: 008707  Test Record Number: 261  
Test Date: 03/06/2009  Test Time: 10:10pm EST

**System Check: Passed**

#### Baseline Tests

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<td>10:10pm</td>
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<tr>
<td>FC</td>
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<td>10:10pm</td>
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#### Temperature Tests

<table>
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<tr>
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#### Blank Tests

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<tbody>
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#### Printer Tests

<table>
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<tbody>
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#### CRC Tests

<table>
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<tr>
<td>CAL</td>
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</table>

**Preventive Maintenance**

Status: Pass

---

*This form is used when performing Preventive Maintenance procedures*

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Greenville
Instrument Location: PAT Mobile

Instrument Serial No: 008734

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 7th day of March, 2009 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
Certification 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

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734    Test Record Number: 204
Test Date: 03/07/2009    Test Time: 9:03pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<tbody>
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<td>BAR</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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<tr>
<td>CAL</td>
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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

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734
Test Date: 03/07/2009

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: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

<table>
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<td>AIR BLK</td>
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<td>ACCY CHK</td>
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<td>AIR BLK</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:01pm</td>
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</tbody>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Rutherford          Instrument Location: Forest City PD

Instrument Serial No.: 008889       187 S Church St., Forest City
                                         328-245-5555

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 March, 2009, 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 and seal]

Signature of Certifying Official       Certificate Number

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

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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889
Test Date: 03/03/2009

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG816303
Exp Date: 06/11/2010

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
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<tbody>
<tr>
<td>DIAG</td>
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<td>10:28am</td>
</tr>
<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
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<tr>
<td>AIR BLK</td>
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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

RUTHERFORD COUNTY FOREST CITY PD 300

Serial Number: 008889    Test Record Number: 145
Test Date: 03/03/2009    Test Time: 10:35am EST

System Check: Passed

Baseline Tests

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<tr>
<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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<tr>
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CRC Tests

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<td>CAL</td>
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Preventive Maintenance Status: Pass

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

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

Signature of Certifying Official

Certificate Number

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SD
800

Serial Number: 008881
Test Date: 03/03/2009

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: WILLIS, BOBBY D
Permit Number: 08010E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG816303
Exp Date: 06/11/2010

Test   g/210L   Time
DIAG    Pass   11:36am
AIR BLK .00   11:37am
ACCY CHK .07   11:37am
AIR BLK .00   11:38am
SUB TEST .00   11:39am
AIR BLK .00   11:40am
SUB TEST .00   11:41am
AIR BLK .00   11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008881    Test Record Number: 192
Test Date: 03/03/2009    Test Time: 11:44am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>11:44am</td>
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<td>DET</td>
<td>Pass</td>
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<tr>
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<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<td>CAL</td>
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Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Rockingham
Instrument Location: Winnabow Pd.

Instrument Serial No. 068867

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

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

I certify that on the 12 day of December, 2007 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802
Test Date: 03/12/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722701-23
Exp Date: 08/14/2009

Test  g/210L  Time
DIAG  Pass  3:06pm
AIR BLK .00  3:07pm
ACCY CHK .07  3:07pm
AIR BLK .00  3:08pm
SUB TEST .00  3:09pm
AIR BLK .00  3:10pm
SUB TEST .00  3:11pm
AIR BLK .00  3:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802    Test Record Number: 162
Test Date: 03/12/2009    Test Time: 3:14pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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<td>3:15pm</td>
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</table>

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County: Washington  
Instrument Location: CED  
Instrument Serial No.: 008816  
330 S. Washington St., Plattsburg, NY  

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

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

I certify that on the 25th day of March, 2007 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.  

[Signature of Certifying Official]  
Certificate Number  

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

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

**WAKE COUNTY CCBI 910**

Serial Number: 008816  
Test Date: 03/25/2009  

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: QUARANTELLO, NICHOLAS J  
Permit Number: 21536E  
Effective: 01/01/2008-01/01/2010  

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test  
Lot Number: AG722702  
Exp Date: 08/14/2009  

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Reported AC: .00 g/210L  

Signature of Chemical Analyst  

Court CVR  

---

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

WAKE COUNTY CCB 910

Serial Number: 008816  Test Record Number: 1235
Test Date: 03/25/2009  Test Time: 12:12pm EDT

System Check: Passed

Baseline Tests

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<tr>
<td>FC</td>
<td>Pass</td>
<td>12:12pm</td>
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Temperature Tests

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<tr>
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<th>Status</th>
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</thead>
<tbody>
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Printer Tests

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<th>Time</th>
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<tbody>
<tr>
<td>PRNT</td>
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CRC Tests

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<tbody>
<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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