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 30 day of OCT 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: Preventive Maintenance**

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898    Test Record Number: 332
Test Date: 10/30/2009    Test Time: 10:50pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:51pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:51pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:51pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:51pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:51pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:51pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:51pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:51pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:52pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:52pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:52pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:52pm</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 EC/IR-II: Subject Test

Serial Number: 008898
Test Date: 10/30/2009

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: RHODES, KENNETH C
Permit Number: 5329E
Effective: 10/01/2009-10/01/2011

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:44pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:46pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:46pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:47pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:49pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:50pm</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: New Hanover
Instrument Location: BAT Medical

Instrument Serial No. 008934
Wilmington

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

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

6001
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: 305
- Test Date: 10/30/2009
- Test Time: 11:02pm EDT

#### System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:03pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:03pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:03pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:03pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:03pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:03pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:03pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:03pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:04pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:04pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:04pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:04pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance Status**: Pass

---

_Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007_
**Intox BC/IR-II: Subject Test**

**NEW HANOVER COUNTY BAT MOBILE UNIT 6**

640

Serial Number: 008939  
Test Date: 10/30/2009

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: RHODES, KENNETH C  
Permit Number: 5329E  
Effective: 10/01/2009-10/01/2011

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:56pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:58pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:58pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:59pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:01pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

Instrument Serial No.: 008869  Wilmington

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 OCT, 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.
Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869    Test Record Number: 205
Test Date: 10/30/2009    Test Time: 11:58pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:58pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:58pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:58pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:58pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:58pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:58pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:58pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:58pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:59pm</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

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008869
Test Date: 10/30/2009

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

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 11:50pm
AIR BLK .00 11:51pm
ACCY CHK .07 11:52pm
AIR BLK .00 11:53pm
SUB TEST .00 11:53pm
AIR BLK .00 11:54pm
SUB TEST .00 11:56pm
AIR BLK .00 11:57pm

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
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  50

Instrument Serial No.  008625  30 Carver 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 26th day of October, 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  Joseph E. Hults
Certificate Number  650

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

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

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625
Test Date: 10/26/2009

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: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920401
Exp Date: 07/23/2011

Test g/210L Time
DIAG Pass 1:25pm
AIR BLK .00 1:26pm
ACCY CHK .08 1:27pm
AIR BLK .00 1:28pm
SUB TEST .00 1:28pm
AIR BLK .00 1:29pm
SUB TEST .00 1:31pm
AIR BLK .00 1:32pm

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**

**CABARRUS COUNTY CABARRUS COUNTY SD 120**

Serial Number: 008625    Test Record Number: 1567
Test Date: 10/26/2009    Test Time: 1:33pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:34pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:34pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:34pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:34pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:34pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:34pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:34pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:34pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:34pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:34pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:35pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:35pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

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

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

I certify that on the ___ day of October, 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

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643
Test Date: 10/26/2009

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: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920401
Exp Date: 07/23/2011

Test g/210L Time

DIAG Pass 11:17am
AIR BLK .00 11:18am
ACCY CHK .08 11:18am
AIR BLK .00 11:19am
SUB TEST .00 11:20am
AIR BLK .00 11:21am
SUB TEST .00 11:22am
AIR BLK .00 11:23am

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

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643    Test Record Number: 707
Test Date: 10/26/2009    Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:14am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:14am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:14am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:14am</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: Harnett
Instrument Location: Dunn Police

Instrument Serial No.: 003644 Dept. Dunn, NC.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the __26__ day of October, 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

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644
Test Date: 10/26/2009

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: 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: AG814002
Exp Date: 05/19/2010

Test  g/210L  Time
DIAG  Pass  12:29pm
AIR BLK .00  12:29pm
ACCY CHK .08  12:30pm
AIR BLK .00  12:31pm
SUB TEST .00  12:31pm
AIR BLK .00  12:32pm
SUB TEST .00  12:34pm
AIR BLK .00  12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**HARNETT COUNTY DUNN POLICE DEPT. 420**

Serial Number: 008644    Test Record Number: 670  
Test Date: 10/26/2009    Test Time: 12:36pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

---

*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 B.A.T. MOBILE UNIT 3

Instrument Serial No. 008641 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 30 day of OCTOBER, 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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647
Test Date: 10/30/2009

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: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG904903
Exp Date: 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:39pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:40pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:42pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:44pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647  Test Record Number: 644
Test Date: 10/30/2009  Test Time: 11:45pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:45pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:45pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:45pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:45pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:45pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:45pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:45pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:45pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:46pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:46pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:46pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:46pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

County MECKLENBURG Instrument Location BATMOBILE UNIT 3
Instrument Serial No. 0086 140 CHARLOTTE, 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 30 day of OCTOBER, 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 6048

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: 10/30/2009

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG904903
Exp Date: 02/18/2011

Test g/210L Time
DIAG Pass 11:34pm
AIR BLK .00 11:35pm
ACCY CHK .08 11:35pm
AIR BLK .00 11:36pm
SUB TEST .00 11:36pm
AIR BLK .00 11:37pm
SUB TEST .00 11:39pm
AIR BLK .00 11:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616  Test Record Number: 662
Test Date: 10/30/2009  Test Time: 11:41pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:43pm</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 MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008107 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 30 day of OCTOBER, 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 648

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
Serial Number: 008707
Test Date: 10/30/2009

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:42pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:43pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:45pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:47pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**MECKLENBURG COUNTY BAT MOBILE UNIT 3 590**

Serial Number: 008707  Test Record Number: 457  
Test Date: 10/30/2009  Test Time: 11:49pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:50pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:50pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:50pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:50pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:50pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:50pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:50pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:50pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:50pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:51pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:51pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:51pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CABARRUS Instrument Location BATMOBILE UNIT 3

Instrument Serial No. 008701 Concord, 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 OCTOBER, 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 BAT MOBILE UNIT 3 120

Serial Number: 008707
Test Date: 10/17/2009

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: 10/01/2009-10/01/2011

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:15pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>4:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:18pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:20pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:21pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:21pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:21pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>4:21pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:21pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:21pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:21pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:21pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:22pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:22pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:22pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:22pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]  
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CABARRUS Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008647 Concord, 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 OCTOBER, 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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647
Test Date: 10/17/2009

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: 10/01/2009-10/01/2011

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

Lot Number: AG904903
Exp Date: 02/18/2011

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:53pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:54pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:55pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:57pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:58pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:59pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647    Test Record Number: 632
Test Date: 10/17/2009    Test Time: 4:00pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:01pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:01pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:01pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:01pm</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 16th day of October, 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
**Intox EC/IR-II: Subject Test**

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616  
Test Date: 10/16/2009

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: BARNES, ALVIN R  
Permit Number: 15671E  
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG904903  
Exp Date: 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:31pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:32pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:33pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:34pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:35pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:37pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Record Number: 651
Test Date: 10/16/2009 Test Time: 10:38pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Randolph Instrument Location: BAT MOBILE UNIT 3

Instrument Serial No.: 008707 TRINITY, 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 OCTOBER, 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

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008707
Test Date: 10/24/2009

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

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

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

Test  g/210L  Time
DIAG  Pass  11:35pm
AIR BLK .00  11:36pm
ACCY CHK .08  11:36pm
AIR BLK .00  11:37pm
SUB TEST .00  11:38pm
AIR BLK .00  11:39pm
SUB TEST .00  11:40pm
AIR BLK .00  11:41pm

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

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008707    Test Record Number: 450
Test Date: 10/24/2009    Test Time: 11:42pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:43pm</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
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Randolph Instrument Location: BAT Mobile Unit 3

Instrument Serial No. 00806148 Trinity, 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 October, 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 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**

**RANDOLPH COUNTY BAT MOBILE UNIT 3 750**

Serial Number: 008616  
Test Date: 10/24/2009  

**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:** BARNES, ALVIN R  
**Permit Number:** 15671E  
**Effective:** 10/01/2009-10/01/2011

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

**Lot Number:** AG904903  
**Exp Date:** 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:16pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:18pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:21pm</td>
</tr>
</tbody>
</table>

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

**Signature of Chemical Analyst**

[Signature]

**Court CVR**

---

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: RANDOLPH  Instrument Location: BAT MOBILE UNIT 3
Instrument Serial No.: 008647  TRINITY, 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 OCTOBER, 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]
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 COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647
Test Date: 10/24/2009

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: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG904903
Exp Date: 02/18/2011

Test g/210L Time

DIAG Pass 10:17pm
AIR BLK .00 10:18pm
ACCY CHK .08 10:18pm
AIR BLK .00 10:19pm
SUB TEST .00 10:19pm
AIR BLK .00 10:20pm
SUB TEST .00 10:22pm
AIR BLK .00 10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647    Test Record Number: 636
Test Date: 10/24/2009    Test Time: 10:27pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:28pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford  Instrument Location Greensboro Jail

Instrument Serial No. 008790

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 29 day of October, 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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790
Test Date: 10/29/2009

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: DEAN, LARRY K
Permit Number: 11598E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG920303
Exp Date: 07/22/2011

Test      g/210L     Time
DIAG      Pass       12:24pm
AIR BLK .00    12:24pm
ACCY CHK .08   12:25pm
AIR BLK .00    12:26pm
SUB TEST .00   12:26pm
AIR BLK .00    12:27pm
SUB TEST .00   12:29pm
AIR BLK .00    12:30pm

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790    Test Record Number: 1286
Test Date: 10/29/2009    Test Time: 12:30pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass


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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Guilford                    Instrument Location: Greensboro Jail

Instrument Serial No. 008794

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 29 day of October, 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 642

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

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794
Test Date: 10/29/2009

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: DEAN, LARRY K
Permit Number: 11598E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG904902
Exp Date: 02/18/2011

Test g/210L Time
DIAG Pass 12:52pm
AIR BLK .00 12:52pm
ACCY CHK .08 12:53pm
AIR BLK .00 12:54pm
SUB TEST .00 12:54pm
AIR BLK .00 12:55pm
SUB TEST .00 12:57pm
AIR BLK .00 12:58pm

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
Serial Number: 008794  Test Record Number: 833
Test Date: 10/29/2009  Test Time: 12:58pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:59pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:59pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:59pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>12:59pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:59pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:59pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:59pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:59pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:59pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:59pm</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: Wilson
Instrument Location: Bath Unit #5
Instrument Serial No.: 008758

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

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

I certify that on the 29th day of October, 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: 656

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

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

**WILSON COUNTY BAT MOBILE UNIT 5 970**

Serial Number: 008788    Test Record Number: 282
Test Date: 10/29/2009    Test Time: 9:50pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:50pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:50pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:50pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>9:50pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:50pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:50pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:50pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:50pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:51pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:51pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:51pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:51pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

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

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008788
Test Date: 10/29/2009

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: AG904903
Exp Date: 02/18/2011

Test g/210L Time

DIAG Pass 9:41pm
AIR BLK .00 9:42pm
ACCY CHK .08 9:42pm
AIR BLK .00 9:43pm
SUB TEST .00 9:44pm
AIR BLK .00 9:45pm
SUB TEST .00 9:47pm
AIR BLK .00 9:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WILSON Instrument Location FAYETTEVILLE MOBILE UNIT

Instrument Serial No. 000F078 WILSON

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

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

I certify that on the 29th day of October, 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.

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

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008698  Test Record Number: 411
Test Date: 10/29/2009  Test Time: 9:51pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:51pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:51pm</td>
</tr>
<tr>
<td>PC</td>
<td>Pass</td>
<td>9:51pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>9:51pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:51pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:51pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:51pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:51pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:52pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:52pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:52pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:52pm</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 EC/IR-II: Subject Test

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008698
Test Date: 10/29/2009

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: AG920302
Exp Date: 07/22/2011

Test   g/210L   Time

DIAG   Pass   9:42pm
AIR BLK .00  9:43pm
ACCY CHK .08  9:44pm
AIR BLK .00  9:45pm
SUB TEST .00  9:45pm
AIR BLK .00  9:46pm
SUB TEST .00  9:48pm
AIR BLK .00  9:48pm

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: Wayne  
Instrument Location:  

Instrument Serial No.: 6081600  

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  
2. Verify instrument displays time and date;  
3. Initiate breath test sequence;  
4. Enter information as prompted;  
5. Verify instrument accuracy;  
6. When "PLEASE BLOW" appears, collect breath sample;  
7. When "PLEASE BLOW" appears, collect breath sample;  
8. Print test record;  
9. Verify Diagnostic Program; and  
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 October, 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: 086

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: 008600    Test Record Number: 549
Test Date: 10/30/2009    Test Time: 11:43pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:44pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:44pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:44pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:44pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

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

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008600
Test Date: 10/30/2009

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: 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: AG920302
Exp Date: 07/22/2011

Test    g/210L    Time

DIAG Pass 11:32pm
AIR BLK .00 11:33pm
ACCY CHK .08 11:33pm
AIR BLK .00 11:34pm
SUB TEST .00 11:35pm
AIR BLK .00 11:36pm
SUB TEST .00 11:37pm
AIR BLK .00 11:38pm

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
Intoxicometers, Model Intox EC/IR II

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

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

I certify that on the 31st day of October, 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)
System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

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

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698
Test Date: 10/30/2009

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: 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: AG920302
Exp Date: 07/22/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:14pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:15pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:19pm</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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 October, 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: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788    Test Record Number: 286
Test Date: 10/30/2009    Test Time: 11:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:23pm</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
Serial Number: 008788
Test Date: 10/30/2009

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: 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: AG904903
Exp Date: 02/18/2011

Test g/210L Time

DIAG Pass 11:12pm
AIR BLK .00 11:13pm
ACCY CHK .08 11:13pm
AIR BLK .00 11:14pm
SUB TEST .00 11:15pm
AIR BLK .00 11:16pm
SUB TEST .00 11:17pm
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
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.  605758 Greenville

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 31st day of October, 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  656

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

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

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788    Test Record Number: 292
Test Date: 10/31/2009    Test Time: 10:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:12pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:12pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:12pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:12pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:12pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788
Test Date: 10/31/2009

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: 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: AG904903
Exp Date: 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:58pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:58pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:59pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:01pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:03pm</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  PITT  Instrument Location  PITT MO.BU.Lee Lab
Instrument Serial No.  00-F6-98   Greenville

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

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

I certify that on the 31st day of October, 2005, 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  6536

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

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698    Test Record Number: 417
Test Date: 10/31/2009    Test Time: 10:13pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC1</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:15pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:15pm</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 EC/IR-II: Subject Test

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698
Test Date: 10/31/2009

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: 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: AG920302
Exp Date: 07/22/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:00pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:02pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:03pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:07pm</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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 31st day of October, 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: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600    Test Record Number: 551
Test Date: 10/31/2009    Test Time: 10:28pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:29pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:30pm</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
PITTS COUNTY BAT MOBILE UNIT 5 730

Serial Number: 009600
Test Date: 10/31/2009

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: 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: AG920302
Exp Date: 07/22/2011

Test g/210L Time

DIAG Pass 10:21pm
AIR BLK .00 10:22pm
ACCY CHK .08 10:22pm
AIR BLK .00 10:23pm
SUB TEST .00 10:24pm
AIR BLK .00 10:25pm
SUB TEST .00 10:26pm
AIR BLK .00 10:27pm

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  Johnston  Instrument Location  Benson,

Instrument Serial No.  006885  Police Dept, Benson, NC.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 20 day of October, 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]
Signature of Certifying Official

[Certificate Number]

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

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

JOHNSTON COUNTY BENSON POLICE DEPT.
500

Serial Number: 008885
Test Date: 10/20/2009

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: 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: AG814002
Exp Date: 05/19/2010

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:08pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:09pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:10pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:13pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**JOHNSTON COUNTY BENSON POLICE DEPT. 500**

- **Serial Number:** 008885  
- **Test Record Number:** 123  
- **Test Date:** 10/20/2009  
- **Test Time:** 2:16pm EDT

**System Check:** Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

**Status:** Pass

---

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

**Analyst**

[Signature]
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Scotland  Instrument Location: Scotland
Instrument Serial No.: 008861  County 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 19 day of October 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: 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

SCOTLAND COUNTY SHERIFFS DEPT. 820

Serial Number: 008861
Test Date: 10/19/2009

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: 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: AG904903
Exp Date: 02/18/2011

Test g/210L Time

DIAG Pass 2:33pm
AIR BLK .00 2:34pm
ACCY CHK .08 2:35pm
AIR BLK .00 2:36pm
SUB TEST .00 2:36pm
AIR BLK .00 2:37pm
SUB TEST .00 2:39pm
AIR BLK .00 2:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

SCOTLAND COUNTY SHERIFFS DEPT. 820

Serial Number: 008861 Test Record Number: 195
Test Date: 10/19/2009 Test Time: 2:44pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:44pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:44pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:45pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:45pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:45pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:45pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:45pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:45pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:45pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:45pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:46pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:46pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Cumberland
Instrument Location: Fort Bragg
Instrument Serial No.: 908903

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 October, 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: Paul T. Sommerville
Certificate Number: 578

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 FORT BRAGG LEC. 250

Serial Number: 008903
Test Date: 10/20/2009

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: 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: AG809301
Exp Date: 04/02/2010

<table>
<thead>
<tr>
<th>Test</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>12:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>12:45pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>12:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>12:46pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>12:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>12:48pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>12:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>12:51pm</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**

*CUMBERLAND COUNTY FORT BRAGG LEC. 250*

Serial Number: 008903  Test Record Number: 232  
Test Date: 10/20/2009  Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:52pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:52pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:52pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>12:52pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:52pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>12:52pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:52pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:52pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst: [Signature]

---

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

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

County: Cumberland  Instrument Location: Fort Bragg
Instrument Serial No.: 008908  PMO.

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

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

I certify that on the 20 day of October, 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 578

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

DHHS 4080 (11/07)
CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908
Test Date: 10/20/2009

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: 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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

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

County: Wilkes
Instrument Location: North Wilkesboro

Instrument Serial No. 008862

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 October, 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

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862
Test Date: 10/20/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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 12:23pm
AIR BLK .00 12:24pm
ACCY CHK .08 12:24pm
AIR BLK .00 12:25pm
SUB TEST .00 12:26pm
AIR BLK .00 12:27pm
SUB TEST .00 12:28pm
AIR BLK .00 12:29pm

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: 008862    Test Record Number: 123
Test Date: 10/20/2009    Test Time: 12:31pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:32pm</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: Stokes
Instrument Location: Stokes Jail

Instrument Serial No.: 0076936

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

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

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

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596
Test Date: 10/21/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG916701
Exp Date: 06/16/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:47am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:48am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:49am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:50am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:50am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:51am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:53am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:54am</td>
</tr>
</tbody>
</table>

Reported AC: 0.00 g/210L

Signature of Chemical Analyst
Court CVR.

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:56am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:56am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:56am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:56am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  Stokes  Instrument Location  King P D

Instrument Serial No.  008610

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the  21  day of  October , 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  632  Certificate Number

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

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

STOKES COUNTY KING PD 840

Serial Number: 008610
Test Date: 10/21/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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

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

Test g/210L Time

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**STOKES COUNTY KING PD 840**

Serial Number: 008610    Test Record Number: 629  
Test Date: 10/21/2009    Test Time: 12:43pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

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

**Printer Tests**

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

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

---

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

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

I certify that on the 22 day of October, 20XX, 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**

**YADKIN COUNTY YADKIN CO JAIL 980**

Serial Number: 008944  
Test Date: 10/22/2009

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: 10/01/2009-10/01/2011

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

Lot Number: AG902901  
Exp Date: 01/29/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:09am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:10am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:11am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:12am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:12am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:13am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:15am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:16am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst  
Court CVR

---

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:16am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:16am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:18am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:18am</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               Instrument Location       N.J.
Yakima

Instrument Serial No. 0C8925

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

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

I certify that on the 22 day of October, 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**

**YADKIN COUNTY YADKINVILLE PD 980**

- **Serial Number:** 008925  
- **Test Date:** 10/22/2009

- **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:** 10/01/2009-10/01/2011

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

- **Lot Number:** AG902901  
- **Exp Date:** 01/29/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:33am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:34am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:35am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:36am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:36am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:37am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:39am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:40am</td>
</tr>
</tbody>
</table>

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

**Signature of Chemical Analyst**

---

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

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925    Test Record Number: 145
Test Date: 10/22/2009    Test Time: 10:40am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:41am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:41am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:41am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>10:41am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:41am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:41am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:41am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:41am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:42am</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 October, 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

FORSYTH COUNTY KERNERSVILLE PD 330
Serial Number: 008650
Test Date: 10/28/2009
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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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 11:10am
AIR BLK .00 11:11am
ACCY CHK .07 11:12am
AIR BLK .00 11:13am
SUB TEST .00 11:13am
AIR BLK .00 11:14am
SUB TEST .00 11:16am
AIR BLK .00 11:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**FORSYTH COUNTY KERNERSVILLE PD 330**  
**Serial Number: 008650**  
**Test Record Number: 448**  
**Test Date: 10/28/2009**  
**Test Time: 11:18am EDT**  
**System Check: Passed**

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

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

### Printer Tests

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

### CRC Tests

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

**Preventive Maintenance**  
**Status: Pass**

---

**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. 008512

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 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

FORSyth COUNTY FORSYTH CO DETENTION
330

Serial Number: 008583
Test Date: 10/28/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG916701
Exp Date: 06/11/2011

Test | g/210L | Time
--- | --- | ---
DIAG | Pass | 1:39pm
AIR BLK | .00 | 1:40pm
ACCY CHK | .08 | 1:41pm
AIR BLK | .00 | 1:42pm
SUB TEST | .00 | 1:42pm
AIR BLK | .00 | 1:43pm
SUB TEST | .00 | 1:45pm
AIR BLK | .00 | 1:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 1767
Test Date: 10/28/2009 Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

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. C056 (6)

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28th day of October, 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 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

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 009660
Test Date: 10/28/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG916701
Exp Date: 06/16/2011

Test g/210L Time

DIAG Pass 1:30pm
AIR BLK .00 1:31pm
ACCY CHK .08 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 1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660    Test Record Number: 916
Test Date: 10/28/2009    Test Time: 1:39pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:39pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:39pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:39pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:40pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:40pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:40pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:40pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:40pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:40pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:40pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:40pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:40pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

---

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28 day of October, 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

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008659
Test Date: 10/28/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective: 10/01/2009-10/01/2011

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>1:24pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>0.08</td>
<td>1:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>1:26pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>1:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>1:27pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>1:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659    Test Record Number: 896
Test Date: 10/28/2009    Test Time: 1:32pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
<tr>
<td>ET</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:33pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:33pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:33pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:33pm</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 [County Name]  Instrument Location [Elkin, NC]

Instrument Serial No. [008926]

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

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

I certify that on the [29] day of [October] , 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]
Certification 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 ELKIN PD 850

Serial Number: 008926
Test Date: 10/29/2009

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:
10/01/2009-10/01/2011

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

Lot Number: AG902901
Exp Date: 01/29/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:34am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:35am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:36am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:37am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:37am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:38am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:40am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:41am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926     Test Record Number: 273
Test Date: 10/29/2009     Test Time: 10:42am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

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

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Buncombe
Instrument Location: Buncombe Police Dep.
Instrument Serial No.: 004976
Buncombe, 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 29th day of December, 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: [Certificate Number]

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

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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928
Test Date: 10/29/2009

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: AG816302
Exp Date: 06/11/2010

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:07pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:08pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:10pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:12pm</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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928    Test Record Number: 84
Test Date: 10/29/2009    Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:16pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:16pm</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
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. S.D., Ola M. Cole

Instrument Serial No.: 006197

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

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

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797
Test Date: 10/27/2009

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: 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: AG910601
Exp Date: 04/16/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:34pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:36pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:37pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:40pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797      Test Record Number: 172
Test Date: 10/27/2009      Test Time: 1:41pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:42pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:42pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:42pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:42pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:42pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:42pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:42pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:42pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:43pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:43pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:43pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:43pm</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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December 2006 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

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807
Test Date: 10/27/2009

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: 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: AG910601
Exp Date: 04/16/2011

Test  g/210L  Time

DIAG  Pass  11:22am
AIR BLK  .00  11:23am
ACCY CHK  .07  11:24am
AIR BLK  .00  11:25am
SUB TEST  .00  11:25am
AIR BLK  .00  11:26am
SUB TEST  .00  11:28am
AIR BLK  .00  11:29am

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

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807    Test Record Number: 211
Test Date: 10/27/2009    Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:33am</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 2nd day of [Date], 20[Year], 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 697

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008663
Test Date: 10/22/2009

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: KEESLER, LINDA
Permit Number: 11646E
Effective:
09/01/2009-09/01/2011

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

Lot Number: AG916602
Exp Date: 06/15/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>4:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:14pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>4:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:15pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:19pm</td>
</tr>
</tbody>
</table>

Reported AC:.00 g/210L

Signature of Chemical Analyst

Court CVR


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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663    Test Record Number: 1064
Test Date: 10/22/2009    Test Time: 4:20pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>4:20pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:20pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:20pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:20pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:20pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:21pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:21pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:21pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:21pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]
Analyst

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

County: [Redacted]
Instrument Location: [Redacted]
Instrument Serial No.: 004441
200 E. Colonial Ave., Alexandria, Va., D.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 11th 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.
Intox EC/IR-II: Subject Test

PASQUOTANK COUNTY PUBLIC SAFETY BLDG
690

Serial Number: 008941
Test Date: 10/19/2009

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: AG910601
Exp Date: 04/16/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:12pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:13pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:15pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:17pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

*PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690*

Serial Number: 008941  Test Record Number: 247  
Test Date: 10/19/2009  Test Time: 1:19pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:19pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:19pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:19pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

*Signature*

**Analyst**

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

County: Pasquotank
Instrument Location: Pasquotank Co. Public Safety Bldg.
Instrument Serial No.: 004950
200 E. Colonial Ave., Elizabeth City, 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 __________ day of October, 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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG
690

Serial Number: 008950
Test Date: 10/19/2009

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: AG910601
Exp Date: 04/16/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:09pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:10pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:12pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:15pm</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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950    Test Record Number: 307
Test Date: 10/19/2009    Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:19pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:19pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: HERTFORD  Instrument Location: MOREFREESboro Police Dept.

Instrument Serial No. 004906  115 E. Broad St., MOREFREESboro, 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 __________ 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: Subject Test

BERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906
Test Date: 10/16/2009

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: 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: AG809301
Exp Date: 04/02/2010

Test g/210L Time
DIAG Pass 3:06pm
AIR BLK .00 3:07pm
ACCY CHK .07 3:08pm
AIR BLK .00 3:09pm
SUB TEST .00 3:09pm
AIR BLK .00 3:10pm
SUB TEST .00 3:12pm
AIR BLK .00 3:13pm

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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906    Test Record Number: 168
Test Date: 10/16/2009    Test Time: 3:14pm EDT

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>3:14pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:15pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:15pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:15pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:15pm</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: Casse
Instrument Location: Casse Co., S.C.

Instrument Serial No.: 004944
202 Court St., Casavvile, 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 ___ day of, Oct 15th, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  
Certificate Number

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

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

GATES COUNTY GATES CO SO 360

Serial Number: 008884
Test Date: 10/16/2009

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: 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: AG807702
Exp Date: 03/17/2010

Test   g/210L     Time

DIAG   Pass    2:14pm
AIR BLK .00   2:15pm
ACCY CHK .07  2:15pm
AIR BLK .00   2:16pm
SUB TEST .00  2:17pm
AIR BLK .00   2:17pm
SUB TEST .00  2:19pm
AIR BLK .00   2:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

GATES COUNTY GATES CO SO 360

Serial Number: 008884  Test Record Number: 184
Test Date: 10/16/2009  Test Time: 2:22pm EDT

System Check: Passed  

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:23pm</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: Harnett
Instrument Location: Ansonie Police Dep.
Instrument Serial No.: 701548
705 W. Main St., Ansonie, N.C.

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

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

I certify that on the 12th day of December, 2004, 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**

**HERTFORD COUNTY AHOSKIE PD 450**

**Serial Number:** 008848  
**Test Date:** 10/14/2009

**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:** 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:** AG809301  
**Exp Date:** 04/02/2010

<table>
<thead>
<tr>
<th>Test Type</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG Pass</td>
<td></td>
<td>11:14am</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>11:15am</td>
<td></td>
</tr>
<tr>
<td>ACCY CHK .08</td>
<td>11:15am</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>11:16am</td>
<td></td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td>11:17am</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>11:17am</td>
<td></td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td>11:19am</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>11:20am</td>
<td></td>
</tr>
</tbody>
</table>

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

**Signature of Chemical Analyst**

**Court CVR**

---

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

**HERTFORD COUNTY AHOSKIE PD 450**

**Serial Number:** 000848  **Test Record Number:** 298  
**Test Date:** 10/14/2009  **Test Time:** 11:23am EDT

**System Check:** Passed  

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
</tbody>
</table>

### Blank Tests

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

### Printer Tests

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

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance Status:** Pass

---

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

---

*Signature*

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Edgecombe
Instrument Location Edgcombe Co. Magistrates Office
Instrument Serial No. 004613 300 S. Adalonda Rd. Advance, 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 11th day of December, 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.
Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY EDGEcombe CO MAGISTR
320

Serial Number: 008663
Test Date: 10/16/2009

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: 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: AG916602
Exp Date: 06/15/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:45am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:46am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:46am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:47am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:48am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:49am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:51am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:52am</td>
</tr>
</tbody>
</table>

Reported AC:.00 g/210L

Signature of Chemical Analyst

Court CVR

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663    Test Record Number: 1055
Test Date: 10/16/2009    Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:01pm</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 1st day of DECEMBER, 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

EDGECOMBE COUNTY  EDGECOMBE CO MAGISTR 320

Serial Number: 008603  
Test Date: 10/16/2009

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: 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: AG916602
Exp Date: 06/15/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603  Test Record Number: 833
Test Date: 10/16/2009  Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:02pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:02pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:02pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:02pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

County: Greenville  Instrument Location: Greenville C. S. O.
Instrument Serial No.: 00267U  301 N. Green st., Snow Hill, NC

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

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

I certify that on the 22nd day of October, 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 693

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

Greene County Greene Co So 390

Serial Number: 008670
Test Date: 10/23/2009

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: Guard, Kelly G
Permit Number: 129555E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG91060L
Exp Date: 04/16/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:07am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:08am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:09am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:09am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:10am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:12am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:13am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670    Test Record Number: 841
Test Date: 10/23/2009   Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Currituck Instrument Location: Currituck Co. 50- Corolla

Instrument Serial No. 008949 1123 Green Trail, Corolla, 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 23rd day of October, 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 642

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

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

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949
Test Date: 10/22/2009

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: AG902603
Exp Date: 01/26/2011

Test g/210L Time

DIAG Pass 11:42am
AIR BLK .00 11:43am
ACCY CHK .08 11:43am
AIR BLK .00 11:44am
SUB TEST .00 11:45am
AIR BLK .00 11:46am
SUB TEST .00 11:48am
AIR BLK .00 11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**CURRITUCK COUNTY SO-COROLLA 260**

Serial Number: 008949    Test Record Number: 103  
Test Date: 10/22/2009    Test Time: 11:50am EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance Status: Pass**

**Analyst**

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Lenoir Instrument Location: Kinston P.D.
Instrument Serial No.: 008624 205 E King St, Kinston, N.C.

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

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

I certify that on the 20th day of October, 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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624
Test Date: 10/20/2009

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: 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: AG916602
Exp Date: 06/15/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>2:28pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>0.08</td>
<td>2:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>2:29pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>2:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>2:31pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>2:32pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>2:33pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

[Signature of Chemical Analyst]

Court CVR

[Signature of Analyst]

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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624  Test Record Number: 576  
Test Date: 10/20/2009  Test Time: 2:34pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:35pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:35pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:35pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:35pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:35pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:35pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:35pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:35pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:36pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:36pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:36pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:36pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance Status: Pass**

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Lenoir
Instrument Location: Lenoir Co. S.C.
Instrument Serial No. 008639  130 Queen St, Kinston, N.C.

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

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

I certify that on the 20th day of October, 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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639
Test Date: 10/20/2009

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: 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: AG916602
Exp Date: 06/15/2011

Test       g/210L  Time

DIAG       Pass  1:53pm
AIR BLK    .00   1:54pm
ACCY CHK   .07   1:54pm
AIR BLK    .00   1:55pm
SUB TEST   .00   1:56pm
AIR BLK    .00   1:57pm
SUB TEST   .00   1:58pm
AIR BLK    .00   1:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:01pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:01pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:01pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:01pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:01pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:01pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:01pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:01pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:02pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:02pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:02pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:02pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Pitt
Instrument Location: Pitt Co. Detention Center
Instrument Serial No: 0089/8 121 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 19th day of October, 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 COUNTY PITT CO DETENTION 730

Serial Number: 008918
Test Date: 10/19/2009

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: 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: AG825401
Exp Date: 09/10/2010

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:21pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>2:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:22pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:24pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:26pm</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
Intox EC/IR-II: Preventive Maintenance

PIT COUNTRY PIT CO DETENTION 730

Serial Number: 008918    Test Record Number: 92
Test Date: 10/19/2009    Test Time: 2:28pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:28pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:29pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:29pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:29pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:29pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

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
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Durham  Instrument Location: BAI Mobile Unit 4
Instrument Serial No: 008871

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

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

I certify that on the 30th day of October 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: [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: 200
Test Date: 10/30/2009    Test Time: 9:23pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:23pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:23pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:24pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:24pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:24pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>9:24pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:24pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:24pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:24pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:24pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:25pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:25pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

---

This form is used when performing Preventive Maintenance procedures

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

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008871
Test Date: 10/30/2009

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: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
10/01/2009-10/01/2011

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>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:16pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:19pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:21pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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

I certify that on the 31st day of October, 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: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008717    Test Record Number: 199
Test Date: 10/31/2009    Test Time: 9:57pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:57pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:57pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:57pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:57pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:57pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:57pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:57pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:57pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:58pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:58pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:58pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:58pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

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

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008717
Test Date: 10/31/2009

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: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920302
Exp Date: 07/22/2011

Test g/210L Time
DIAG Pass 9:50pm
AIR BLK .00 9:51pm
ACCY CHK .08 9:51pm
AIR BLK .00 9:52pm
SUB TEST .00 9:52pm
AIR BLK .00 9:53pm
SUB TEST .00 9:55pm
AIR BLK .00 9:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Pitt
Instrument Location: BAT Mobile Unit 4
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 31st day of October 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**

**PITT COUNTY BAT MOBILE UNIT 4 730**

Serial Number: 008734    Test Record Number: 308
Test Date: 10/31/2009    Test Time: 8:53pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>8:53pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:53pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:53pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>8:53pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:53pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:53pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:53pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:53pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>8:54pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>8:54pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>8:54pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:54pm</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

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734
Test Date: 10/31/2009

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: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920302
Exp Date: 07/22/2011

Test g/210L Time
DIAG Pass 8:45pm
AIR BLK .00 8:46pm
ACCY CHK .08 8:47pm
AIR BLK .00 8:48pm
SUB TEST .00 8:48pm
AIR BLK .00 8:49pm
SUB TEST .00 8:51pm
AIR BLK .00 8:52pm

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 Pitt Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008871

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

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

I certify that on the 31st day of October, 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: Preventive Maintenance**

**PITT COUNTY BAT MOBILE UNIT 4 730**

Serial Number: 008871    Test Record Number: 205
Test Date: 10/31/2009    Test Time: 8:51pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>8:51pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:51pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:51pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>8:51pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:51pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:51pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:51pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:51pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>8:52pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>8:52pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>8:52pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:52pm</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 EC/IR-II: Subject Test

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008871
Test Date: 10/31/2009

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: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
10/01/2009-10/01/2011

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 8:44pm
AIR BLK .00 8:45pm
ACCY CHK .07 8:45pm
AIR BLK .00 8:46pm
SUB TEST .00 8:46pm
AIR BLK .00 8:47pm
SUB TEST .00 8:49pm
AIR BLK .00 8:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Bladen

Instrument Location: Bladen County

Instrument Serial No.: 8613

Sherrifs 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 27th day of October, 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

BLADEN COUNTY BLADEN CO SD 080

Serial Number: 008613
Test Date: 10/29/2009

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: AG910601
Exp Date: 04/16/2011

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:13pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:14pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:18pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**BLADEN COUNTY BLADEN CO SD 080**

Serial Number: 008613    Test Record Number: 521
Test Date: 10/29/2009    Test Time: 12:19pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance Status:** Pass

[Signature]

**Analyst**

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

Instrument Serial No.: 8901

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 15 day of October, 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 634

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

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008901
Test Date: 10/15/2009

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: AG825401
Exp Date: 09/10/2010

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:55pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:57pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:58pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:01pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Signature of Analyst

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

**NEW HANOVER COUNTY NEW HANOVER CO SD 640**

Serial Number: 008901    Test Record Number: 132    Test Date: 10/15/2009    Test Time: 4:02pm EDT

System Check: *Passed*

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:02pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:02pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:02pm</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>4:02pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:02pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:02pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:02pm</td>
</tr>
<tr>
<td>ET</td>
<td>Pass</td>
<td>4:02pm</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:03pm</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:03pm</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:03pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:03pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: *Pass*

---

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 13 day of December, 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**

*DURHAM COUNTY DURHAM COUNTY JAIL 310*

- Serial Number: 008859
- Test Date: 10/13/2009

- 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: QUARANTELELO, 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: AG920303
- Exp Date: 07/22/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:27pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:28pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:30pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:32pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:33pm</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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859    Test Record Number: 369
Test Date: 10/13/2009    Test Time: 12:35pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:36pm</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: Durham  Instrument Location: Durham Co. Jail

Instrument Serial No. 008878  217 S. Mangum St. Durham, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 13 day of October, 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 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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878
Test Date: 10/13/2009

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: 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: AG916701
Exp Date: 06/16/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:46pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:46pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:47pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:48pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:49pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:51pm</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

**DURHAM COUNTY DURHAM COUNTY JAIL 310**

Serial Number: 008878    Test Record Number: 560  
Test Date: 10/13/2009    Test Time: 12:54pm EDT

System Check: Passed

## Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

## Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

## Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
</tbody>
</table>

## Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
</tbody>
</table>

## CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

---

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: Durham Co. Jail
Instrument Serial No.: 00 8891
217 S. Hanum St. Durham, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 13th day of OCTOBER, 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
682
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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891
Test Date: 10/13/2009

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: 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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:51pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:52pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:53pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:53pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:54pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:57pm</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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891    Test Record Number: 421
Test Date: 10/13/2009    Test Time: 12:59pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:00pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:00pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:00pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:00pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:00pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:00pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:00pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:00pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:01pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:00pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:01pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:01pm</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: SUMMERTOWN Instrument Location: OXFORD PD

Instrument Serial No. CO893 201 E ICKMAN AVE OXFORD, 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 OCTOBER, 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: Subject Test

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923
Test Date: 10/16/2009

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: 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: AG902603
Exp Date: 01/26/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:22am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:23am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:24am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:24am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:25am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:26am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:27am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923    Test Record Number: 109
Test Date: 10/16/2009    Test Time: 10:28am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:29am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:29am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:29am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:29am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:29am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:29am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:29am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:29am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:29am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:29am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:30am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:30am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ALAMANCE Instrument Location BURLINGTON, PA

Instrument Serial No. CO8907 207 W. FRONT S 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 19 day of OCTOBER, 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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907
Test Date: 10/19/2009

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: AG814002
Exp Date: 05/19/2010

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:13am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:14am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:15am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:15am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:16am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:17am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:18am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:19am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907    Test Record Number: 247
Test Date: 10/19/2009    Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:22am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:22am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:22am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:22am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

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

County: ALAMANCE  Instrument Location: BURLINGTON P.D.

Instrument Serial No. 008812  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 19th day of OCTOBER, 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**

**ALAMANCE COUNTY BURLINGTON PD 000**

- **Serial Number:** 008812  
  **Test Date:** 10/19/2009

- **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:** 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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:41am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:42am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:43am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:44am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:44am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:45am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:47am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:48am</td>
</tr>
</tbody>
</table>

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

*Signature of Chemical Analyst*

*Court CVR*

---

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

**ALAMANCE COUNTY BURLINGTON PD 000**

Serial Number: 008812  
Test Record Number: 426  
Test Date: 10/19/2009  
Test Time: 10:49am EDT

System Check: Passed

## Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
</tbody>
</table>

## Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
</tbody>
</table>

## Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:51am</td>
</tr>
</tbody>
</table>

## Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:51am</td>
</tr>
</tbody>
</table>

## CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:51am</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

---

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 20 day of October, 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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700
Test Date: 10/20/2009

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: 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: AG916701
Exp Date: 06/16/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:59pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:01pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:02pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:04pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700    Test Record Number: 304
Test Date: 10/20/2009    Test Time: 1:06pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:07pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:07pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:07pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:07pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]
Analyst

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

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

I certify that on the 21st day of OCTOBER, 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.
**Intox BC/IR-II: Subject Test**

**PERSON COUNTY PERSON CO. LEC 720**

- **Serial Number:** 008693
- **Test Date:** 10/21/2009

**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:** 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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:15am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:16am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:16am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:17am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:18am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:19am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:21am</td>
</tr>
</tbody>
</table>

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

**Signature of Chemical Analyst:**

**Court CVR**

---

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:24am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:24am</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: Person Instrument Location: Person Co. LEA

Instrument Serial No.: 608880 120 Court St. Personboro, 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 21st day of OCTOBER, 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 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**

**PERSON COUNTY PERSON CO. LEC 720**

- **Serial Number:** 008880
- **Test Date:** 10/21/2009

**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:** 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:** AG914101

**Exp Date:** 05/20/2010

---

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

**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**

**PERSON COUNTY PERSON CO. LEC 720**

Serial Number: 008880    Test Record Number: 186
Test Date: 10/21/2009    Test Time: 11:24am EDT

System Check: Passed

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

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

**Printer Tests**

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

**CRC Tests**

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

**Preventive Maintenance**

Status: Pass

---

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 WAYE Instrument Location CCBT

Instrument Serial No. 028686 230 S. SANBORN ST. RALEIGH 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 22 day of OCTOBER, 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 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

WAKE COUNTY CCBI 910

Serial Number: 008686
Test Date: 10/22/2009

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: AG904903
Exp Date: 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:58am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:59am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:01pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:03pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:05pm</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

WAKE COUNTY CCBI 910

Serial Number: 008686    Test Record Number: 1530
Test Date: 10/22/2009    Test Time: 12:07pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:09pm</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 \textit{WAKE} \hspace{1cm} Instrument Location \textit{CCBD}

Instrument Serial No. \textit{008816} \hspace{1cm} \textit{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 \textbf{22} day of \textit{OCTOBER}, 20\textit{09} 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.

\begin{center}
\includegraphics[width=0.5\textwidth]{signature.png}
\end{center}

Signature of Certifying Official \hspace{1cm} Certificate Number \textbf{650}

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

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

WAKE COUNTY CCBI 910

Serial Number: 008816
Test Date: 10/22/2009

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: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG920302
Exp Date: 07/22/2011

Test  g/210L  Time
DIAG    Pass  12:02pm
AIR BLK .00  12:03pm
ACCY CHK .08  12:03pm
AIR BLK .00  12:04pm
SUB TEST .00  12:04pm
AIR BLK .00  12:05pm
SUB TEST .00  12:07pm
AIR BLK .00  12:08pm

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: 008816   Test Record Number: 2060
Test Date: 10/22/2009   Test Time: 12:09pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27th day of OCTOBER, 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

WAKE COUNTY CCBI 910

Serial Number: 008826
Test Date: 10/22/2009

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: AG920302
Exp Date: 07/22/2011

Test g/210L Time
DIAG Pass 12:26pm
AIR BLK .00 12:27pm
ACCY CHK .08 12:28pm
AIR BLK .00 12:29pm
SUB TEST .00 12:30pm
AIR BLK .00 12:30pm
SUB TEST .00 12:32pm
AIR BLK .00 12:33pm

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: 008826    Test Record Number: 2028
Test Date: 10/22/2009    Test Time: 12:36pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

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 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

WAKE COUNTY CCBI 910

Serial Number: 008615
Test Date: 10/22/2009

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: AG910601
Exp Date: 04/16/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:33pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:34pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:36pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:37pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:38pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

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: 008615    Test Record Number: 1366
Test Date: 10/22/2009    Test Time: 12:41pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:42pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:42pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:42pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:42pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:42pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:42pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:42pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:42pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:42pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:42pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:43pm</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: Scotland Instrument Location: Baptist Medical Center

Instrument Serial No.: C05602

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 23rd day of October, 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: 636

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

DHHS 4080 (11/07)
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600
Test Date: 10/23/2009

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: 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: AG920302
Exp Date: 07/22/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:15pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:18pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:20pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: WAKO
Instrument Location: BEE Mob. Lab Unit HS

Instrument Serial No.: 008698

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 OCTOBER, 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: 686

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

DHHS 4080 (11/07)
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:19pm</td>
</tr>
<tr>
<td>PLO</td>
<td>Pass</td>
<td>11:19pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:19pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698
Test Date: 10/23/2009

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: 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: AG920302
Exp Date: 07/22/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:11pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:12pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:14pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:17pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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

I certify that on the 23rd day of October, 2009 the foregoing preventative maintenance procedures were performed on the 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 preventative maintenance record shall be kept on file for at least three years.
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:16pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:16pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:17pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>11:17pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:17pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:17pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:17pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:17pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:17pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:17pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:17pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:17pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

**WAKE COUNTY BAT MOBILE UNIT 5 910**

Serial Number: 008788  
Test Date: 10/23/2009

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: 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: AG904903  
Exp Date: 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:07pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:08pm</td>
</tr>
<tr>
<td><strong>SUB TEST</strong></td>
<td>.00</td>
<td><strong>11:09pm</strong></td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td><strong>11:10pm</strong></td>
</tr>
<tr>
<td><strong>SUB TEST</strong></td>
<td>.00</td>
<td><strong>11:12pm</strong></td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td><strong>11:13pm</strong></td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: JOHNSTON         Instrument Location: JOHNSTON Co. JAIL

Instrument Serial No.: 008810         SOUTHEFIEld 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 OCTOBER, 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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810
Test Date: 10/15/2009

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: AG920301
Exp Date: 07/11/2011

Test g/210L Time
DIAG Pass 1:51pm
AIR BLK .00 1:52pm
ACCY CHK .07 1:52pm
AIR BLK .00 1:53pm
SUB TEST .00 1:54pm
AIR BLK .00 1:55pm
SUB TEST .00 1:56pm
AIR BLK .00 1:57pm

Reported AS: .00 g/210L

Signature of Chemical Analyst
Court CVR.

[Signature]

Analyst

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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810    Test Record Number: 491
Test Date: 10/15/2009    Test Time: 2:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

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

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

I certify that on the 15 day of October, 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.
Intox EC/IR-II: Subject Test

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658
Test Date: 10/15/2009

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: AG910601
Exp Date: 04/16/2011

Test     g/210L  Time

DIAG     Pass    12:19pm
AIR BLK  .00     12:19pm
ACCY CHK .08    12:20pm
AIR BLK  .00     12:21pm
SUB TEST .00    12:22pm
AIR BLK  .00     12:23pm
SUB TEST .00    12:24pm
AIR BLK  .00     12:25pm

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

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658    Test Record Number: 367
Test Date: 10/15/2009   Test Time: 12:27pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:28pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:28pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:28pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:28pm</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 Johnston Instrument Location Johnston Co., NC

Instrument Serial No. 0088416 Smithfield, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 15th day of October 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 EC/IR-II: Subject Test

JOHNSTON COUNTY JOHNSTON CO. JAIL 500
Serial Number: 008846
Test Date: 10/15/2009
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: AG920301
Exp Date: 07/11/2011

Test  g/210L  Time
DIAG Pass  1:47pm
AIR BLK .00  1:48pm
ACCY CHK .07  1:48pm
AIR BLK .00  1:49pm
SUB TEST .00  1:50pm
AIR BLK .00  1:51pm
SUB TEST .00  1:53pm
AIR BLK .00  1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**JOHNSON COUNTY JOHNSTON CO. JAIL 500**

Serial Number: 008846   Test Record Number: 849  
Test Date: 10/15/2009   Test Time: 1:57pm EDT  
System Check: Passed

## Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:57pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:57pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:57pm</td>
</tr>
</tbody>
</table>

## Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:57pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:57pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:57pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:57pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:57pm</td>
</tr>
</tbody>
</table>

## Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:58pm</td>
</tr>
</tbody>
</table>

## Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:58pm</td>
</tr>
</tbody>
</table>

## CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:58pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:58pm</td>
</tr>
</tbody>
</table>

## Preventive Maintenance

Status: Pass

---

This form is used when performing Preventive Maintenance procedures

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16 day of OCTOBER, 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 EC/IR-II: Subject Test**

**MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610**

- **Serial Number:** 008721  
  **Test Date:** 10/16/2009

- **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:** AG916701  
  **Exp Date:** 06/16/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:13pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:15pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:19pm</td>
</tr>
</tbody>
</table>

**Reported BAC:** .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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Record Number: 268
Test Date: 10/16/2009 Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:22pm</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 Monteserry
Instrument Location Montgomery Co. Jail
Instrument Serial No. 008789 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 16 day of Oct 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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL
610

Serial Number: 008709
Test Date: 10/16/2009

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: AG916701
Exp Date: 06/16/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:47pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:48pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:49pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:49pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:50pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:52pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:52pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709    Test Record Number: 370
Test Date: 10/16/2009    Test Time: 12:55pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyzer

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 13 day of OCTOBER, 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 BC/IR-II: Subject Test

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720
Test Date: 10/13/2009

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: 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: AG904903
Exp Date: 02/18/2011

Test g/210L Time

DIAG Pass 3:34pm
AIR BLK .00 3:35pm
ACCY CHK .08 3:35pm
AIR BLK .00 3:36pm
SUB TEST .00 3:37pm
AIR BLK .00 3:38pm
SUB TEST .00 3:39pm
AIR BLK .00 3:40pm

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: 315
Test Date: 10/13/2009   Test Time: 3:41pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:41pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:41pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:41pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:42pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:42pm</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 13 day of October, 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

MOORE PINEHURST PD. 620

Serial Number: 008710
Test Date: 10/13/2009

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: 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: AG904903
Exp Date: 02/18/2011

Test g/210L Time
DIAG Pass 2:43pm
AIR BLK .00 2:44pm
ACCY CHK .08 2:45pm
AIR BLK .00 2:45pm
SUB TEST .00 2:46pm
AIR BLK .00 2:47pm
SUB TEST .00 2:49pm
AIR BLK .00 2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MOORE PINEHURST PD. 620

Serial Number: 008710     Test Record Number: 346
Test Date: 10/13/2009     Test Time: 2:52pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:54pm</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 Onslow Instrument Location Onslow County

Instrument Serial No. 008931 Sheriff'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 5 day of October, 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

354
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

ONSLOW COUNTY ONslow COUNTY SD 660

Serial Number: 008931
Test Date: 10/05/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920302
Exp Date: 07/22/2011

Test g/210L Time

DIAG Pass 11:45am
AIR BLK .00 11:46am
ACCCY CHK .08 11:46am
AIR BLK .00 11:47am
SUB TEST .00 11:48am
AIR BLK .00 11:49am
SUB TEST .00 11:50am
AIR BLK .00 11:51am

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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931    Test Record Number: 895
Test Date: 10/05/2009    Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:54am</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 5th day of October, 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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932
Test Date: 10/05/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:51am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:52am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:52am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:53am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:54am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:56am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:57am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Randy E Hall

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

**ONSLOW COUNTY ONSLOW COUNTY SD 660**

Serial Number: 008932    Test Record Number: 362
Test Date: 10/05/2009    Test Time: 11:57am EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:57am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:57am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:58am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:58am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:58am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:58am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:58am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:58am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:58am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:58am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:59am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:59am</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  
Instrument Location  
Instrument Serial No. 008731

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 7 day of October, 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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731
Test Date: 10/07/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG910501
Exp Date: 04/15/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:03pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:05pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:06pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR.

Analyst

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

**CARTERET COUNTY MOREHEAD CITY PD 150**

Serial Number: 008731    Test Record Number: 533
Test Date: 10/07/2009    Test Time: 12:09pm EDT

- **System Check:** Passed

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

#### Preventive Maintenance

Status: Pass

---

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

---

*Analyst*

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Carteret Instrument Location: Carteret County

Instrument Serial No: 008605 Sheriff'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 October, 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 354

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

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605
Test Date: 10/07/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:44pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:46pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:47pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:49pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:50pm</td>
</tr>
</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

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605    Test Record Number: 1322
Test Date: 10/07/2009    Test Time: 12:50pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:51pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:51pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:51pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:51pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:51pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:51pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:51pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:51pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:51pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:51pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:52pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:52pm</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: Carteret
Instrument Location: Atlantic Beach A.D.
Instrument Serial No.: 008785

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

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

I certify that on the 9th day of October, 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 354

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

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

CARTERET COUNTY ATLANTIC BEACH PD 150

- Serial Number: 008785
- Test Date: 10/09/2009

- 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: HALL, RANDY E
- Permit Number: 03462E
- Effective: 10/01/2009-10/01/2011

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

- Lot Number: AG910501
- Exp Date: 04/15/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:12am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:12am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:13am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:14am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:14am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:15am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:17am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:18am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance
CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785  Test Record Number: 273
Test Date: 10/09/2009  Test Time: 11:18am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

[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: Carteret  Instrument Location: Emerald Isle P.O.

Instrument Serial No. 608620

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 9th day of October, 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: 354

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

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

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620
Test Date: 10/09/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG910501
Exp Date: 04/15/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG Pass</td>
<td></td>
<td>12:02pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>12:03pm</td>
</tr>
<tr>
<td>ACCY CHK .08</td>
<td></td>
<td>12:03pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>12:04pm</td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td></td>
<td>12:05pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>12:06pm</td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td></td>
<td>12:07pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620    Test Record Number: 840
Test Date: 10/09/2009    Test Time: 12:09pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

I certify that on the 15 day of October, 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

354
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

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732  
Test Date: 10/15/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:  
10/01/2009-10/01/2011

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

Lot Number: AG910501
Exp Date: 04/15/2011

Test  g/210L  Time

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Randy E. Hall
Analyst
Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732    Test Record Number: 466
Test Date: 10/15/2009    Test Time: 12:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

Randy E. Hall
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  Craven  Instrument Location  New Bern P.D.

Instrument Serial No. 008817

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 15 day of October, 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

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817
Test Date: 10/15/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG904902
Exp Date: 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:39pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:40pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:41pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:42pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:43pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:44pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

[Signature]
Analyst
Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817    Test Record Number: 196
Test Date: 10/15/2009    Test Time: 12:45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:46pm</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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 19 day of October, 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

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705
Test Date: 10/19/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG910501
Exp Date: 04/15/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:51am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:52am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:53am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:54am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:54am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:55am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:56am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:57am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Randy E Hall

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

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705    Test Record Number: 493
Test Date: 10/19/2009    Test Time: 10:58am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:59am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:59am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:59am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:59am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature: Analyst]

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 19 day of October, 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

PAMLICO COUNTY  PAMLICO COUNTY  SD 680

Serial Number: 008640
Test Date: 10/19/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG910501
Exp Date: 04/15/2011

Test        g/210L  Time
DIAG        Pass  12:01pm
AIR BLK     .00   12:01pm
ACCY CHK    .08   12:02pm
AIR BLK     .00   12:03pm
SUB TEST    .00   12:03pm
AIR BLK     .00   12:04pm
SUB TEST    .00   12:06pm
AIR BLK     .00   12:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640  Test Record Number: 653
Test Date: 10/19/2009  Test Time: 12:07pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Ran G. Hall
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County __Onslow__ Instrument Location __Camp Lejeune AMC__

Instrument Serial No. __008920__

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 __October__, __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 __354__

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920
Test Date: 10/20/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG910501
Exp Date: 04/15/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:59am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:59am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:01pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:02pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:04pm</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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920    Test Record Number: 342
Test Date: 10/20/2009    Test Time: 12:05pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:06pm</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 20 day of October, 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 354

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 MCAS NEW RIVER 660

Serial Number: 008922
Test Date: 10/20/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG904902
Exp Date: 02/18/2011

Test     g/210L     Time

DIAG     Pass     1:44pm
AIR BLK  .00     1:44pm
ACCY CHK .08     1:45pm
AIR BLK  .00     1:46pm
SUB TEST .00     1:46pm
AIR BLK  .00     1:47pm
SUB TEST .00     1:48pm
AIR BLK  .00     1:49pm

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

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922   Test Record Number: 130
Test Date: 10/20/2009   Test Time: 1:50pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:50pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:50pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:50pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:50pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:50pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:50pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:50pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:50pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:51pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:51pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:51pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:51pm</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

County: CRAVEN
Instrument Location: MCAS CHERRY POINT

Instrument Serial No. 010819

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 October, 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: 354

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819
Test Date: 10/21/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819    Test Record Number: 79
Test Date: 10/21/2009    Test Time: 11:07am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

[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 CRAVEN
Instrument Location HAVENLOCK A.D.

Instrument Serial No. 008819

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 October, 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

CRAVEN COUNTY HAVELock PD 240

Serial Number: 008819
Test Date: 10/21/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG904902
Exp Date: 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:58am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:59am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:59am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:00pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:02pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:04pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

 pyl

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

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008819    Test Record Number: 104
Test Date: 10/21/2009    Test Time: 12:04pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Randy Ethell
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: Hill; Fax: Instrument Location: Carolina Unit 5
Instrument Serial No: 6085

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 October 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)
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:25pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:25pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:26pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:26pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:26pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:26pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:26pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:26pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:26pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:26pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:27pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:27pm</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 EC/IR-II: Subject Test

HALIFAX COUNTY BAT MOBILE UNIT 5 410

Serial Number: 008788
Test Date: 10/17/2009

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1941
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: AG904903
Exp Date: 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:15pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:19pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:23pm</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 Camden
Instrument Location Camden (O S.O.)

Instrument Serial No. 0C8940
113 Hwy 343, Camden, NC

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

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

I certify that on the 15 day of October 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

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940
Test Date: 10/15/2009

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: AG916602
Exp Date: 06/15/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:22pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:24pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:25pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:27pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical/Analyst

Court CVR

Analyst

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

**CAMDEN COUNTY CAMDEN CO SO 140**

Serial Number: 008940    Test Record Number: 161
Test Date: 10/15/2009    Test Time: 12:29pm EDT

**System Check: Passed**

<table>
<thead>
<tr>
<th>Baseline Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>IR</td>
</tr>
<tr>
<td>FLO</td>
</tr>
<tr>
<td>FC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Temperature Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>FC1</td>
</tr>
<tr>
<td>SRC</td>
</tr>
<tr>
<td>DET</td>
</tr>
<tr>
<td>BAR</td>
</tr>
<tr>
<td>BT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Blank Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>AIR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Printer Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>PRNT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRC Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>COMP</td>
</tr>
<tr>
<td>CAL</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

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

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Currituck  Instrument Location: Currituck Co., S.D.

Instrument Serial No.: 008947  407-A Maple Rd., Maple, NC.

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

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

I certify that on the 15th day of October, 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.

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

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947  
Test Date: 10/15/2009

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: AG916602  
Exp Date: 06/15/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:44am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:45am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:45am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:46am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:47am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:48am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:50am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**CURRITUCK COUNTY CURRITUCK SO-MAPLE 260**

Serial Number: 008947    Test Record Number: 365
Test Date: 10/15/2009    Test Time: 11:52am EDT

**System Check: Passed**

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

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

**Printer Tests**

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

**CRC Tests**

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

**Preventive Maintenance Status:** Pass

---

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 Pitt Instrument Location Ayden Police Dept.
Instrument Serial No. 00860606 4141 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 12th day of October, 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: 10/13/2009

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: 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: AG910601
Exp Date: 04/16/2011

Test g/210L Time
DIAG Pass 2:50pm
AIR BLK .00 2:51pm
ACCY CHK .08 2:52pm
AIR BLK .00 2:53pm
SUB TEST .00 2:53pm
AIR BLK .00 2:54pm
SUB TEST .00 2:56pm
AIR BLK .00 2:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PITT AYDEN PD 730

Serial Number: 008666  Test Record Number: 345
Test Date: 10/13/2009  Test Time: 2:58pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:58pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:58pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:58pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:58pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:58pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:58pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:58pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:58pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:59pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:59pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:59pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:59pm</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: Moore
Instrument Location: BAT Mobile Unit 4

Instrument Serial No.: 008871

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

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

I certify that on the 17th day of October, 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: 631

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

DHHS 4080 (11/07)
**In tox EC/IR-II: Preventive Maintenance**

**MOORE COUNTY BAT MOBILE UNIT 4 620**

Serial Number: 008871    Test Record Number: 196  
Test Date: 10/17/2009    Test Time: 8:18pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>8:18pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:18pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:18pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>8:18pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:18pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>8:18pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:18pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:18pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>8:19pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>8:19pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>8:19pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:19pm</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 EC/IR-II: Subject Test

MOORE COUNTY BAT MOBILE UNIT 4 620

Serial Number: 008871
Test Date: 10/17/2009

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: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
10/01/2009-10/01/2011

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>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>8:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:10pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>8:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:11pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:13pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:15pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Moore Instrument Location Robins Police Dept.

Instrument Serial No. 008728 Robins NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 14 day of October, 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

MOORE ROBBINS PD 620

Serial Number: 008728
Test Date: 10/14/2009

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: 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: AG910601
Exp Date: 04/16/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>2:16pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>0.08</td>
<td>2:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>2:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>2:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>2:19pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>2:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>2:21pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

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

MOORE ROBBINS PD 620

Serial Number: 008728    Test Record Number: 124
Test Date: 10/14/2009    Test Time: 2:23pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
</tbody>
</table>

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Moore  Instrument Location: Moore Co. Jail

Instrument Serial No.: 008735  Carthage, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 13 day of OCTOBER, 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 EC/IR-II: Subject Test

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735
Test Date: 10/13/2009

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: 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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:46pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:48pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:48pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:49pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:51pm</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

**MOORE COUNTY MOORE COUNTY JAIL 620**

Serial Number: 008735  Test Record Number: 474  
Test Date: 10/13/2009  Test Time: 12:52pm EDT

**System Check: Passed**

## Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
</tbody>
</table>

## Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
</tbody>
</table>

## Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

## Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

## CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Macka Instrument Location: Macka Co., S.O.

Instrument Serial No.: 008912 605 E Main St., Williamsburg, N.C.

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

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

I certify that on the 15th day of October, 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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912
Test Date: 10/12/2009

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: 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: AG809301
Exp Date: 04/02/2010

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:59am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:00am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:01am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:01am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:02am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:04am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:04am</td>
</tr>
</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

**Martin County Sheriff's Office 570**

- **Serial Number:** 008912  
- **Test Record Number:** 224  
- **Test Date:** 10/12/2009  
- **Test Time:** 11:06am EDT

**System Check:** Passed

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

**Status:** Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  Martin  Instrument Location  Martin Co. S.D.

Instrument Serial No.  008579  205 S. Main St., Williamston, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 12th day of October, 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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879
Test Date: 10/12/2009

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: 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: AG809301
Exp Date: 04/02/2010

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:43am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:43am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:44am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:45am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:45am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:47am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:48am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:51am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:51am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the _25_ day of December, 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**

**SURRY COUNTY PILOT MOUNTAIN PD 850**

Serial Number: 008938  
Test Date: 10/02/2009

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: AG904902  
Exp Date: 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>4:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:31pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>4:32pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:32pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:34pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:36pm</td>
</tr>
</tbody>
</table>

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938  Test Record Number: 166  
Test Date: 10/02/2009  Test Time: 4:44pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:45pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:45pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:45pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>4:45pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:45pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:45pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:45pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:45pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:46pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:46pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:46pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:46pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  Rockingham  Instrument Location Madison

Instrument Serial No. 008307

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 7 day of Oct 12, 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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802
Test Date: 10/09/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG904902
Exp Date: 02/18/2011

Test g/210L Time
DIAG Pass 11:24am
AIR BLK .00 11:25am
ACCY CHK .07 11:26am
AIR BLK .00 11:27am
SUB TEST .00 11:27am
AIR BLK .00 11:28am
SUB TEST .00 11:30am
AIR BLK .00 11:31am

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: 009802    Test Record Number: 224  
Test Date: 10/09/2009    Test Time: 11:32am EDT

System Check: *Passed*

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: *Pass*

---

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

County: 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 2 day of October, 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.
Intox EC/IR-II: Subject Test

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934
Test Date: 10/02/2009

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: AG904902
Exp Date: 02/18/2011

Test g/210L Time

DIAG Pass 6:11pm
AIR BLK .00 6:12pm
ACCY CHK .08 6:13pm
AIR BLK .00 6:14pm
SUB TEST .00 6:14pm
AIR BLK .00 6:15pm
SUB TEST .00 6:17pm
AIR BLK .00 6:18pm

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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934    Test Record Number: 400
Test Date: 10/02/2009    Test Time: 6:18pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>6:19pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>6:19pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>6:19pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>6:19pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>6:19pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>6:19pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>6:19pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>6:19pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>6:20pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>6:20pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>6:20pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>6:20pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]
Analyst

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

County: Surry  Instrument Location: Mount Airy

Instrument Serial No.: 008943

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 October, 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: [Signature]
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 MOUNT AIRY PD 850

Serial Number: 008943
Test Date: 10/02/2009

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: 09/10/2010

Test   g/210L  Time

DIAG   Pass   5:14pm
AIR BLK .00  5:15pm
ACCY CHK .08  5:16pm
AIR BLK .00  5:16pm
SUB TEST .00  5:17pm
AIR BLK .00  5:19pm
SUB TEST .00  5:19pm
AIR BLK .00  5:20pm

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

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943    Test Record Number: 475
Test Date: 10/02/2009    Test Time: 5:22pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>5:22pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>5:22pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>5:22pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>5:22pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>5:22pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>5:22pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>5:22pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>5:22pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>5:23pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>5:23pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>5:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>5:23pm</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 NASH Instrument Location NASH CO. JAIL

Instrument Serial No. 008630 NASHVILLE, NC

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

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

I certify that on the _____ 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: Subject Test

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630
Test Date: 10/07/2009

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: 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: AG901901
Exp Date: 01/19/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:55pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:56pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:58pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:00pm</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**

**NASH COUNTY NASH COUNTY JAIL 630**

Serial Number: 008630  Test Record Number: 1235  
Test Date: 10/07/2009  Test Time: 1:01pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:01pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:01pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:01pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:01pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:01pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:01pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:01pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:01pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services  
Rev. 12/2007
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: C00710

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 OCTOBER, 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]
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

SHP BAT MOBILE UNIT WAKE COUNTY 910

Serial Number: 008910  Test Record Number: 83
Test Date: 10/07/2009  Test Time: 2:04pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:06pm</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
Serial Number: 008910
Test Date: 10/07/2009

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: AG825401
Exp Date: 09/10/2010

Test  g/210L  Time

DIAG  Pass  1:46pm
AIR BLK  .00  1:47pm
ACCY CHK  .07  1:48pm
AIR BLK  .00  1:48pm
SUB TEST  .00  1:49pm
AIR BLK  .00  1:50pm
SUB TEST  .00  1:52pm
AIR BLK  .00  1:53pm

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 GUILFORD Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008647 GREENSBORO, 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 07 day of OCTOBER, 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 6048

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

**GUILFORD COUNTY BAT MOBILE UNIT 3 400**

- **Serial Number:** 008647
- **Test Date:** 10/02/2009

**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:** 10/01/2009-10/01/2011

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

- **Lot Number:** AG904903
- **Exp Date:** 02/18/2011

**Test** | g/210L | Time |
---|---|---|
DIAG | Pass | 11:30pm |
AIR BLK | .00 | 11:31pm |
ACCY CHK | .08 | 11:31pm |
AIR BLK | .00 | 11:32pm |
SUB TEST | .00 | 11:33pm |
AIR BLK | .00 | 11:34pm |
SUB TEST | .00 | 11:35pm |
AIR BLK | .00 | 11:36pm |

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647    Test Record Number: 626
Test Date: 10/02/2009    Test Time: 11:36pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:38pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:38pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:38pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Guilford
Instrument Location: BAT MOBILE UNIT 3
Instrument Serial No.: 008707
GREENSBORO, NC

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

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

I certify that on the 02 day of October, 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]

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

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707
Test Date: 10/02/2009

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: 10/01/2009-10/01/2011

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:37pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:37pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:38pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:39pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:42pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707    Test Record Number: 441
Test Date: 10/02/2009    Test Time: 11:42pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  GUILFORD  Instrument Location  BAT MOBILE UNIT 3
Instrument Serial No. 008616  GREENSBORO, NC

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

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

I certify that on the 02 day of OCTOBER, 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  Alecia R. Barnes
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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616
Test Date: 10/02/2009

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:
10/01/2009-10/01/2011

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

Lot Number: AG904903
Exp Date: 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:05pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:07pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:08pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:11pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616  Test Record Number: 646
Test Date: 10/02/2009  Test Time: 10:15pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:16pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:16pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:16pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:16pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:16pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>10:16pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:16pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:16pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:17pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:17pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:17pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:17pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
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.: 08729  

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

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

I certify that on the 7 day of OCTOBER, 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 SHP BAT UNIT 910**

Serial Number: 008929    Test Record Number: 183
Test Date: 10/07/2009    Test Time: 2:39pm EDT

**System Check: Passed**

**Baseline Tests**

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

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

**Analyst**

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

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929
Test Date: 10/07/2009

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: AG904903
Exp Date: 02/18/2011

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:46pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:46pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:47pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:48pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:49pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:51pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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 5th day of October, 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.
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:14pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:14pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:14pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:14pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:14pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600
Test Date: 10/02/2009

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: AG920302
Exp Date: 07/22/2011

Test g/210L Time

DIAG Pass 9:04pm
AIR BLK .00 9:05pm
ACCY CHK .08 9:06pm
AIR BLK .00 9:06pm
SUB TEST .00 9:07pm
AIR BLK .00 9:08pm
SUB TEST .00 9:10pm
AIR BLK .00 9:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
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. 608 288

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 October, 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 0936

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: 008788    Test Record Number: 271
Test Date: 10/02/2009    Test Time: 9:11pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:11pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:11pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:11pm</td>
</tr>
</tbody>
</table>

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:12pm</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 EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 10/02/2009

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: AG904903
Exp Date: 02/18/2011

Test g/210L Time

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:03pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:04pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:06pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:08pm</td>
</tr>
</tbody>
</table>

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
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. 008937  156 CHURCH ST. HENDERSON, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 05 day of OCTOBER, 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**

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937  
Test Date: 10/05/2009

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: SMITH, BRIAN D  
Permit Number: 08937E  
Effective: 10/01/2009-10/01/2011

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:22am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:23am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:23am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:24am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:25am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:26am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:27am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:28am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Conclusion: CVR

Analyst

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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937   Test Record Number: 480
Test Date: 10/05/2009   Test Time: 9:29am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:29am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:29am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:29am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:29am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:29am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>9:29am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:29am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:29am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:30am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:30am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:30am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:30am</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 VANCE Instrument Location VANCE CO. SHERIFF'S DEPT

Instrument Serial No. CO8870 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 05 day of OCTOBER, 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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870
Test Date: 10/05/2009

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: SMITH, BRIAN D
Permit Number: 08937E
Effective: 10/01/2009-10/01/2011

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

- DIAG Pass 9:23am
- AIR BLK .00 9:24am
- ACCY CHK .08 9:24am
- AIR BLK .00 9:25am
- SUB TEST .00 9:26am
- AIR BLK .00 9:27am
- SUB TEST .00 9:28am
- AIR BLK .00 9:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870    Test Record Number: 150
Test Date: 10/05/2009    Test Time: 9:31am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:32am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:32am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:32am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:32am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst: [Signature]

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

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

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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898      Test Record Number: 329
Test Date: 10/02/2009      Test Time: 11:41pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:43pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:43pm</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
Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898
Test Date: 10/02/2009

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:
10/01/2009-10/01/2011

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:31pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:32pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:32pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:33pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:34pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:34pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:37pm</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 ___________ 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]
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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869  Test Record Number: 202
Test Date: 10/03/2009  Test Time: 12:22am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:22am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:22am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:22am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

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

CRAVEN COUNTY BAT MOBILE UNIT 6240

Serial Number: 008869
Test Date: 10/03/2009

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

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     12:15am
AIR BLK .00     12:16am
ACCY CHK .07    12:16am
AIR BLK .00     12:17am
SUB TEST .00    12:18am
AIR BLK .00     12:19am
SUB TEST .00    12:20am
AIR BLK .00     12:21am

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: Onslow
Instrument Location: BAT Mobile Unit

Instrument Serial No. 008939

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

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

**ONSELOW COUNTY BAT MOBILE UNIT 6 660**

Serial Number: 008939  Test Record Number: 302  
Test Date: 10/03/2009  Test Time: 12:36pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:37pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

[Signature]

**Analyst**

---

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

ONSLOW COUNTY BAT MOBILE UNIT 6 66C

Serial Number: 008939
Test Date: 10/03/2009

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: RHODES, KENNETH C
Permit Number: 5329E
Effective: 10/01/2009-10/01/2011

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 12:27pm
AIR BLK .00 12:28pm
ACCY CHK .08 12:29pm
AIR BLK .00 12:29pm
SUB TEST .00 12:30pm
AIR BLK .00 12:31pm
SUB TEST .00 12:32pm
AIR BLK .00 12:33pm

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    Franklin             Instrument Location    Franklin Police Dept
Instrument Serial No.  008815    #7 W. Mason St, Franklin, NC

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

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

I certify that on the 2 day of  October , 20 09 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 652

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

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815
Test Date: 10/02/2009

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: AG904903
Exp Date: 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:40am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:41am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:41am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:42am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:43am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:44am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:46am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:47am</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

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815    Test Record Number: 261
Test Date: 10/02/2009    Test Time: 11:48am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:50am</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

Franklin

Instrument Location

Franklin Co. Jail

Instrument Serial No.

864833

285 T Kemps Rd Lewisburg, 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 2 day of October, 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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933
Test Date: 10/02/2009

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: AG904903
Exp Date: 02/18/2011

Test g/210L Time
DIAG Pass 11:08am
AIR BLK .00 11:09am
ACCY CHK .08 11:10am
AIR BLK .00 11:11am
SUB TEST .00 11:11am
AIR BLK .00 11:12am
SUB TEST .00 11:14am
AIR BLK .00 11:15am

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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933      Test Record Number: 280
Test Date: 10/02/2009      Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>ET</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

County: FRANKLIN
Instrument Location: FRANKLIN CO. JAIL

Instrument Serial No.: 008942

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942
Test Date: 10/02/2009

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: AG904903
Exp Date: 02/18/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:57am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:58am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:59am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:00am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:00am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:01am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:03am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:04am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:06am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location Troop C HEADQUARTERS
Instrument Serial No. 008621 Pine Ridge Rd RALEIGH NC

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

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

I certify that on the __ day of OCTOBER, 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: Subject Test

WAKE COUNTY TROOP C HEADQUARTERS 910

Serial Number: 008621
Test Date: 10/01/2009

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: PTA
Agency: DHHS
Test Type: Breath Test

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

Test g/210L Time
DIAG Pass 1:00pm
AIR BLK .00 1:01pm
ACCCY CHK .07 1:02pm
AIR BLK .00 1:03pm
SUB TEST .00 1:03pm
AIR BLK .00 1:04pm
SUB TEST .00 1:06pm
AIR BLK .00 1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**WAKE COUNTY TROOP C HEADQUARTERS 910**

Serial Number: 008621  Test Record Number: 535  
Test Date: 10/01/2009  Test Time: 1:08pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:08pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:08pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
</tbody>
</table>

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location Troop C HEADQUARTERS
Instrument Serial No. 008851 Blue Ridge Rd Raleigh, NC

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

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

I certify that on the 1 day of DEC 26, 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 652 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 TROOP C HEADQUARTERS 910

Serial Number: 008851  
Test Date: 10/01/2009

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: AG920301  
Exp Date: 07/22/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:55pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:56pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:58pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:00pm</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

**WAKE COUNTY TROOP C HEADQUARTERS 910**

- **Serial Number:** 008851  
- **Test Record Number:** 269  
- **Test Date:** 10/01/2009  
- **Test Time:** 1:01pm EDT

### System Check: Passed

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:02pm</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
</tbody>
</table>

### Preventive Maintenance Status: Pass

---

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

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

I certify that on the 1 day of October, 20 (A.D.) 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.

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

WAKE COUNTY TROOP C HEADQUARTERS 910

Serial Number: 008598
Test Date: 10/01/2009

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: AG920301
Exp Date: 07/22/2011

Test  g/210L  Time
DIAG  Pass  12:32:15
AIR BLK .00  12:32:54
ACCY CHK .08  12:33:29
AIR BLK .00  12:34:27
SUB TEST .00  12:35:11
AIR BLK .00  12:36:07
SUB TEST .00  12:37:44
AIR BLK .00  12:38:38

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

WAKE COUNTY TROOP C HEADQUARTERS 910

Serial Number: 008598  Test Record Number: 276
Test Date: 10/01/2009  Test Time: 12:39:56

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:40:17</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:40:17</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:40:23</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:40:30</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:40:30</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:40:30</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:40:30</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:40:30</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:41:12</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:41:16</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:41:24</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:41:24</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

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

County: Buncombe
Instrument Location: Buncombe Co Jail

Instrument Serial No: 008631
Asheville, NC

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

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008631
Test Date: 10/28/2009

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: CUTLER, DANIEL R
Permit Number: 08457E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG920401
Exp Date: 07/23/2011

Test g/210L Time
DIAG Pass 11:13am
AIR BLK .00 11:14am
ACCY CHK .08 11:14am
AIR BLK .00 11:15am
SUB TEST .00 11:16am
AIR BLK .00 11:17am
SUB TEST .00 11:18am
AIR BLK .00 11:19am

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631  Test Record Number: 1079
Test Date: 10/28/2009  Test Time: 11:20am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:20am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:20am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:20am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:20am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:20am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:20am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:20am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:20am</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27 day of October, 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

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608
Test Date: 10/27/2009

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: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG910501
Exp Date: 04/15/2011

Test    g/210L    Time

   DIAG    Pass    12:02pm
   AIR BLK  .00    12:02pm
   ACCY CHK .08    12:03pm
   AIR BLK  .00    12:04pm
   SUB TEST .00    12:04pm
   AIR BLK  .00    12:05pm
   SUB TEST .00    12:07pm
   AIR BLK  .00    12:08pm

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

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608    Test Record Number: 641
Test Date: 10/27/2009    Test Time: 12:09pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

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

County: Swain  
Instrument Location: Cherokee P.D.

Instrument Serial No.: 008782  
Cherokee, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27 day of October, 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: 635

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

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

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782
Test Date: 10/27/2009

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: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG910501
Exp Date: 04/15/2011

Test   g/210L  Time

DIAG    Pass  9:55am
AIR BLK .00  9:56am
ACCY CHK .08  9:57am
AIR BLK .00  9:58am
SUB TEST .00  9:58am
AIR BLK .00  9:59am
SUB TEST .00  10:00am
AIR BLK .00  10:01am

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

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782    Test Record Number: 293
Test Date: 10/27/2009    Test Time: 10:03am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:03am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: 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 15th day of October, 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**

**GRAHAM COUNTY GRAHAM COUNTY SD 370**

Serial Number: 003683  
Test Date: 10/15/2009

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: 10/01/2009-10/01/2011

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

Lot Number: AG910501  
Exp Date: 04/15/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:44am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:44am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:45am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:46am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:46am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:47am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:49am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008683  Test Record Number: 529
Test Date: 10/15/2009  Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Haywood Instrument Location Haywood Co. Jail

Instrument Serial No. 008714 Waynesville, NC

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

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

I certify that on the 13 day of October, 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 635

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

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

**HAYWOOD COUNTY JAIL 430**

Serial Number: 008714  
Test Date: 10/13/2009

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: CUTLER, DANIEL R  
Permit Number: 08457E  
Effective: 10/01/2009-10/01/2011

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:12pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:14pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:18pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

**Signature of Chemical Analyst**

Court CVR

---

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

**HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430**

Serial Number: 008714  Test Record Number: 352  Test Date: 10/13/2009  Test Time: 12:18pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:19pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance Status:** Pass

---

*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: Haywood Co. Jail

Instrument Serial No.: 008712
Waynesville, NC

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

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

I certify that on the 13th day of October, 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 635

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712
Test Date: 10/13/2009

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: CUTLER, DANIEL R
Permit Number: 08457E
Effective: 10/01/2009-10/01/2011

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

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

Test   g/210L  Time
DIAG   Pass   11:53am
AIR BLK .00   11:54am
ACCCY CHK .08  11:54am
AIR BLK .00   11:55am
SUB TEST .00  11:56am
AIR BLK .00   11:57am
SUB TEST .00  11:58am
AIR BLK .00   11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

[Signature]

Analyst

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712    Test Record Number: 666
Test Date: 10/13/2009    Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>ET</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:01pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:01pm</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 Rutherford Instrument Location Rutherford Co. S.D.

Instrument Serial No. 0D6914 4100 N. Washington St. Rutherfordton

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 29th day of October, 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

RUTHERFORD COUNTY RUTHERFORD COUNTY SD
800

Serial Number: 008914
Test Date: 10/29/2009

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: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
10/01/2009-10/01/2011

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>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:23pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:25pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:26pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:28pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 300

Serial Number: 008914    Test Record Number: 331
Test Date: 10/29/2009    Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Cleveland  Instrument Location: Cleveland County S.D.

Instrument Serial No. 00888-1  100 Justice Pl., Shelby
704-484-4888

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 October, 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

557
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

CLEVELAND COUNTY CLEVELAND COUNTY SD
220

Serial Number: 008887
Test Date: 10/27/2009

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: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
10/01/2009-10/01/2011

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 1:21pm
AIR BLK .00 1:22pm
ACCY CHK .07 1:23pm
AIR BLK .00 1:24pm
SUB TEST .00 1:24pm
AIR BLK .00 1:25pm
SUB TEST .00 1:27pm
AIR BLK .00 1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

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**

**CLEVELAND COUNTY CLEVELAND COUNTY SD 220**

Serial Number: 008887    Test Record Number: 396
Test Date: 10/27/2009    Test Time: 1:29pm EDT

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Cleveland
Instrument Location: Cleveland Co. S.A.
Instrument Serial No.: 008893
100 Justice Pl., Shelby
704-484-4888

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

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

I certify that on the 19 day of October, 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

557
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

CLEVELAND COUNTY CLEVELAND COUNTY SD
220

Serial Number: 008893
Test Date: 10/19/2009

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: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
10/01/2009-10/01/2011

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       1:43pm
AIR BLK               .00        1:44pm
ACCY CHK              .08        1:45pm
AIR BLK               .00        1:46pm
SUB TEST              .00        1:47pm
AIR BLK               .00        1:47pm
SUB TEST              .00        1:49pm
AIR BLK               .00        1:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893    Test Record Number: 382
Test Date: 10/19/2009    Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:53pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:53pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:53pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:53pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Rutherford  Instrument Location: Forest City P.D.

Instrument Serial No.: 008889  187 S. Church St. Forest City

828-345-5555

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 19 day of October, 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.

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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889
Test Date: 10/19/2009

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: WILLIS, BOBBY D
Permit Number: 08010E
Effective: 10/01/2009-10/01/2011

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>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:08am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:09am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:10am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:10am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:11am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:12am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:14am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:14am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889   Test Record Number: 235
Test Date: 10/19/2009   Test Time: 10:16am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:16am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:16am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:16am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:16am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:16am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:16am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:16am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:16am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:17am</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 Madison  Instrument Location Mars Hill PD  

Instrument Serial No. 008599 Mars 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 13 day of October, 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

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599
Test Date: 10/13/2009

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920401
Exp Date: 07/23/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:06pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:08pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:09pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

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

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599    Test Record Number: 317
Test Date: 10/13/2009    Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:16pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:16pm</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
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 Hill, NC

Instrument Serial No.: 008582  Mars 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 13 day of October, 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

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582
Test Date: 10/13/2009

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920401
Exp Date: 07/23/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:05pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:07pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:09pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:11pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582    Test Record Number: 602
Test Date: 10/13/2009    Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:13pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:13pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:13pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:13pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

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 7 day of Certified, 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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740
Test Date: 10/07/2009

Citation Number: M0000000-0
Subject's Name: INSPECTION, TEST
Subject'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: AG916701
Exp Date: 06/16/2011

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:21am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:22am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:23am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:23am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:24am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:26am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:27am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:35am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:35am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:35am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:35am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: NASH
Instrument Location: ROCKY MOUNT, NC

Instrument Serial No.: 008741

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

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

I certify that on the 7 day of JULY, 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)
Serial Number: 008741
Test Date: 10/07/2009

Citation Number: M0000000-0
Subject's Name: INSPECTION, TEST
Subject'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: AG916701
Exp Date: 06/16/2011

Test       g/210L  Time
DIAG       Pass  11:26am
AIR BLK    .00   11:27am
ACCY CHK   .08   11:27am
AIR BLK    .00   11:28am
SUB TEST   .00   11:29am
AIR BLK    .00   11:30am
SUB TEST   .00   11:31am
AIR BLK    .00   11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:39am</td>
</tr>
<tr>
<td>PLO</td>
<td>Pass</td>
<td>11:39am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:39am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:39am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:39am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:39am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:39am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:39am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:40am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:40am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:40am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:40am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

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