

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

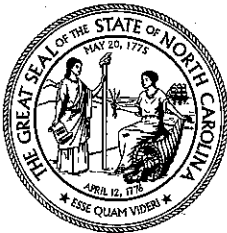
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Alexander Instrument Location Alexander County SO
Instrument Serial No. 008813 91 Commercial Park Ave, Taybesville

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
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

ALEXANDER COUNTY ALEXANDER COUNTY SO
010

Serial Number: 008813
Test Date: 08/22/2019

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

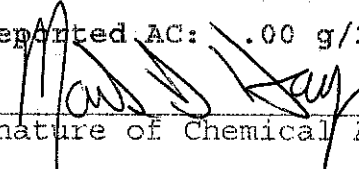
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

Lot Number: AG902201
Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	9:12am
AIR BLK	.00	9:12am
ACCY CHK	.08	9:13am
AIR BLK	.00	9:14am
SUB TEST	.00	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:17am
AIR BLK	.00	9:18am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Record Number: 1883
Test Date: 08/22/2019 Test Time: 9:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:20am
FLO	Pass	9:20am
FC	Pass	9:20am

Temperature Tests

Test	Status	Time
FC1	Pass	9:20am
SRC	Pass	9:20am
DET	Pass	9:20am
BAR	Pass	9:20am
BT	Pass	9:20am

Blank Tests

Test	Status	Time
AIR	Pass	9:20am

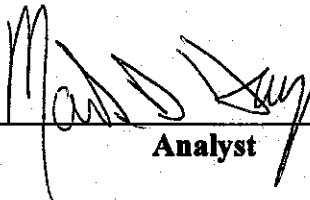
Printer Tests

Test	Status	Time
PRNT	Pass	9:20am

CRC Tests

Test	Status	Time
COMP	Pass	9:21am
CAL	Pass	9:21am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

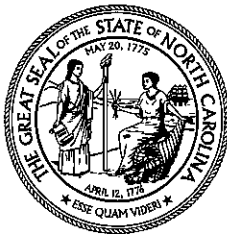
County Alexander Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008973

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

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

I certify that on the 17 day of August, 20 19, 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.



Chris [Signature]
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Subject Test

ALEXANDER BAT MOBILE UNIT 02 010

Serial Number: 008973

Test Date: 08/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

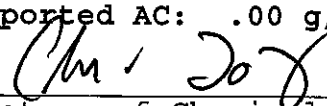
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	3:37pm
AIR BLK	.00	3:38pm
ACCY CHK	.08	3:39pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ALEXANDER BAT MOBILE UNIT 02 010
Serial Number: 008973 Test Record Number: 684
Test Date: 08/17/2019 Test Time: 3:44pm EDT
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:44pm
FLO	Pass	3:44pm
FC	Pass	3:44pm

Temperature Tests

Test	Status	Time
FCI	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	3:45pm
BAR	Pass	3:45pm
BT	Pass	3:45pm

Blank Tests

Test	Status	Time
AIR	Pass	3:45pm

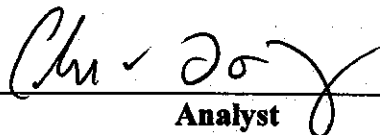
Printer Tests

Test	Status	Time
PRNT	Pass	3:45pm

CRC Tests

Test	Status	Time
COMP	Pass	3:45pm
CAL	Pass	3:45pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

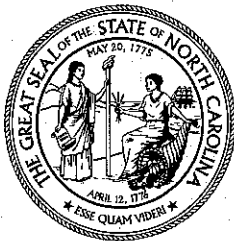
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Alleghany Instrument Location Alleghany
Instrument Serial No. 008890 County Seat
Spartan, N.C.

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

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

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



[Signature]
Signature of Certifying Official

655
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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890
Test Date: 08/28/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801

Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	2:22pm
AIR BLK	.00	2:22pm
ACCY CHK	.07	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm

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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 777
Test Date: 08/28/2019 Test Time: 2:29pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
BT	Pass	2:30pm

Blank Tests

Test	Status	Time
AIR	Pass	2:30pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

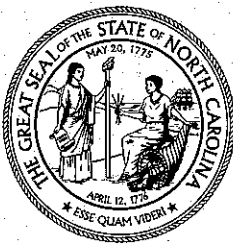
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Ashe Instrument Location Ashe
Instrument Serial No. 008849 County Jail
Jefferson, N.C.

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

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

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



C. Dale Farley
Signature of Certifying Official

655
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

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849
Test Date: 08/28/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801

Exp Date: 02/27/2020

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1278
Test Date: 08/28/2019 Test Time: 12:14pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm

CRC Tests

Test	Status	Time
COMP	Pass	12:15pm
CAL	Pass	12:15pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

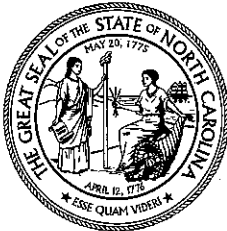
County BLADEN Instrument Location BLADEN COUNTY

Instrument Serial No. 008863 SHERIFF'S OFFICE
ELIZABETH TOWN, 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 AUGUST, 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.



Alan Ray Bowers
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

BLADEN COUNTY SHERIFF'S OFFICE 080

Serial Number: 008863
Test Date: 08/14/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	3:32pm
AIR BLK	.00	3:32pm
ACCY CHK	.08	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BLADEN COUNTY SHERIFF'S OFFICE 080

Serial Number: 008863 Test Record Number: 613
Test Date: 08/14/2019 Test Time: 3:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC	Pass	3:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

Blank Tests

Test	Status	Time
AIR	Pass	3:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:39pm

CRC Tests

Test	Status	Time
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

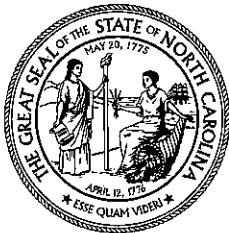
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County BRUNSWICK Instrument Location BRUNSWICK COUNTY
Instrument Serial No. 008602 DETENTION CENTER

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

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

I certify that on the 28 day of AUGUST, 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.



Alan R. Burns
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602
Test Date: 08/28/2019

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

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

Lot Number: AG919902
Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	12:02pm
AIR BLK	.00	12:03pm
ACCY CHK	.07	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 4377
Test Date: 08/28/2019 Test Time: 12:10pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:10pm
FLO	Pass	12:10pm
FC	Pass	12:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:10pm
SRC	Pass	12:10pm
DET	Pass	12:10pm
BAR	Pass	12:10pm
BT	Pass	12:10pm

Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm

CRC Tests

Test	Status	Time
COMP	Pass	12:11pm
CAL	Pass	12:11pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County BRUNSWICK

Instrument Location BRUNSWICK COUNTY

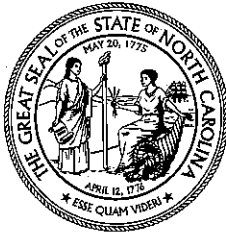
Instrument Serial No. 008585

DETENTION CENTER

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

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

I certify that on the 28 day of AUGUST, 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.



Alan R. Basso
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585

Test Date: 08/28/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919902

Exp Date: 07/18/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 4310
Test Date: 08/28/2019 Test Time: 12:16pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
BT	Pass	12:17pm

Blank Tests

Test	Status	Time
AIR	Pass	12:17pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm

CRC Tests

Test	Status	Time
COMP	Pass	12:18pm
CAL	Pass	12:18pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County BRUNSWICK

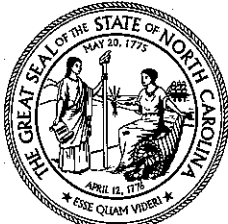
Instrument Location OAK ISLAND POLICE DEPT

Instrument Serial No. 008648

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

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



Alan R. B...
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648

Test Date: 08/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	9:59am
AIR BLK	.00	9:59am
ACCY CHK	.07	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
AIR BLK	.00	10:02am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1628
Test Date: 08/26/2019 Test Time: 10:06am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:06am
FLO	Pass	10:06am
FC	Pass	10:06am

Temperature Tests

Test	Status	Time
FC1	Pass	10:06am
SRC	Pass	10:06am
DET	Pass	10:06am
BAR	Pass	10:06am
BT	Pass	10:06am

Blank Tests

Test	Status	Time
AIR	Pass	10:07am

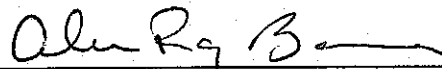
Printer Tests

Test	Status	Time
PRNT	Pass	10:07am

CRC Tests

Test	Status	Time
COMP	Pass	10:07am
CAL	Pass	10:07am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

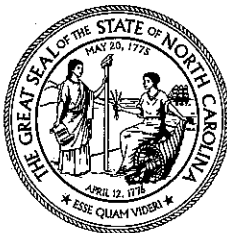
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County BRUNSWICK Instrument Location SUNSET BEACH
Instrument Serial No. 008874 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 26 day of AUGUST, 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.



Alan R. Burns
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

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874
Test Date: 08/26/2019

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.08	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 679
Test Date: 08/26/2019 Test Time: 2:11pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:12pm
FLO	Pass	2:12pm
FC	Pass	2:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

Blank Tests

Test	Status	Time
AIR	Pass	2:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm

CRC Tests

Test	Status	Time
COMP	Pass	2:13pm
CAL	Pass	2:13pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

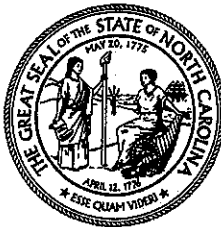
County Brunswick Instrument Location Bat Mobile Unit 5

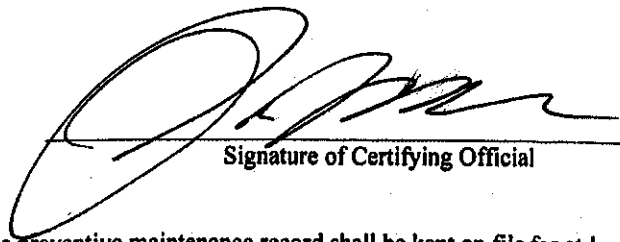
Instrument Serial No. 008704 culabash

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

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

664
Certificate Number

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

Intox EC/TR-II: Subject Test

SPRINGSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008704
Test Date: 08/30/2019

Operation Number: M0000000-0
Subject's Name:

PREVENTIVE MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: HPA

Agency: DHHS

Test Type: Breath Test

Lot Number: ACS07101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	9:25pm
ALP BLK	00	9:26pm
ACCY CHK	08	9:26pm
ALP BLK	00	9:27pm
SUB TEST	00	9:27pm
ALP BLK	00	9:28pm
SUB TEST	00	9:30pm
ALP BLK	00	9:31pm

Reported AC: 00 g/210L

Shane C. Todd
Signature of Chemical Analyst

Court: CVR

[Handwritten Signature]
Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008704 Test Record Number: 556
Test Date: 08/30/2019 Test Time: 9:34pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:35pm

Temperature Tests

Test	Status	Time
EGL	Pass	9:35pm
SRC	Pass	9:35pm
DET	Pass	9:35pm
BAR	Pass	9:35pm
BT	Pass	9:35pm

Blank Tests

Test	Status	Time
ADR	Pass	9:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm

CRC Tests

Test	Status	Time
COMP	Pass	9:36pm
CAV	Pass	9:36pm

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

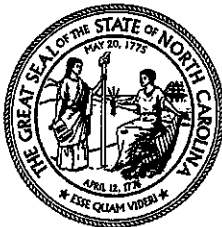
County Brunswick Instrument Location Best Mobile Unit 5

Instrument Serial No. 008575 Calabash

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

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

664
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

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008575
Test Date: 08/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.08	9:14pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm

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

Robot BC/IR/III Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008573 Test Record Number: 1177
Test Date: 08/30/2019 Test Time: 9:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:20pm
IRO	Pass	9:20pm
RC	Pass	9:20pm

Temperature Tests

Test	Status	Time
RC1	Pass	9:20pm
RC2	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
RC3	Pass	9:20pm

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Flame Tests

Test	Status	Time
FINI	Pass	9:20pm

CRG Tests

Test	Status	Time
COMP	Pass	9:21pm
VAL	Pass	9:21pm

Preventive Maintenance
Successful: Pass



DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

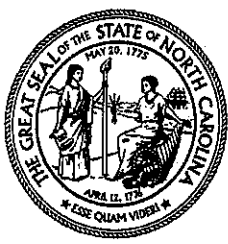
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Brunswick Instrument Location BAT Module #5
Instrument Serial No. 8707 Calabash, 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 August, 20 17, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

664
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

BRINSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008707
Test Date: 08/30/2019

Citation Number: M0000000-0

Subject's Name: ~~NONE~~, ~~NONE~~ Preventive Maintenance
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DEHS

Test Type: Breath Test

Lot Number: AG307101

Exp Date: 03/12/2020

Test	g/210L	Time
DFAC	Pass	10:29pm
AIR BLK	00	10:30pm
ACCY CAR	08	10:31pm
AIR BLK	00	10:32pm
CEB DRH	00	10:32pm
AIR BLK	00	10:33pm
CEB DRH	00	10:35pm
AIR BLK	00	10:36pm

Standard AC: 60 g/210L

Signature of Chemical Analyst

Signature: [Illegible]

Shane C. Todd
Analyst

This form is used to perform Preventive Maintenance procedures

Bureau Unit for Alcohol Branch

Department of Health and Human Services

Rev. 10/2007

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008707 Test Record Number: 2597
Test Date: 08/30/2019 Test Time: 10:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:38pm
FLO	Pass	10:38pm
FC	Pass	10:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:39pm
SRC	Pass	10:39pm
DET	Pass	10:39pm
BAR	Pass	10:39pm
BT	Pass	10:39pm

Blank Tests

Test	Status	Time
ATR	Pass	10:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:39pm

CRC Tests

Test	Status	Time
COMP	Pass	10:39pm
CAL	Pass	10:39pm

Preventive Maintenance
Status: *Pass*


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Brunswick

Instrument Location Pat Mobile Unit 5

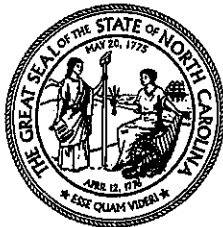
Instrument Serial No. 008826

Calabash

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

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

664
Certificate Number

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

Box EC/IR-11: Subject Test

DELAWARE COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008826
Test Date: 03/30/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TODD, SHANE C

Sampl. Number: 11391E

Effective:

07/27/2018 - 07/01/2020

Officer's Name: NONE, NONE

Type of Agency: HTA

Agency: DHEG

Test Type: Breath Test

Lot Number: AC307101

Exp. Date: 03/12/2020

Test	g/210L	Time
DLAC	Pass	3:38pm
ATR BLK	00	3:39pm
ACCY CHK	03	3:40pm
ATR BLK	00	3:41pm
STB TEST	00	3:41pm
ATR BLK	00	3:42pm
STB TEST	00	3:44pm
ATR BLK	00	3:44pm

Reported AC: 00 g/210L

Shane C Todd
Signature of Chemical Analyst

Count: CVR

[Signature]
Analyst

By following the steps for performing Preventive Maintenance procedures
Chemical Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008826 Test Record Number: 8122
Test Date: 08/30/2019 Test Time: 8:46pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:46pm
FLO	Pass	8:46pm
FC	Pass	8:46pm

Temperature Tests

Test	Status	Time
FCL	Pass	8:46pm
GRC	Pass	8:46pm
DET	Pass	8:46pm
BAR	Pass	8:46pm
BT	Pass	8:46pm

Blank Tests

Test	Status	Time
ATR	Pass	8:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:47pm

CRC Tests

Test	Status	Time
COMP	Pass	8:47pm
CAL	Pass	8:47pm

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

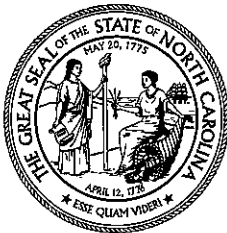
County Buncombe Instrument Location BAL mobile Unit 2

Instrument Serial No. 008973

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

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

I certify that on the 22 day of August, 20 17, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973

Test Date: 08/22/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

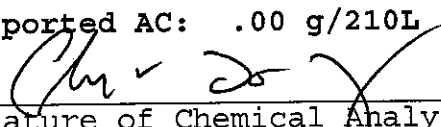
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	7:36pm
AIR BLK	.00	7:37pm
ACCY CHK	.08	7:38pm
AIR BLK	.00	7:38pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	.00	7:41pm
AIR BLK	.00	7:42pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE BAT MOBILE UNIT 02 100
Serial Number: 008973 Test Record Number: 687
Test Date: 08/22/2019 Test Time: 7:44pm EDT
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:44pm
FLO	Pass	7:44pm
FC	Pass	7:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:44pm
SRC	Pass	7:44pm
DET	Pass	7:44pm
BAR	Pass	7:44pm
BT	Pass	7:44pm

Blank Tests

Test	Status	Time
AIR	Pass	7:45pm

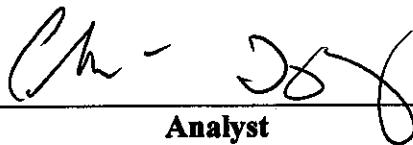
Printer Tests

Test	Status	Time
PRNT	Pass	7:45pm

CRC Tests

Test	Status	Time
COMP	Pass	7:45pm
CAL	Pass	7:45pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

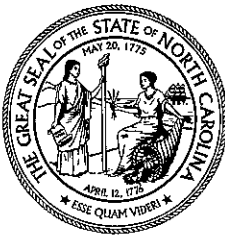
County Buncombe Instrument Location Bar Mobile Unit 2

Instrument Serial No. 008973

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

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

I certify that on the 28 day of August, 20 19, 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.



Chris Joy
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973

Test Date: 08/28/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

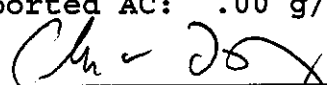
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	7:41pm
AIR BLK	.00	7:42pm
ACCY CHK	.08	7:42pm
AIR BLK	.00	7:43pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:47pm

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**

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE BAT MOBILE UNIT 02 100
Serial Number: 008973 Test Record Number: 696
Test Date: 08/28/2019 Test Time: 7:49pm EDT
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:49pm
FLO	Pass	7:49pm
FC	Pass	7:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:49pm
SRC	Pass	7:49pm
DET	Pass	7:49pm
BAR	Pass	7:49pm
BT	Pass	7:49pm

Blank Tests

Test	Status	Time
AIR	Pass	7:50pm

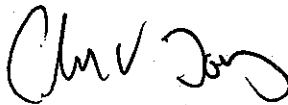
Printer Tests

Test	Status	Time
PRNT	Pass	7:50pm

CRC Tests

Test	Status	Time
COMP	Pass	7:50pm
CAL	Pass	7:50pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

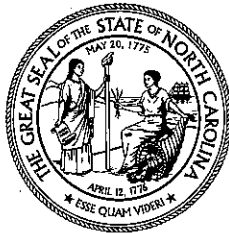
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cabarrus Instrument Location Cabarrus County SO
Instrument Serial No. 008792 30 Corban Ave., Concord

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

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

I certify that on the 6 day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792
Test Date: 08/06/2019

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

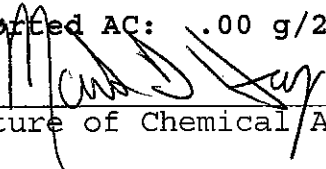
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

Lot Number: AG919901
Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:07pm
ACCY CHK	.08	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Record Number: 2983
Test Date: 08/06/2019 Test Time: 1:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:15pm
FLO	Pass	1:15pm
FC	Pass	1:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

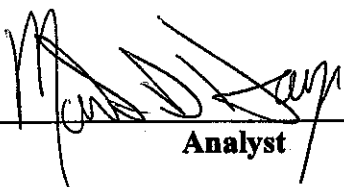
Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

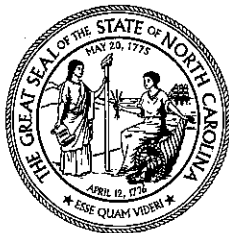
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 6 day of August, 20 19, 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

656
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625
Test Date: 08/06/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

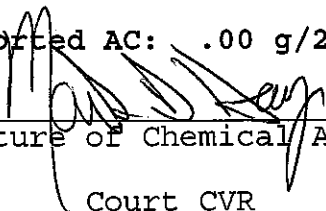
Test Type: Breath Test

Lot Number: AG902106

Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Record Number: 5304
Test Date: 08/06/2019 Test Time: 1:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:30pm
FLO	Pass	1:30pm
FC	Pass	1:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time
AIR	Pass	1:31pm

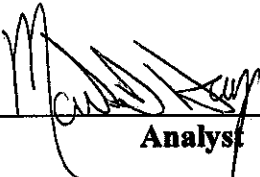
Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm

CRC Tests

Test	Status	Time
COMP	Pass	1:31pm
CAL	Pass	1:31pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

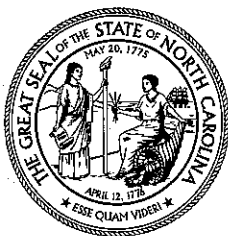
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cabarrus Instrument Location Cabarrus County SO
Instrument Serial No. 008590 30 Corban Ave., Concord

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

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

I certify that on the 6 day of August, 20 19, 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.



M. J. Ham
Signature of Certifying Official

656

Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590
Test Date: 08/06/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

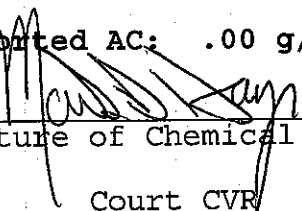
Test Type: Breath Test

Lot Number: AG734101

Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	1:29pm
AIR BLK	.00	1:30pm
ACCY CHK	.08	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm

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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Record Number: 3170
Test Date: 08/06/2019 Test Time: 1:36pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm

Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

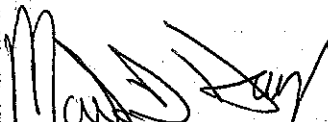
Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm

CRC Tests

Test	Status	Time
COMP	Pass	1:38pm
CAL	Pass	1:38pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location Kannapolis PD

Instrument Serial No. 008589 401 Laureate Way Kannapolis

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

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

I certify that on the 8 day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
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 KANNAPOLIS PD 120

Serial Number: 008589
Test Date: 08/08/2019

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

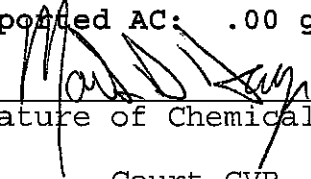
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

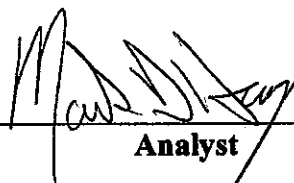
Lot Number: AG814902
Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L



Signature of Chemical Analyst
Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 3011
Test Date: 08/08/2019 Test Time: 1:26pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:26pm
FLO	Pass	1:26pm
FC	Pass	1:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
BT	Pass	1:26pm

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm


Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm

CRC Tests

Test	Status	Time
COMP	Pass	1:27pm
CAL	Pass	1:27pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

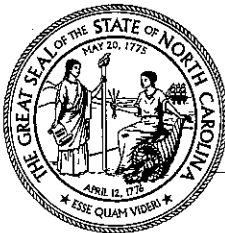
County Caldwell Instrument Location BWA Mobile Unit 2

Instrument Serial No. 004970

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

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

I certify that on the 31 day of August, 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.



Chris Joy
Signature of Certifying Official

456
Certificate Number

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

Intox EC/IR-II: Subject Test

CALDWELL BAT MOBILE UNIT 02 130

Serial Number: 008970
Test Date: 08/31/2019

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

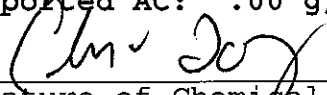
Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
05/01/2019-05/01/2021

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

Lot Number: AG807101
Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	5:07pm
AIR BLK	.00	5:08pm
ACCY CHK	.08	5:09pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:10pm
AIR BLK	.00	5:11pm
SUB TEST	.00	5:13pm
AIR BLK	.00	5:14pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CALDWELL BAT MOBILE UNIT 02 130

Serial Number: 008970 Test Record Number: 640
Test Date: 08/31/2019 Test Time: 5:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:15pm
FLO	Pass	5:15pm
FC	Pass	5:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:15pm
SRC	Pass	5:15pm
DET	Pass	5:15pm
BAR	Pass	5:15pm
BT	Pass	5:15pm

Blank Tests

Test	Status	Time
AIR	Pass	5:16pm

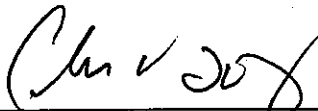
Printer Tests

Test	Status	Time
PRNT	Pass	5:16pm

CRC Tests

Test	Status	Time
COMP	Pass	5:16pm
CAL	Pass	5:16pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

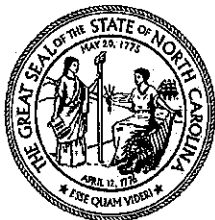
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Caswell Instrument Location BAT Mobile Unit 4
Instrument Serial No. 008816 NC SMP

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

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

I certify that on the 31 day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

660
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

CASWELL COUNTY BAT MOBILE UNIT 4 160

Serial Number: 008816 Test Record Number: 7459
Test Date: 08/31/2019 Test Time: 11:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:15pm
FLO	Pass	11:15pm
FC	Pass	11:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:15pm
SRC	Pass	11:15pm
DET	Pass	11:15pm
BAR	Pass	11:15pm
BT	Pass	11:15pm

Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:16pm

CRC Tests

Test	Status	Time
COMP	Pass	11:16pm
CAL	Pass	11:16pm

Preventive Maintenance
Status: *Pass*


Analyst

Intox EC/IR-II: Subject Test

CASWELL COUNTY BAT MOBILE UNIT 4 160

Serial Number: 008816
Test Date: 08/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2018-03/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801

Exp Date: 02/27/2020

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Caswell Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008775 NC SHP

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

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

I certify that on the 31 day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

660
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

CASWELL COUNTY BAT MOBILE UNIT 4 160

Serial Number: 008775
Test Date: 08/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2018-03/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101

Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	11:28pm
AIR BLK	.00	11:28pm
ACCY CHK	.07	11:29pm
AIR BLK	.00	11:30pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:31pm
SUB TEST	.00	11:33pm
AIR BLK	.00	11:34pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CASWELL COUNTY BAT MOBILE UNIT 4 160

Serial Number: 008775 Test Record Number: 1827
Test Date: 08/31/2019 Test Time: 11:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:36pm
FLO	Pass	11:36pm
EC	Pass	11:36pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:37pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

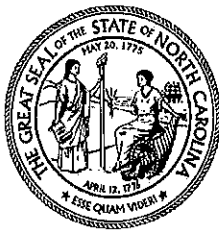
County Caswell Instrument Location BAI Mobile Unit 4

Instrument Serial No. 008615 NC SHP

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

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

I certify that on the 31 day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

660
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

CASWELL COUNTY BAT MOBILE UNIT 4 160

Serial Number: 008615
Test Date: 08/31/2019

Citation Number: M0000000-0

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

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2018-03/01/2020

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

Lot Number: AG902201
Exp Date: 01/22/2021

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CASWELL COUNTY BAT MOBILE UNIT 4 160

Serial Number: 008615 Test Record Number: 5626
Test Date: 08/31/2019 Test Time: 11:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:11pm
FLO	Pass	11:11pm
FC	Pass	11:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:12pm
SRC	Pass	11:12pm
DET	Pass	11:12pm
BAR	Pass	11:12pm
BT	Pass	11:12pm

Blank Tests

Test	Status	Time
AIR	Pass	11:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:12pm

CRC Tests

Test	Status	Time
COMP	Pass	11:12pm
CAL	Pass	11:12pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

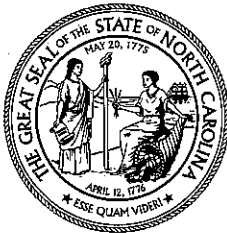
County Catawba Instrument Location Catawba County SO

Instrument Serial No. 008687 100 B Southwest Blvd, Newton

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

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

I certify that on the 9 day of August, 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.



M. J. Hays
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687
Test Date: 08/09/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401

Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	9:50am
AIR BLK	.00	9:51am
ACCY CHK	.07	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Record Number: 2909
Test Date: 08/09/2019 Test Time: 9:58am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:58am
FLO	Pass	9:58am
FC	Pass	9:58am

Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

Blank Tests

Test	Status	Time
AIR	Pass	9:59am

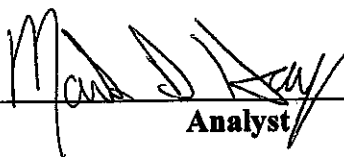
Printer Tests

Test	Status	Time
PRNT	Pass	9:59am

CRC Tests

Test	Status	Time
COMP	Pass	9:59am
CAL	Pass	9:59am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

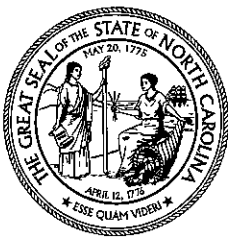
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Catawba Instrument Location Catawba County SO
Instrument Serial No. 008821 100 B Southwest Blvd., Newton

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

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

I certify that on the 9 day of August, 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.



Mark D. Key
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821
Test Date: 08/09/2019

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

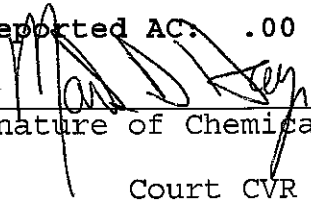
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	10:08am
AIR BLK	.00	10:09am
ACCY CHK	.07	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:13am
SUB TEST	.00	10:13am
AIR BLK	.00	10:15am

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 EC/IR-II: Preventive Maintenance

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Record Number: 2037
Test Date: 08/09/2019 Test Time: 10:15am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:16am
FLO	Pass	10:16am
FC	Pass	10:16am

Temperature Tests

Test	Status	Time
FC1	Pass	10:16am
SRC	Pass	10:16am
DET	Pass	10:16am
BAR	Pass	10:16am
BT	Pass	10:16am

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

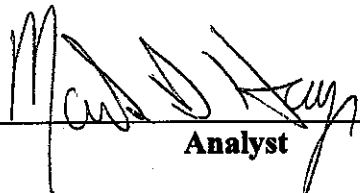
Printer Tests

Test	Status	Time
PRNT	Pass	10:17am

CRC Tests

Test	Status	Time
COMP	Pass	10:17am
CAL	Pass	10:17am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Catawba Instrument Location Bar Mobile Unit 2

Instrument Serial No. 008970

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

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



Phu Joy
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Subject Test

CATAWBA BAT MOBILE UNIT 02 170

Serial Number: 008970
Test Date: 08/17/2019

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

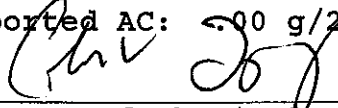
Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
05/01/2019-05/01/2021

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

Lot Number: AG807101
Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	6:33pm
AIR BLK	.00	6:34pm
ACCY CHK	.08	6:34pm
AIR BLK	.00	6:35pm
SUB TEST	.00	6:36pm
AIR BLK	.00	6:37pm
SUB TEST	.00	6:38pm
AIR BLK	.00	6:39pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CATAWBA BAT MOBILE UNIT 02 170

Serial Number: 008970 Test Record Number: 626
Test Date: 08/17/2019 Test Time: 6:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:40pm
FLO	Pass	6:40pm
FC	Pass	6:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:40pm
SRC	Pass	6:40pm
DET	Pass	6:40pm
BAR	Pass	6:40pm
BT	Pass	6:40pm

Blank Tests

Test	Status	Time
AIR	Pass	6:41pm

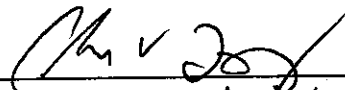
Printer Tests

Test	Status	Time
PRNT	Pass	6:41pm

CRC Tests

Test	Status	Time
COMP	Pass	6:41pm
CAL	Pass	6:41pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

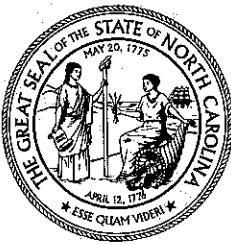
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cherokee Instrument Location Cherokee Co. Jail
Instrument Serial No. 008711 Murphy, 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 5th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul R. Arthur
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711
Test Date: 08/05/2019

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

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

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

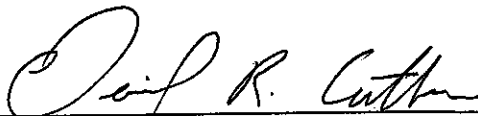
Lot Number: AG911506
Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	12:54pm
AIR BLK	.00	12:55pm
ACCY CHK	.07	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 1016
Test Date: 08/05/2019 Test Time: 1:01pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
BT	Pass	1:02pm

Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

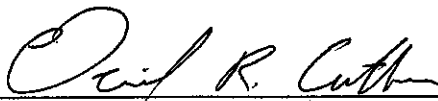
Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

CRC Tests

Test	Status	Time
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

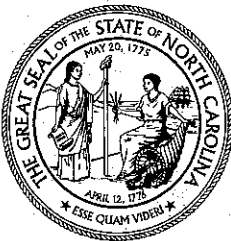
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cherokee Instrument Location Cherokee Co. Jail
Instrument Serial No. 008622 Murphy, 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 5th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul R. Cuthbert
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622
Test Date: 08/05/2019

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:53pm
AIR BLK	.00	12:54pm
ACCY CHK	.07	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm

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**

Intox EC/IR-II: Preventive Maintenance

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 1098
Test Date: 08/05/2019 Test Time: 1:00pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
BT	Pass	1:01pm

Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

CRC Tests

Test	Status	Time
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

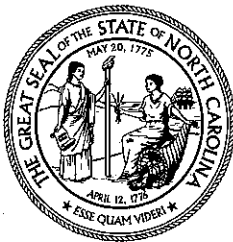
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Chowan Instrument Location Chowan Co. Public Safety
Instrument Serial No. 008895 CTR., 305 FREEMASON ST., EDENTON,
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 30th day of AUGUST, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Linda K. Kiser
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895
Test Date: 08/30/2019

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

Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
07/08/2019-07/08/2021

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

Lot Number: AG902201
Exp Date: 01/22/2021

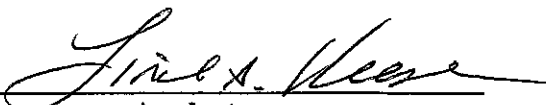
Test	g/210L	Time
DIAG	Pass	11:33am
AIR BLK	.00	11:33am
ACCY CHK	.08	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 925
Test Date: 08/30/2019 Test Time: 11:42am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:42am
FLO	Pass	11:42am
FC	Pass	11:42am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:43am

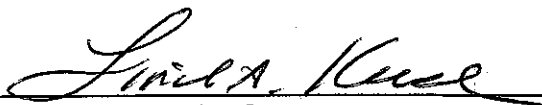
Printer Tests

Test	Status	Time
PRNT	Pass	11:43am

CRC Tests

Test	Status	Time
COMP	Pass	11:43am
CAL	Pass	11:43am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

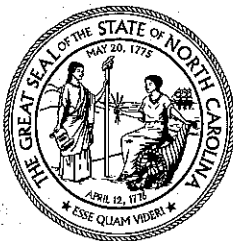
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Clay Instrument Location Clay Co. Jail
Instrument Serial No. 008608 Hayesville, 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 2nd day of August, 20 19 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.



David R. Cutler
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608

Test Date: 08/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106

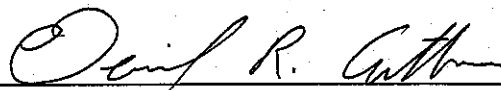
Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	11:59am
AIR BLK	.00	11:59am
ACCY CHK	.08	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 1250
Test Date: 08/02/2019 Test Time: 12:07pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:07pm
FLO	Pass	12:07pm
FC	Pass	12:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

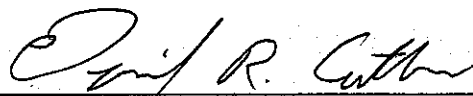
Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm

CRC Tests

Test	Status	Time
COMP	Pass	12:08pm
CAL	Pass	12:08pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

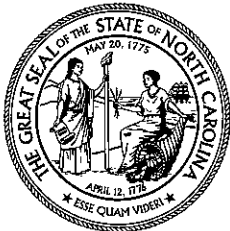
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Cleveland Instrument Location Cleveland County SO-Annex
Instrument Serial No. 008893 407 M'Brayer St., Shelby

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
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 SO-ANNEX
220

Serial Number: 008893
Test Date: 08/05/2019

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

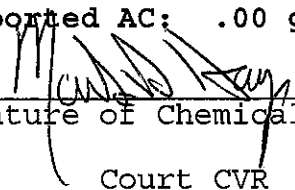
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	10:07am
AIR BLK	.00	10:08am
ACCY CHK	.08	10:08am
AIR BLK	.00	10:09am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am

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 SO-ANNEX 220

Serial Number: 008893 Test Record Number: 1689
Test Date: 08/05/2019 Test Time: 10:15am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:15am
FLO	Pass	10:15am
FC	Pass	10:15am

Temperature Tests

Test	Status	Time
FC1	Pass	10:15am
SRC	Pass	10:15am
DET	Pass	10:15am
BAR	Pass	10:15am
BT	Pass	10:15am

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

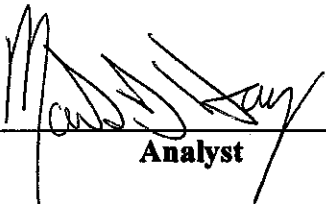
Printer Tests

Test	Status	Time
PRNT	Pass	10:16am

CRC Tests

Test	Status	Time
COMP	Pass	10:16am
CAL	Pass	10:16am

Preventive Maintenance
Status: Pass



Analyst

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 SO Annex
Instrument Serial No. 008887 407 M^cBrayer St. Shelby

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

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



M. D. [Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

CLEVELAND COUNTY CLEVELAND SO-ANNEX
220

Serial Number: 008887
Test Date: 08/05/2019

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:53am
AIR BLK	.00	9:54am
ACCY CHK	.08	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:57am
AIR BLK	.00	9:57am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887 Test Record Number: 2962
Test Date: 08/05/2019 Test Time: 10:01am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:01am
FLO	Pass	10:01am
FC	Pass	10:01am

Temperature Tests

Test	Status	Time
FC1	Pass	10:01am
SRC	Pass	10:01am
DET	Pass	10:01am
BAR	Pass	10:01am
BT	Pass	10:01am

Blank Tests

Test	Status	Time
AIR	Pass	10:02am

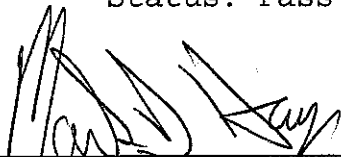
Printer Tests

Test	Status	Time
PRNT	Pass	10:02am

CRC Tests

Test	Status	Time
COMP	Pass	10:02am
CAL	Pass	10:02am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

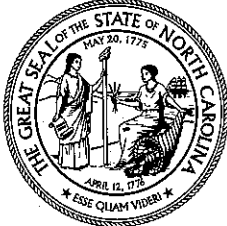
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cleveland Instrument Location Kings Mountain PD
Instrument Serial No. 008900 112 S. Piedmont Ave., Kings Mountain

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

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

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



[Signature]
Signature of Certifying Official

656
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 KINGS MOUNTAIN PD 220

Serial Number: 008900

Test Date: 08/21/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

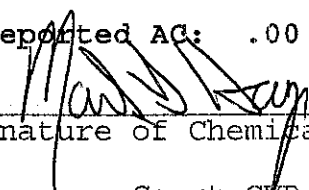
Test Type: Breath Test

Lot Number: AG821801

Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	11:24am
AIR BLK	.00	11:25am
ACCY CHK	.08	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Record Number: 775
Test Date: 08/21/2019 Test Time: 11:32am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:34am

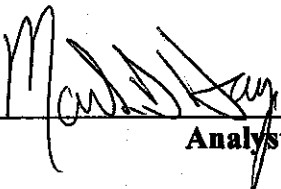
Printer Tests

Test	Status	Time
PRNT	Pass	11:34am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

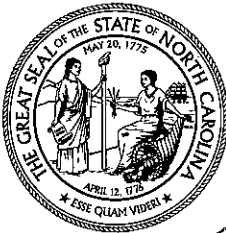
County Cumberland Co. Instrument Location Cumberland Co Detention Center

Instrument Serial No. 008632 Fayetteville, NC

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

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

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



[Signature]
Signature of Certifying Official

654
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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632
Test Date: 08/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

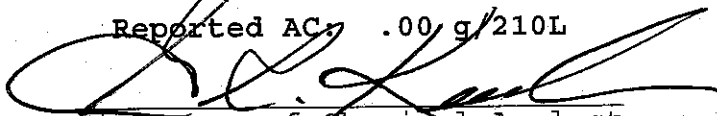
Test Type: Breath Test

Lot Number: AG902202

Exp Date: 01/22/2021

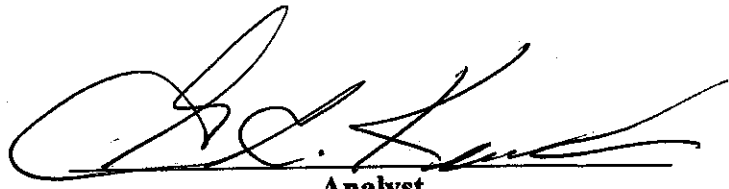
Test	g/210L	Time
DIAG	Pass	2:10pm
AIR BLK	.00	2:10pm
ACCY CHK	.07	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Record Number: 4272
Test Date: 08/26/2019 Test Time: 2:19pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:19pm
FLO	Pass	2:19pm
FC	Pass	2:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:19pm
SRC	Pass	2:19pm
DET	Pass	2:19pm
BAR	Pass	2:19pm
BT	Pass	2:19pm

Blank Tests

Test	Status	Time
AIR	Pass	2:20pm

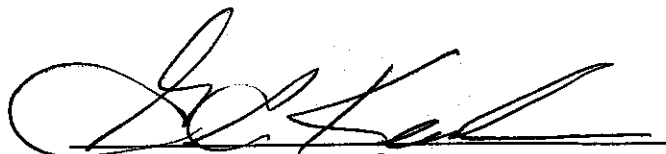
Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm

CRC Tests

Test	Status	Time
COMP	Pass	2:20pm
CAL	Pass	2:20pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cumberland Co. Instrument Location Cumberland Co. Detention Center
Instrument Serial No. 008633 Fayetteville, NC

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

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

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



[Signature]
Signature of Certifying Official

654
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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633
Test Date: 08/26/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904301

Exp Date: 02/12/2021

Test	g/210L	Time
DIAG	Pass	1:45pm
AIR BLK	.00	1:46pm
ACCY CHK	.08	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 5283
Test Date: 08/26/2019 Test Time: 1:54pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
BT	Pass	1:55pm

Blank Tests

Test	Status	Time
AIR	Pass	1:55pm

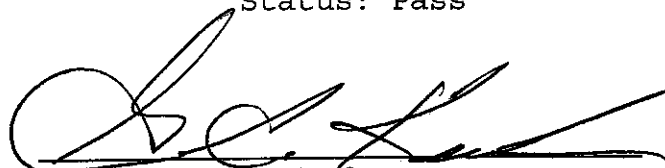
Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm

CRC Tests

Test	Status	Time
COMP	Pass	1:56pm
CAL	Pass	1:56pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

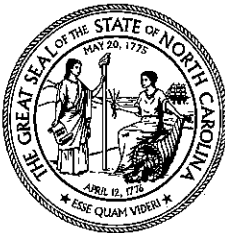
County Cumberland Co. Instrument Location Cumberland Co. Detention Center

Instrument Serial No. 008672 Fayetteville, NC

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

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

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



[Signature]
Signature of Certifying Official

654
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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672
Test Date: 08/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

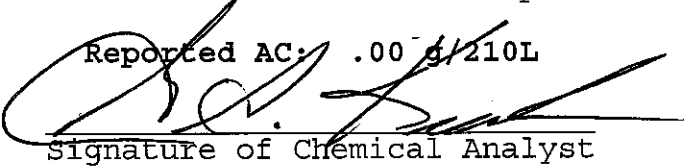
Test Type: Breath Test

Lot Number: AG911501

Exp Date: 04/25/2021

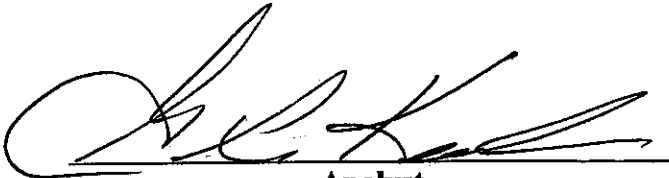
Test	g/210L	Time
DIAG	Pass	1:30pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 6630
Test Date: 08/26/2019 Test Time: 1:39pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

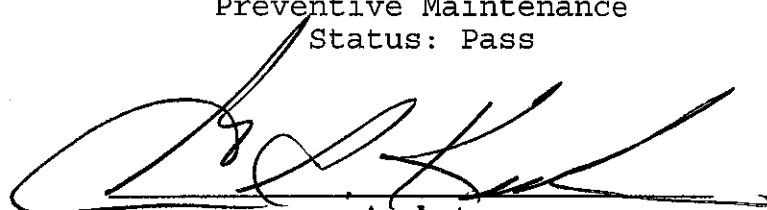
Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm

CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cumberland Co.

Instrument Location Cumberland Co. Detention Center

Instrument Serial No. 008614

Fayetteville, NC

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

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

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



[Signature]
Signature of Certifying Official

654
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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614
Test Date: 08/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

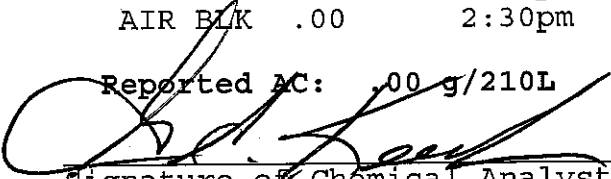
Test Type: Breath Test

Lot Number: AG902202

Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK	.00	2:24pm
ACCY CHK	.07	2:24pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 4340
Test Date: 08/26/2019 Test Time: 2:31pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO	Pass	2:32pm
FC	Pass	2:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

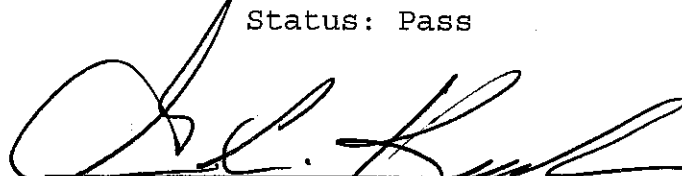
Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm

CRC Tests

Test	Status	Time
COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

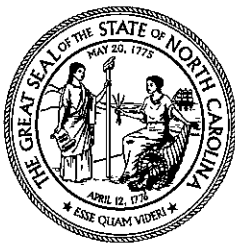
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County DALE Instrument Location DALE CO. DETENTION CTR.
Instrument Serial No. 008783 1044 DILLWOOD DR., MANTO, 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 August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



James K. Kessel
Signature of Certifying Official

697
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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783
Test Date: 08/23/2019

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

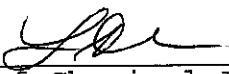
Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
07/08/2019-07/08/2021

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

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

Test	g/210L	Time
DIAG	Pass	12:14pm
AIR BLK	.00	12:15pm
ACCY CHK	.07	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 865
Test Date: 08/23/2019 Test Time: 12:23pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

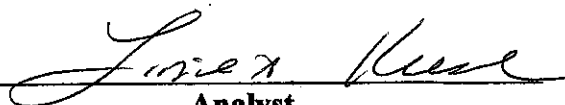
Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm

CRC Tests

Test	Status	Time
COMP	Pass	12:24pm
CAL	Pass	12:24pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

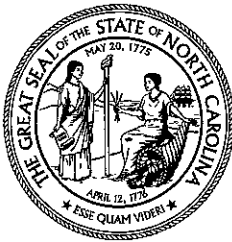
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County DARE Instrument Location Dare Co. Detention Ctr.,
Instrument Serial No. 008804 1044 Driftwood Dr., Manteo, 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 AUGUST, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Linnea Kessel
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804
Test Date: 08/23/2019

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

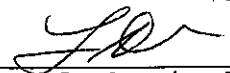
Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
07/08/2019-07/08/2021

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

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

Test	g/210L	Time
DIAG	Pass	12:16pm
AIR BLK	.00	12:16pm
ACCY CHK	.08	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2270
Test Date: 08/23/2019 Test Time: 12:23pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

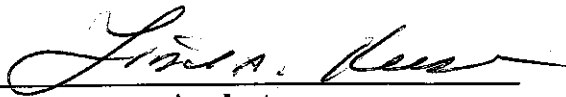
Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm

CRC Tests

Test	Status	Time
COMP	Pass	12:24pm
CAL	Pass	12:24pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

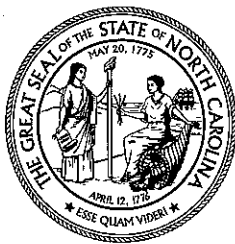
County DAVE Instrument Location Kill Devil Hills P.P.

Instrument Serial No. 008544 103 TOWN HALL DR., Kill Devil Hills, 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 August, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844
Test Date: 08/23/2019

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


Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
07/08/2019-07/08/2021

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

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

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:03pm
ACCY CHK	.08	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 2255
Test Date: 08/23/2019 Test Time: 2:10pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:11pm
FLO	Pass	2:11pm
FC	Pass	2:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:11pm
SRC	Pass	2:11pm
DET	Pass	2:11pm
BAR	Pass	2:11pm
BT	Pass	2:11pm

Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

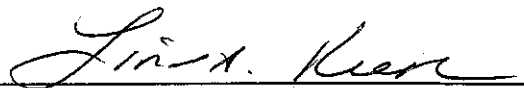
Printer Tests

Test	Status	Time
PRNT	Pass	2:12pm

CRC Tests

Test	Status	Time
COMP	Pass	2:12pm
CAL	Pass	2:12pm

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

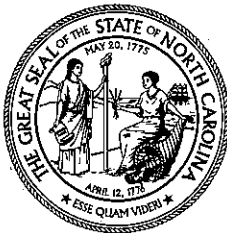
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Davidson Instrument Location Thomasville
Instrument Serial No. 008872 Police Department

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

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

I certify that on the 13th day of August, 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.



C. Dale Farley
Signature of Certifying Official

655
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

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872
Test Date: 08/13/2019

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

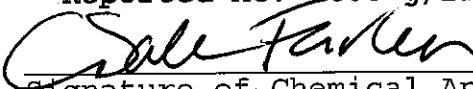
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	2:20pm
AIR BLK	.00	2:21pm
ACCY CHK	.07	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm

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

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1440
Test Date: 08/13/2019 Test Time: 2:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:30pm
FLO	Pass	2:30pm
FC	Pass	2:30pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm

CRC Tests

Test	Status	Time
COMP	Pass	2:31pm
CAL	Pass	2:31pm

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

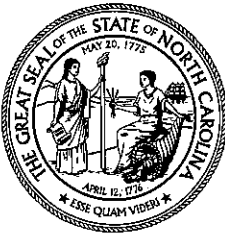
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Davidson Instrument Location Davidson County
Instrument Serial No. 008845 Jail
Lexington, N.C.

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

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

I certify that on the 13th day of August, 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.



Dale Farley 655
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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845
Test Date: 08/13/2019

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

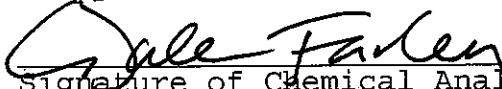
Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:15pm
ACCY CHK	.08	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3224
Test Date: 08/13/2019 Test Time: 1:23pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

Blank Tests

Test	Status	Time
AIR	Pass	1:24pm


Printer Tests

Test	Status	Time
PRNT	Pass	1:24pm

CRC Tests

Test	Status	Time
COMP	Pass	1:25pm
CAL	Pass	1:25pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

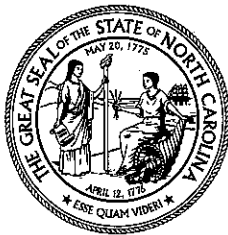
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

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



[Signature]
Signature of Certifying Official

655
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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883
Test Date: 08/13/2019

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:54am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:59am
AIR BLK	.00	11:59am

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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 2111
Test Date: 08/13/2019 Test Time: 12:01pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:01pm
SRC	Pass	12:01pm
DET	Pass	12:01pm
BAR	Pass	12:01pm
BT	Pass	12:01pm

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm

CRC Tests

Test	Status	Time
COMP	Pass	12:02pm
CAL	Pass	12:02pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

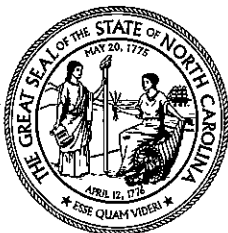
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County DAVIDSON Instrument Location BAT MOBILE 3
Instrument Serial No. 008968 THOMASVILLE PD
DAVIDSON CO. S.O.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

659
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

DAVIDSON BAT MOBILE UNIT 3 280

Serial Number: 008968
Test Date: 08/31/2019

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

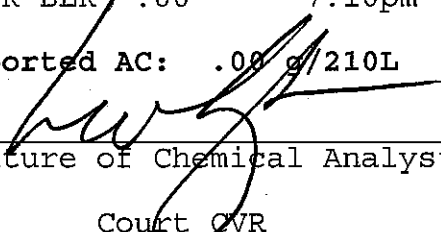
Analyst's Name: INGLE, LARRY W
Permit Number: 07281E
Effective:
02/01/2018-02/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	7:04pm
AIR BLK	.00	7:05pm
ACCY CHK	.08	7:05pm
AIR BLK	.00	7:06pm
SUB TEST	.00	7:07pm
AIR BLK	.00	7:08pm
SUB TEST	.00	7:09pm
AIR BLK	.00	7:10pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIDSON BAT MOBILE UNIT 3 280

Serial Number: 008968 Test Record Number: 301
Test Date: 08/31/2019 Test Time: 7:11pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:12pm
FLO	Pass	7:12pm
FC	Pass	7:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:12pm
SRC	Pass	7:12pm
DET	Pass	7:12pm
BAR	Pass	7:12pm
BT	Pass	7:12pm

Blank Tests

Test	Status	Time
AIR	Pass	7:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:12pm

CRC Tests

Test	Status	Time
COMP	Pass	7:13pm
CAL	Pass	7:13pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

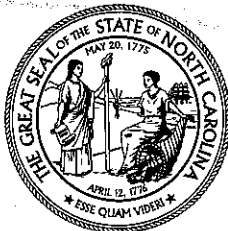
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Davie Instrument Location Davie County
Instrument Serial No. 008905 Jail
Mocksville, 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 16th day of August, 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.



Gale Farley
Signature of Certifying Official

655
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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905
Test Date: 08/16/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

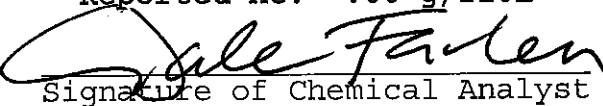
Test Type: Breath Test

Lot Number: AG821801

Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	4:10pm
AIR BLK	.00	4:11pm
ACCY CHK	.08	4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:14pm
SUB TEST	.00	4:16pm
AIR BLK	.00	4:17pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 2401
Test Date: 08/16/2019 Test Time: 4:22pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:22pm
FLO	Pass	4:22pm
FC	Pass	4:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:23pm
SRC	Pass	4:23pm
DET	Pass	4:23pm
BAR	Pass	4:23pm
BT	Pass	4:23pm

Blank Tests

Test	Status	Time
AIR	Pass	4:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:23pm

CRC Tests

Test	Status	Time
COMP	Pass	4:23pm
CAL	Pass	4:23pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

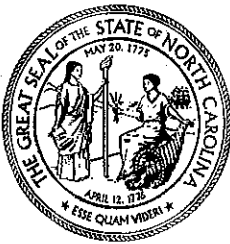
County Durham Instrument Location BAT mobile Unit 71

Instrument Serial No. 008939 Durham SD

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

660
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 BAT MOBILE UNIT 1 310

Serial Number: 008939

Test Date: 08/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2018-03/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	9:36pm
AIR BLK	.00	9:36pm
ACCY CHK	.08	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 1 310

Serial Number: 008939 Test Record Number: 961

Test Date: 08/02/2019 Test Time: 9:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:43pm
FLO	Pass	9:43pm
FC	Pass	9:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:43pm
SRC	Pass	9:43pm
DET	Pass	9:43pm
BAR	Pass	9:43pm
BT	Pass	9:43pm

Blank Tests

Test	Status	Time
AIR	Pass	9:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:44pm

CRC Tests

Test	Status	Time
COMP	Pass	9:44pm
CAL	Pass	9:44pm

Preventive Maintenance
Status: Pass


Analyst

13

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

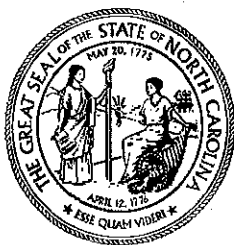
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Durham Instrument Location BAF Mobile Unit 1
Instrument Serial No. 008898 Durham SD

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

660
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 BAT MOBILE UNIT 1 310

Serial Number: 008898

Test Date: 08/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2018-03/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

DURHAM COUNTY BAT MOBILE UNIT 1 310

Serial Number: 008898 Test Record Number: 1004
Test Date: 08/02/2019 Test Time: 9:44pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:45pm
FLO	Pass	9:45pm
FC	Pass	9:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:45pm
SRC	Pass	9:45pm
DET	Pass	9:45pm
BAR	Pass	9:45pm
BT	Pass	9:45pm

Blank Tests

Test	Status	Time
AIR	Pass	9:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:46pm

CRC Tests

Test	Status	Time
COMP	Pass	9:46pm
CAL	Pass	9:46pm

Preventive Maintenance
Status: *Pass*


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

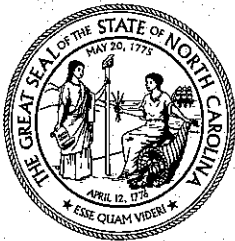
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Forsyth Instrument Location Forsyth County
Instrument Serial No. 008659 Detention
Winston-Salem N.C.

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

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

I certify that on the 9th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
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: 08/09/2019

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

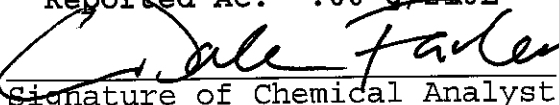
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	12:22pm
AIR BLK	.00	12:22pm
ACCY CHK	.08	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 5238
Test Date: 08/09/2019 Test Time: 12:31pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
FLO	Pass	12:31pm
FC	Pass	12:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:31pm
SRC	Pass	12:31pm
DET	Pass	12:31pm
BAR	Pass	12:31pm
BT	Pass	12:31pm

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm

CRC Tests

Test	Status	Time
COMP	Pass	12:32pm
CAL	Pass	12:32pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

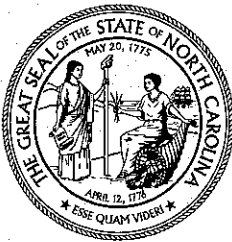
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Forsyth Instrument Location Forsyth County
Instrument Serial No. 008583 Detention
Winston - Salem

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 655
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: 008583
Test Date: 08/09/2019

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

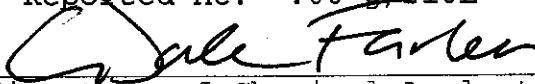
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

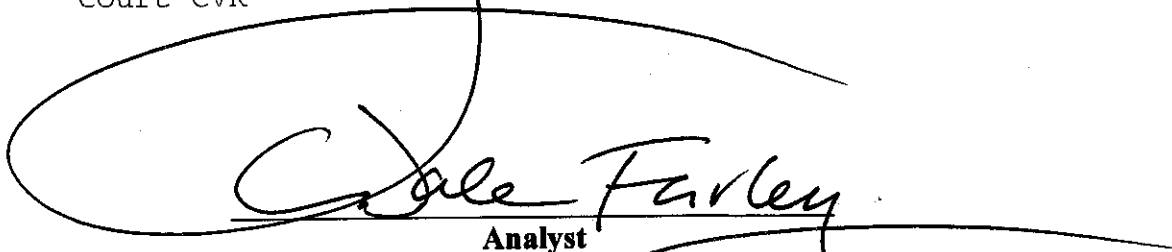
Lot Number: AG821401
Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:53am
ACCY 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


Analyst

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 7764
Test Date: 08/09/2019 Test Time: 12:01pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm

CRC Tests

Test	Status	Time
COMP	Pass	12:03pm
CAL	Pass	12:03pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Forsyth Instrument Location Forsyth County
Instrument Serial No. 008925 Detention
Winston-Salem, 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 9th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
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: 008925
Test Date: 08/09/2019

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

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

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

Lot Number: AG911506
Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:41am
ACCY CHK	.08	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 2855
Test Date: 08/09/2019 Test Time: 11:48am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

Printer Tests

Test	Status	Time
PRNT	Pass	11:49am

CRC Tests

Test	Status	Time
COMP	Pass	11:49am
CAL	Pass	11:49am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Forsyth Instrument Location Kernersville
Instrument Serial No. 008650 Police Department

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

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

I certify that on the 9th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



C. J. Faller
Signature of Certifying Official

655
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 KERNERSVILLE PD 330

Serial Number: 008650
Test Date: 08/09/2019

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

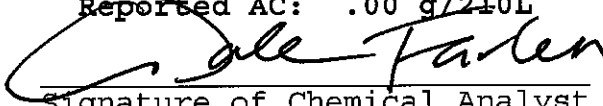
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	9:35am
AIR BLK	.00	9:35am
ACCY CHK	.07	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:38am
AIR BLK	.00	9:38am
SUB TEST	.00	9:40am
AIR BLK	.00	9:41am

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: 1558
Test Date: 08/09/2019 Test Time: 9:42am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:42am
FLO	Pass	9:42am
FC	Pass	9:43am

Temperature Tests

Test	Status	Time
FC1	Pass	9:43am
SRC	Pass	9:43am
DET	Pass	9:43am
BAR	Pass	9:43am
BT	Pass	9:43am

Blank Tests

Test	Status	Time
AIR	Pass	9:43am

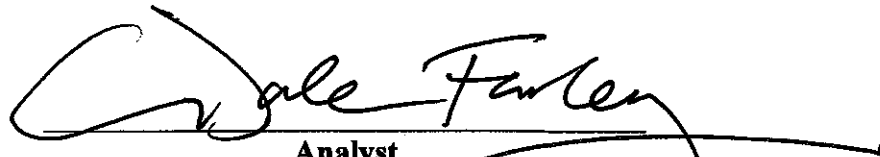
Printer Tests

Test	Status	Time
PRNT	Pass	9:43am

CRC Tests

Test	Status	Time
COMP	Pass	9:43am
CAL	Pass	9:43am

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

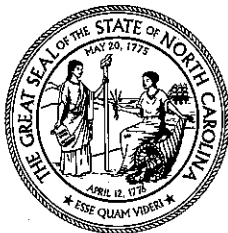
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Gaston Instrument Location Belmont PD
Instrument Serial No. 008733 209 Chronicle St. Belmont

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 20 19, 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

656

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

GASTON COUNTY BELMONT PD 350

Serial Number: 008733

Test Date: 08/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904301

Exp Date: 02/12/2021

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 1181
Test Date: 08/05/2019 Test Time: 11:40am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:41am


Printer Tests

Test	Status	Time
PRNT	Pass	11:41am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

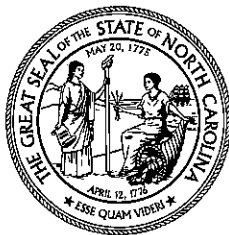
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Gaston Instrument Location Gaston County SO
Instrument Serial No. 008643 425 N. Marietta St, Gastonia

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 20 19, 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

656
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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643
Test Date: 08/21/2019

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

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

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

Lot Number: AG807101
Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	12:57pm
AIR BLK	.00	12:58pm
ACCY CHK	.07	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Record Number: 3351
Test Date: 08/21/2019 Test Time: 1:04pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

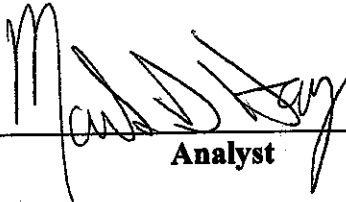
Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm

CRC Tests

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

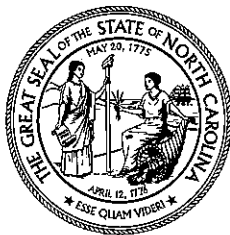
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Gaston Instrument Location Gaston County SO
Instrument Serial No. 008684 425 N Marietta St, Gastonia

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

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



Maria J. Ray
Signature of Certifying Official

656

Certificate Number

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

Intox EC/IR-II: Subject Test

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684
Test Date: 08/21/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

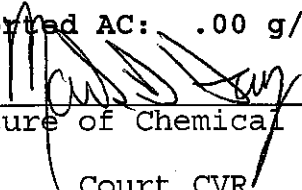
Test Type: Breath Test

Lot Number: AG919901

Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:59pm
ACCY CHK	.08	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Record Number: 4432
Test Date: 08/21/2019 Test Time: 1:06pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

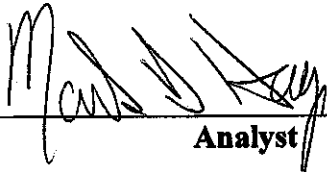
Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm

CRC Tests

Test	Status	Time
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Gaston Instrument Location But Mobile Unit 2

Instrument Serial No. 009973

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

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

I certify that on the 31 day of August, 20 19, 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.



Chris Jones
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Subject Test

GASTON BAT MOBILE UNIT 02 350

Serial Number: 008973

Test Date: 08/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

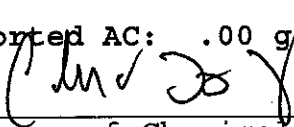
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	6:54pm
AIR BLK	.00	6:55pm
ACCY CHK	.08	6:56pm
AIR BLK	.00	6:57pm
SUB TEST	.00	6:57pm
AIR BLK	.00	6:58pm
SUB TEST	.00	7:00pm
AIR BLK	.00	7:00pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GASTON BAT MOBILE UNIT 02 350
Serial Number: 008973 Test Record Number: 702
Test Date: 08/31/2019 Test Time: 7:02pm EDT
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:02pm
FLO	Pass	7:02pm
FC	Pass	7:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:02pm
SRC	Pass	7:02pm
DET	Pass	7:02pm
BAR	Pass	7:02pm
BT	Pass	7:02pm

Blank Tests

Test	Status	Time
AIR	Pass	7:03pm

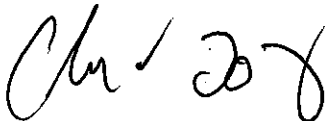
Printer Tests

Test	Status	Time
PRNT	Pass	7:03pm

CRC Tests

Test	Status	Time
COMP	Pass	7:03pm
CAL	Pass	7:03pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

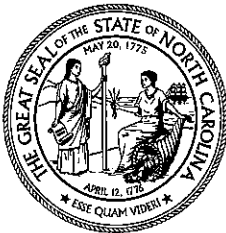
County Gaston Instrument Location But Mobile Unit 2

Instrument Serial No. 009970

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

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

I certify that on the 31 day of August, 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.



Chris Joy
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Subject Test

GASTON BAT MOBILE UNIT 02 350

Serial Number: 008970

Test Date: 08/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

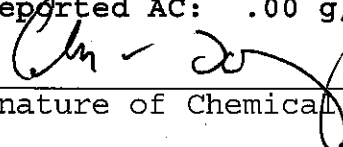
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

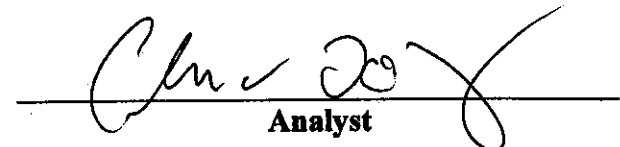
Test	g/210L	Time
DIAG	Pass	6:53pm
AIR BLK	.00	6:54pm
ACCY CHK	.08	6:55pm
AIR BLK	.00	6:56pm
SUB TEST	.00	6:56pm
AIR BLK	.00	6:57pm
SUB TEST	.00	6:59pm
AIR BLK	.00	7:00pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GASTON BAT MOBILE UNIT 02 350

Serial Number: 008970 Test Record Number: 643
Test Date: 08/31/2019 Test Time: 7:01pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:01pm
FLO	Pass	7:01pm
FC	Pass	7:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:01pm
SRC	Pass	7:01pm
DET	Pass	7:01pm
BAR	Pass	7:01pm
BT	Pass	7:01pm

Blank Tests

Test	Status	Time
AIR	Pass	7:02pm

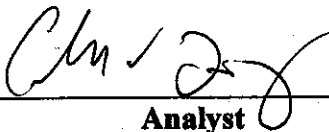
Printer Tests

Test	Status	Time
PRNT	Pass	7:02pm

CRC Tests

Test	Status	Time
COMP	Pass	7:02pm
CAL	Pass	7:02pm

Preventive Maintenance
Status: Pass



Analyst

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.O.
Instrument Serial No. 008915 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 5th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Luther
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915
Test Date: 08/05/2019

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

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

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


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

Test	g/210L	Time
DIAG	Pass	11:25am
AIR BLK	.00	11:25am
ACCY CHK	.08	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 772
Test Date: 08/05/2019 Test Time: 11:33am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:34am

Temperature Tests

Test	Status	Time
FC1	Pass	11:34am
SRC	Pass	11:34am
DET	Pass	11:34am
BAR	Pass	11:34am
BT	Pass	11:34am

Blank Tests

Test	Status	Time
AIR	Pass	11:35am

Printer Tests

Test	Status	Time
PRNT	Pass	11:35am

CRC Tests

Test	Status	Time
COMP	Pass	11:35am
CAL	Pass	11:35am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

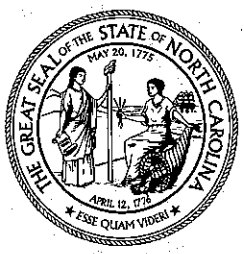
County Guilford Instrument Location VNC - Greensboro

Instrument Serial No. 008604 Campus Police Department

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

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

I certify that on the 8th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Dale Farley
Signature of Certifying Official

655
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

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604
Test Date: 08/08/2019

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

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

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

Lot Number: AG807101
Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	5:09pm
AIR BLK	.00	5:10pm
ACCY CHK	.08	5:10pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:12pm
AIR BLK	.00	5:13pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 1815
Test Date: 08/08/2019 Test Time: 5:19pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:20pm
FLO	Pass	5:20pm
FC	Pass	5:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:20pm
SRC	Pass	5:20pm
DET	Pass	5:20pm
BAR	Pass	5:20pm
BT	Pass	5:20pm

Blank Tests

Test	Status	Time
AIR	Pass	5:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:21pm

CRC Tests

Test	Status	Time
COMP	Pass	5:21pm
CAL	Pass	5:21pm

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

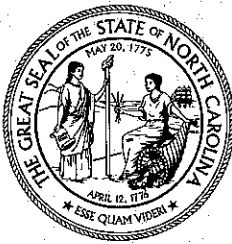
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Guilford Instrument Location Greensboro P. D.
Instrument Serial No. 008725 100 Federal Plaza
Greensboro, 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 8th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725
Test Date: 08/08/2019

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

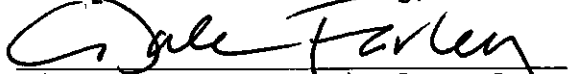
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	10:30am
AIR BLK	.00	10:31am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am

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


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4436
Test Date: 08/08/2019 Test Time: 10:38am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:39am

Printer Tests

Test	Status	Time
PRNT	Pass	10:39am

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford

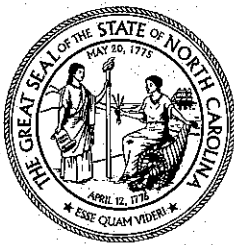
Instrument Location Greensboro Ga. 1

Instrument Serial No 008638

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

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

I certify that on the 7th day of August, 20 19 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.



Gale Farley
Signature of Certifying Official

655
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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638
Test Date: 08/07/2019

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

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

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


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

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:22pm
ACCY CHK	.08	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 4249
Test Date: 08/07/2019 Test Time: 12:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:30pm
FLO	Pass	12:30pm
FC	Pass	12:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:30pm
SRC	Pass	12:30pm
DET	Pass	12:30pm
BAR	Pass	12:30pm
BT	Pass	12:30pm

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm

CRC Tests

Test	Status	Time
COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford

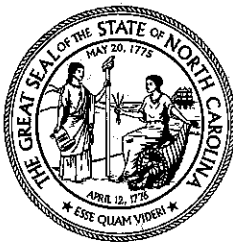
Instrument Location Greensboro Jail

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 7th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



C. Dale Farley
Signature of Certifying Official

655
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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790
Test Date: 08/07/2019

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

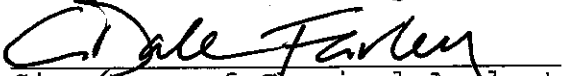
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

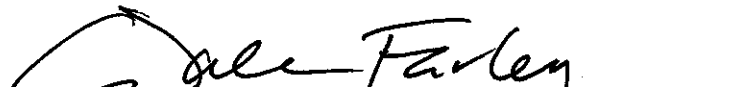
Lot Number: AG911506
Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	11:52am
AIR BLK	.00	11:52am
ACCY CHK	.08	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 6544
Test Date: 08/07/2019 Test Time: 12:00pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
BT	Pass	12:00pm

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm

CRC Tests

Test	Status	Time
COMP	Pass	12:01pm
CAL	Pass	12:01pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford

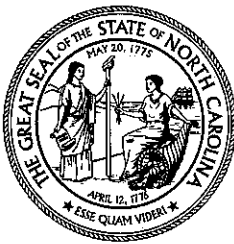
Instrument Location Greensboro Jail

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 7th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794
Test Date: 08/07/2019

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

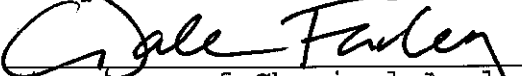
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:30am
ACCY CHK	.07	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:35am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 6665
Test Date: 08/07/2019 Test Time: 11:37am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

Printer Tests

Test	Status	Time
PRNT	Pass	11:38am

CRC Tests

Test	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 6665
Test Date: 08/07/2019 Test Time: 11:37am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

Printer Tests

Test	Status	Time
PRNT	Pass	11:38am

CRC Tests

Test	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location UNC - Greensboro
Instrument Serial No. 008604 Campus 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 5th day of August, 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.



Gale Farley 655
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

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Date: 08/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.08	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm

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

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 1809
Test Date: 08/05/2019 Test Time: 2:38pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location Greensboro PD
Instrument Serial No. 008725 100 Federal Plaza
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 5th day of August, 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.



Gale Farley 655
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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725
Test Date: 08/05/2019

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

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

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

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

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4431
Test Date: 08/05/2019 Test Time: 12:23pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm

CRC Tests

Test	Status	Time
COMP	Pass	12:24pm
CAL	Pass	12:24pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford

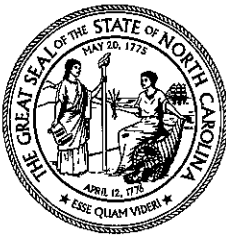
Instrument Location Greensboro Ga. 1

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 1st day of August, 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.



Julie Farley
Signature of Certifying Official

655
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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794
Test Date: 08/01/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

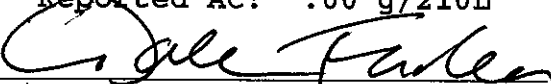
Test Type: Breath Test

Lot Number: AG902106

Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	2:20pm
AIR BLK	.00	2:21pm
ACCY CHK	.07	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 6650
Test Date: 08/01/2019 Test Time: 2:29pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm

CRC Tests

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

Preventive Maintenance
Status: Pass


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

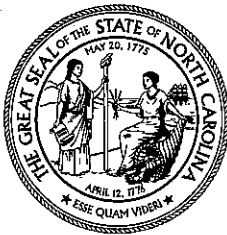
Instrument Location Greensboro Jail

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 1st day of August, 20 19, 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.



C. Dale Farley
Signature of Certifying Official

655
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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790
Test Date: 08/01/2019

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

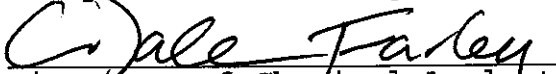
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

Lot Number: AG807101
Exp Date: 03/12/2020

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	1:34pm
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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 6532
Test Date: 08/01/2019 Test Time: 1:39pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm

CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford

Instrument Location Greensboro Jail

Instrument Serial No. 008638

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 20 19, 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.



C. Dale Farber
Signature of Certifying Official

655
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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638

Test Date: 08/01/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106

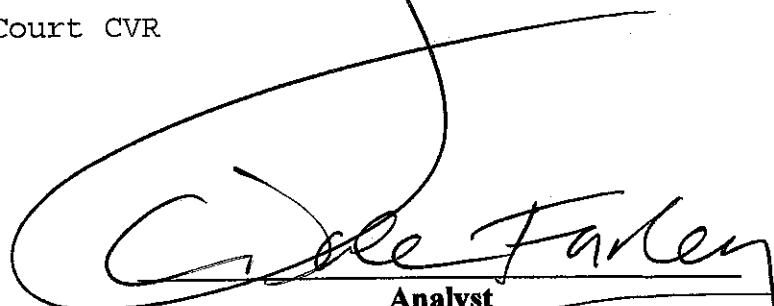
Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	1:04pm
AIR BLK	.00	1:04pm
ACCY CHK	.08	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 4240
Test Date: 08/01/2019 Test Time: 1:12pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm

CRC Tests

Test	Status	Time
COMP	Pass	1:13pm
CAL	Pass	1:13pm

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

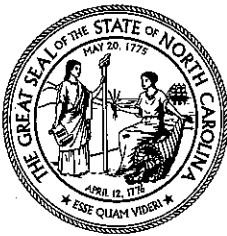
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Guilford Instrument Location High Point
Instrument Serial No. 008655 901

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655
Test Date: 08/12/2019

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:44pm
AIR BLK	.00	4:45pm
ACCY CHK	.07	4:45pm
AIR BLK	.00	4:46pm
SUB TEST	.00	4:47pm
AIR BLK	.00	4:48pm
SUB TEST	.00	4:49pm
AIR BLK	.00	4:50pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 3439
Test Date: 08/12/2019 Test Time: 4:51pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:52pm
FLO	Pass	4:52pm
FC	Pass	4:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:52pm
SRC	Pass	4:52pm
DET	Pass	4:52pm
BAR	Pass	4:52pm
BT	Pass	4:52pm

Blank Tests

Test	Status	Time
AIR	Pass	4:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:53pm

CRC Tests

Test	Status	Time
COMP	Pass	4:53pm
CAL	Pass	4:53pm

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

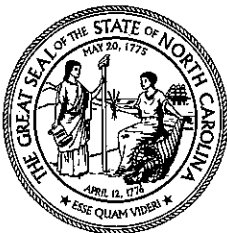
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Guilford Instrument Location High Point
Instrument Serial No. 008828 Police Department

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

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

I certify that on the 12th day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
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

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828
Test Date: 08/12/2019

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

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

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

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

Test	g/210L	Time
DIAG	Pass	5:18pm
AIR BLK	.00	5:19pm
ACCY CHK	.08	5:19pm
AIR BLK	.00	5:20pm
SUB TEST	.00	5:21pm
AIR BLK	.00	5:22pm
SUB TEST	.00	5:24pm
AIR BLK	.00	5:24pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 3141
Test Date: 08/12/2019 Test Time: 5:25pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:26pm
FLO	Pass	5:26pm
FC	Pass	5:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:26pm
SRC	Pass	5:26pm
DET	Pass	5:26pm
BAR	Pass	5:26pm
BT	Pass	5:26pm

Blank Tests

Test	Status	Time
AIR	Pass	5:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:27pm

CRC Tests

Test	Status	Time
COMP	Pass	5:27pm
CAL	Pass	5:27pm

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

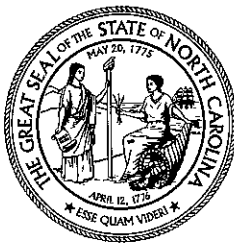
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County HALIFAX Instrument Location ROANOKE RAPIDS PD
Instrument Serial No. 008635 1040 ROANOKE AVE ROANOKE RAPIDS, NC

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

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

I certify that on the 02 day of AUGUST, 20 19 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bruce D. Smith
Signature of Certifying Official

637
Certificate Number

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

Intox EC/IR-II: Subject Test

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635

Test Date: 08/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	3:46pm
AIR BLK	.00	3:47pm
ACCY CHK	.08	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1717
Test Date: 08/02/2019 Test Time: 3:54pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:54pm
FLO	Pass	3:54pm
FC	Pass	3:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:55pm
SRC	Pass	3:55pm
DET	Pass	3:55pm
BAR	Pass	3:55pm
BT	Pass	3:55pm

Blank Tests

Test	Status	Time
AIR	Pass	3:55pm


Printer Tests

Test	Status	Time
PRNT	Pass	3:55pm

CRC Tests

Test	Status	Time
COMP	Pass	3:55pm
CAL	Pass	3:55pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

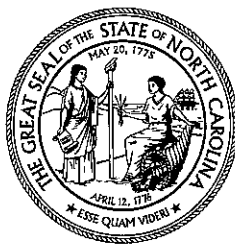
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County HALIFAX Instrument Location ROANOKE RAPIDS PD
Instrument Serial No. 008656 1040 ROANOKE AVE ROANOKE RAPIDS, NC

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

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

I certify that on the 02 day of AUGUST, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. D. Smith
Signature of Certifying Official

637
Certificate Number

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

Intox EC/IR-II: Subject Test

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656
Test Date: 08/02/2019

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

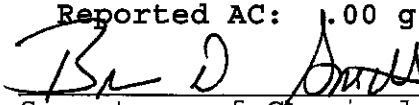
Analyst's Name: Smith, Brian D
Permit Number: 0032-6608
Effective:
07/09/2019-07/09/2021

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

Lot Number: AG902201
Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	3:49pm
AIR BLK	.00	3:50pm
ACCY CHK	.07	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 663
Test Date: 08/02/2019 Test Time: 3:58pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

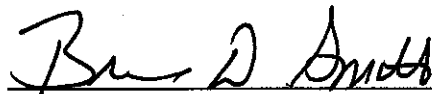
Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm

CRC Tests

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County HALIFAX Instrument Location HALIFAX CO. SHERIFF'S OFFICE

Instrument Serial No. 008695 355 FERRELL LN HALIFAX, NC

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

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

I certify that on the 02 day of AUGUST, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bruce D. Smith
Signature of Certifying Official

637
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Record Number: 2763
Test Date: 08/02/2019 Test Time: 1:22pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:23pm
FC	Pass	1:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
BT	Pass	1:23pm

Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm

CRC Tests

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Date: 08/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG911501

Exp Date: 04/25/2021

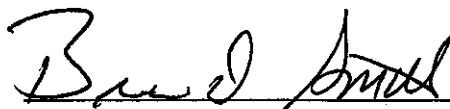
Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:16pm
ACCY CHK	.08	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County HARNETT Co. Instrument Location DUNN Police Dept.

Instrument Serial No. 008644 DUNN, NC

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

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

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



[Signature]
Signature of Certifying Official

654
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

HARNETT COUNTY DUNN PD 420

Serial Number: 008644

Test Date: 08/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.07	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1399
Test Date: 08/27/2019 Test Time: 1:25pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
BT	Pass	1:26pm

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

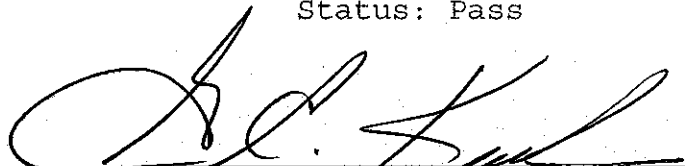
Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County HARRIETT Co. Instrument Location HARRIETT Co. Detention Center

Instrument Serial No. 008129 Wilmington, NC

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

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

I certify that on the 24th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]
Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729
Test Date: 08/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

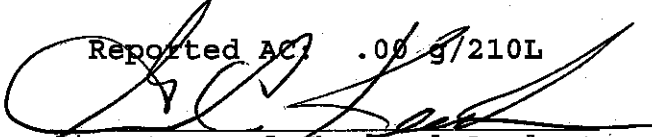
Test Type: Breath Test

Lot Number: AG911501

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	11:41am
AIR BLK	.00	11:42am
ACCY CHK	.08	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC7 .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2351
Test Date: 08/27/2019 Test Time: 11:48am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

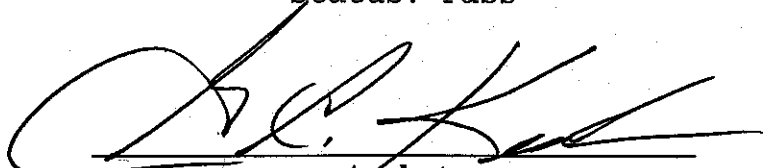
Printer Tests

Test	Status	Time
PRNT	Pass	11:50am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

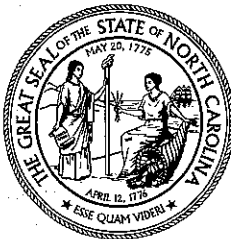
County HARNETT Co. Instrument Location HARNETT Co. Detention Center

Instrument Serial No. 008730 L. Hington, NC

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

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

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



[Signature]
Signature of Certifying Official

654
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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730
Test Date: 08/27/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

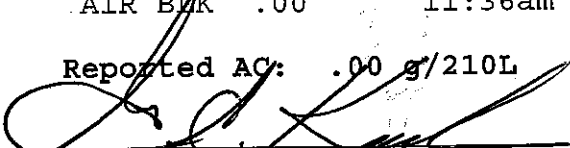
Test Type: Breath Test

Lot Number: AG911501

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:30am
ACCY CHK	.08	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 3243
Test Date: 08/27/2019 Test Time: 11:36am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

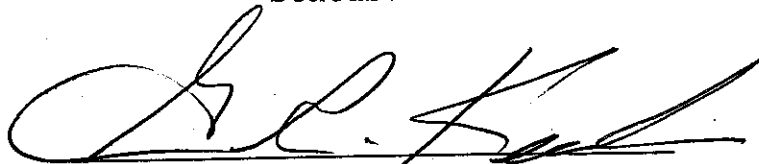
Printer Tests

Test	Status	Time
PRNT	Pass	11:38am

CRC Tests

Test	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

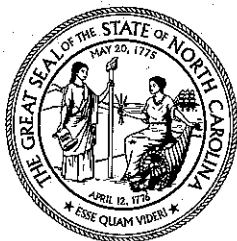
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

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 6th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Cuthbert
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712
Test Date: 08/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401

Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	3:08pm
AIR BLK	.00	3:09pm
ACCY CHK	.08	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 2251
Test Date: 08/06/2019 Test Time: 3:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:22pm
FLO	Pass	3:22pm
FC	Pass	3:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:22pm
SRC	Pass	3:22pm
DET	Pass	3:22pm
BAR	Pass	3:22pm
BT	Pass	3:22pm

Blank Tests

Test	Status	Time
AIR	Pass	3:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm

CRC Tests

Test	Status	Time
COMP	Pass	3:23pm
CAL	Pass	3:23pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

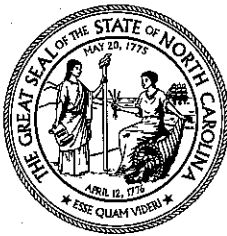
County Hyde Instrument Location Hyde Co. S.O.

Instrument Serial No. 008801 1233 Main St., Swan Quarter, 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 29th day of August, 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.



Key [Signature]

Signature of Certifying Official

643

Certificate Number

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

Intox EC/IR-II: Subject Test

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801
Test Date: 08/29/2019

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2019-06/01/2021

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

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

Test	g/210L	Time
DIAG	Pass	10:36am
AIR BLK	.00	10:37am
ACCY CHK	.07	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 516
Test Date: 08/29/2019 Test Time: 10:43am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:44am
FLO	Pass	10:44am
FC	Pass	10:44am

Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am

CRC Tests

Test	Status	Time
COMP	Pass	10:45am
CAL	Pass	10:45am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Iredell Instrument Location BAF Mobile Unit 2

Instrument Serial No. 008970

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

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

I certify that on the 3 day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

659
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

IREDELL BAT MOBILE UNIT 02 480

Serial Number: 008970
Test Date: 08/03/2019

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

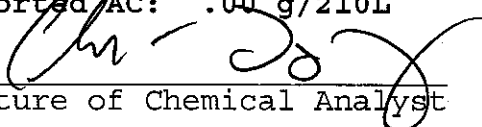
Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
05/01/2019-05/01/2021

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

Lot Number: AG807101
Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	4:24pm
AIR BLK	.00	4:25pm
ACCY CHK	.08	4:26pm
AIR BLK	.00	4:27pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm
SUB TEST	.00	4:29pm
AIR BLK	.00	4:30pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Record Number: 623
Test Date: 08/03/2019 Test Time: 4:32pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:32pm
FLO	Pass	4:32pm
FC	Pass	4:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:32pm
SRC	Pass	4:32pm
DET	Pass	4:32pm
BAR	Pass	4:32pm
BT	Pass	4:32pm

Blank Tests

Test	Status	Time
AIR	Pass	4:33pm


Printer Tests

Test	Status	Time
PRNT	Pass	4:33pm

CRC Tests

Test	Status	Time
COMP	Pass	4:33pm
CAL	Pass	4:33pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

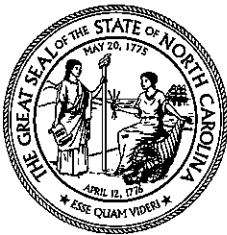
County Iredell Instrument Location Blue Mobile Unit 2

Instrument Serial No. 008973

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

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

I certify that on the 3 day of August, 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.



Chris Joy
Signature of Certifying Official

658

Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL BAT MOBILE UNIT 02 480

Serial Number: 008973

Test Date: 08/03/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

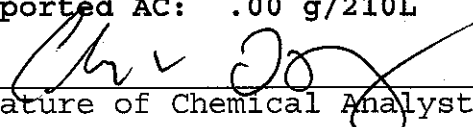
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	4:09pm
AIR BLK	.00	4:10pm
ACCY CHK	.08	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:16pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL BAT MOBILE UNIT 02 480

Serial Number: 008973 Test Record Number: 678

Test Date: 08/03/2019 Test Time: 4:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:19pm
FLO	Pass	4:19pm
FC	Pass	4:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:19pm
SRC	Pass	4:19pm
DET	Pass	4:19pm
BAR	Pass	4:19pm
BT	Pass	4:19pm

Blank Tests

Test	Status	Time
AIR	Pass	4:19pm

Printer Tests

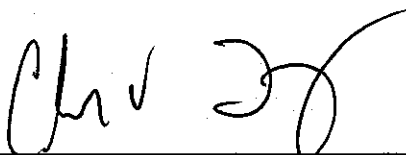
Test	Status	Time
PRNT	Pass	4:20pm

CRC Tests

Test	Status	Time
COMP	Pass	4:20pm
CAL	Pass	4:20pm

Preventive Maintenance

Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Iredell Instrument Location Iredell County SO
Instrument Serial No. 008809 201 E. Water St., Statesville

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

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

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



[Signature]
Signature of Certifying Official

656
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

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809

Test Date: 08/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902

Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	2:33pm
AIR BLK	.00	2:34pm
ACCY CHK	.08	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Record Number: 4224
Test Date: 08/05/2019 Test Time: 2:39pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:40pm
FLO	Pass	2:40pm
FC	Pass	2:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
BT	Pass	2:40pm

Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

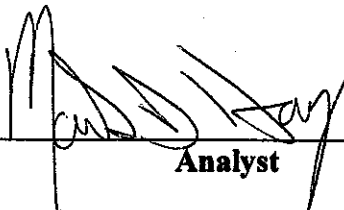
Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm

CRC Tests

Test	Status	Time
COMP	Pass	2:41pm
CAL	Pass	2:41pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

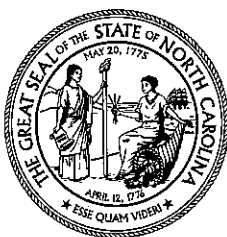
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Iredell Instrument Location Statesville PD
Instrument Serial No. 008619 300 S. Tradd St., Statesville

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

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

I certify that on the 22 day of August, 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.



Mark A. Kay
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619
Test Date: 08/22/2019

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

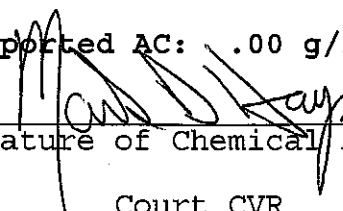
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	10:35am
AIR BLK	.00	10:36am
ACCY CHK	.07	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 1613
Test Date: 08/22/2019 Test Time: 10:43am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:43am
FLO	Pass	10:43am
FC	Pass	10:44am

Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

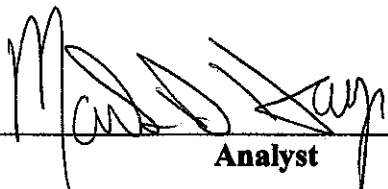
Printer Tests

Test	Status	Time
PRNT	Pass	10:44am

CRC Tests

Test	Status	Time
COMP	Pass	10:45am
CAL	Pass	10:45am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

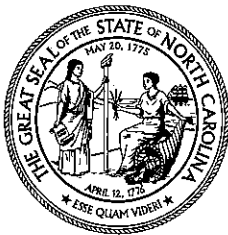
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Iredell Instrument Location Mooreville PD
Instrument Serial No. 008685 950 W. Iredell Ave., Mooreville

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 20 19, 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

656
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

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685
Test Date: 08/22/2019

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

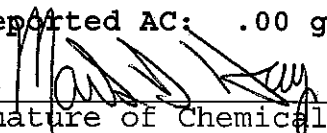
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

Lot Number: AG919901
Exp Date: 07/18/2021

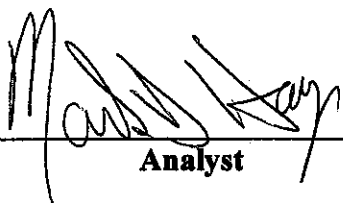
Test	g/210L	Time
DIAG	Pass	12:04pm
AIR BLK	.00	12:05pm
ACCY CHK	.07	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 3221
Test Date: 08/22/2019 Test Time: 12:11pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:12pm
FLO	Pass	12:12pm
FC	Pass	12:12pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm

CRC Tests

Test	Status	Time
COMP	Pass	12:13pm
CAL	Pass	12:13pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Jackson

Instrument Location Jackson Co. Jail

Instrument Serial No. 008722 Sylva, 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 2nd day of August, 20 19 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.



Orvil R. Arthur

Signature of Certifying Official

635

Certificate Number

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

Intox EC/IR-II: Subject Test

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722
Test Date: 08/02/2019

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

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

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

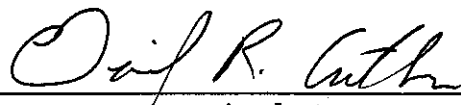
Lot Number: AG734102
Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	1:42pm
AIR BLK	.00	1:42pm
ACCY CHK	.07	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 1138
Test Date: 08/02/2019 Test Time: 1:49pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

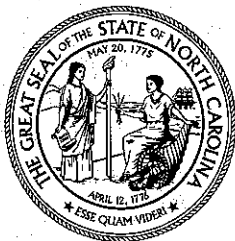
County Jackson Instrument Location Jackson Co. Jail

Instrument Serial No. 008708 Sylva, 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 2nd day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708
Test Date: 08/02/2019

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

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

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

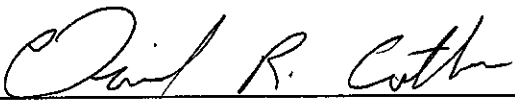
Lot Number: AG911506
Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	1:41pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 1457
Test Date: 08/02/2019 Test Time: 1:47pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm

CRC Tests

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

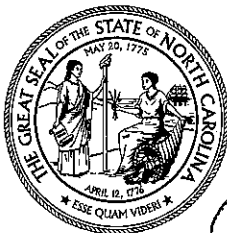
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Johnston Co. Instrument Location Johnston Co. Detention Center
Instrument Serial No. 008846 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 23th day of August, 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.



[Handwritten Signature]
Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846
Test Date: 08/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

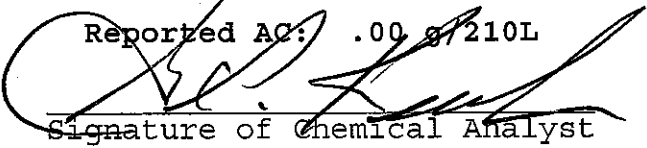
Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	3:50pm
AIR BLK	.00	3:51pm
ACCY CHK	.07	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Record Number: 4836
Test Date: 08/23/2019 Test Time: 3:57pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

Blank Tests

Test	Status	Time
AIR	Pass	3:58pm

Printer Tests

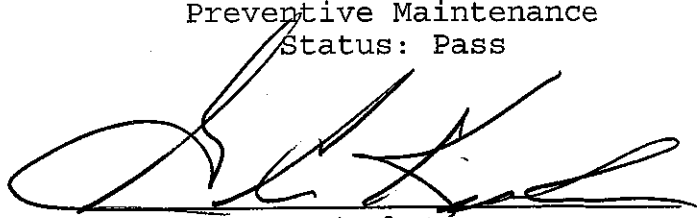
Test	Status	Time
PRNT	Pass	3:58pm

CRC Tests

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance

Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

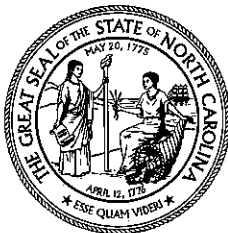
County Johnston Co. Instrument Location Johnston Co. Detention Center

Instrument Serial No. 008610 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 23rd day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810
Test Date: 08/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	3:40pm
AIR BLK	.00	3:41pm
ACCY CHK	.08	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

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

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Record Number: 3786
Test Date: 08/23/2019 Test Time: 3:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass	3:51pm
BAR	Pass	3:51pm
BT	Pass	3:51pm

Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

Printer Tests

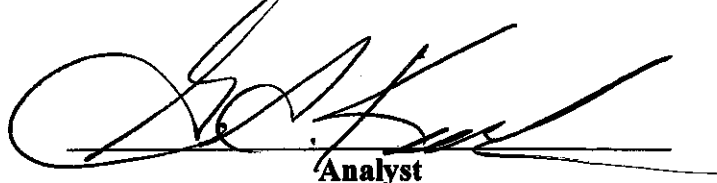
Test	Status	Time
PRNT	Pass	3:51pm

CRC Tests

Test	Status	Time
COMP	Pass	3:51pm
CAL	Pass	3:51pm

Preventive Maintenance

Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

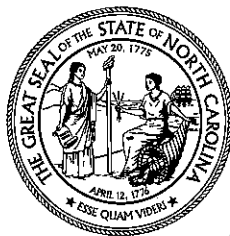
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Johnston Co. Instrument Location Clayton Police Dept.
Instrument Serial No. 008658 Clayton, NC

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

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

I certify that on the 23 day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658
Test Date: 08/23/2019

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

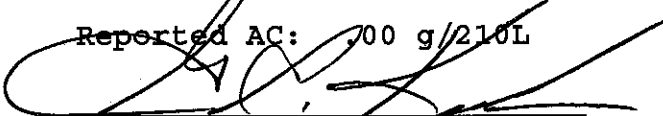
Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 07682E
Effective:
12/01/2017-12/01/2019

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

Lot Number: AG902201
Exp Date: 01/22/2021

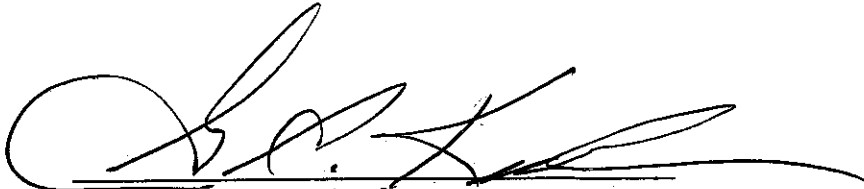
Test	g/210L	Time
DIAG	Pass	2:07pm
AIR BLK	.00	2:07pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Record Number: 1526
Test Date: 08/23/2019 Test Time: 2:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:16pm
FLO	Pass	2:16pm
FC	Pass	2:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
BT	Pass	2:16pm

Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

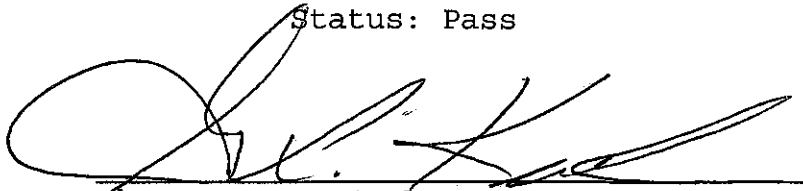
Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm

CRC Tests

Test	Status	Time
COMP	Pass	2:17pm
CAL	Pass	2:17pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

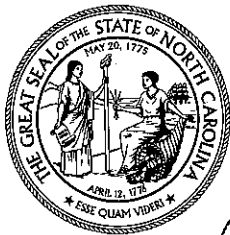
County Johnston Co. Instrument Location Selma Police Dept.

Instrument Serial No. 008595 Selma, NC

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

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

I certify that on the 28th day of August, 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.



[Handwritten Signature]
Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595
Test Date: 08/28/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

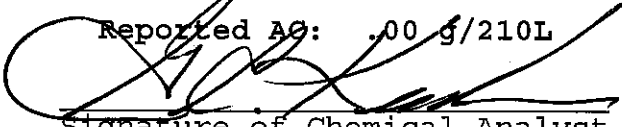
Test Type: Breath Test

Lot Number: AG911501

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	9:43am
AIR BLK	.00	9:43am
ACCY CHK	.07	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am

Reported AG: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 1376
Test Date: 08/28/2019 Test Time: 9:50am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:50am
FLO	Pass	9:50am
FC	Pass	9:50am

Temperature Tests

Test	Status	Time
FC1	Pass	9:50am
SRC	Pass	9:50am
DET	Pass	9:50am
BAR	Pass	9:50am
BT	Pass	9:50am

Blank Tests

Test	Status	Time
AIR	Pass	9:51am

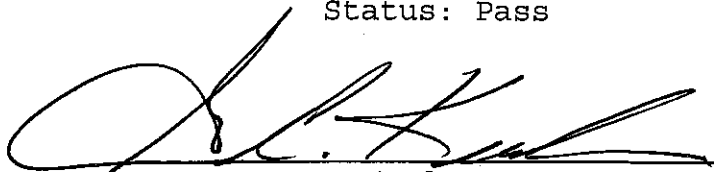
Printer Tests

Test	Status	Time
PRNT	Pass	9:51am

CRC Tests

Test	Status	Time
COMP	Pass	9:51am
CAL	Pass	9:51am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Johnston Co. Instrument Location Benson Police Dept.

Instrument Serial No. 009885 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 21th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885
Test Date: 08/27/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501

Exp Date: 04/25/2021

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885 Test Record Number: 569
Test Date: 08/27/2019 Test Time: 2:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:35pm
FLO	Pass	2:35pm
FC	Pass	2:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:35pm
SRC	Pass	2:35pm
DET	Pass	2:35pm
BAR	Pass	2:35pm
BT	Pass	2:35pm

Blank Tests

Test	Status	Time
AIR	Pass	2:36pm

Printer Tests

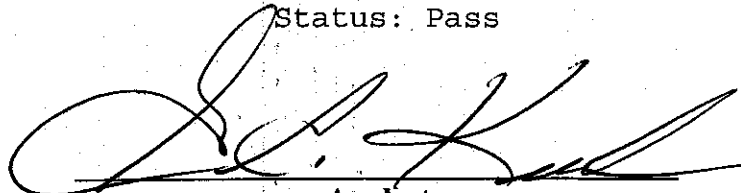
Test	Status	Time
PRNT	Pass	2:36pm

CRC Tests

Test	Status	Time
COMP	Pass	2:36pm
CAL	Pass	2:36pm

Preventive Maintenance

Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lee Co.

Instrument Location SANford Police Dept

Instrument Serial No. 008861

SANford, NC

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

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

I certify that on the 29th day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

654
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

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867
Test Date: 08/29/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

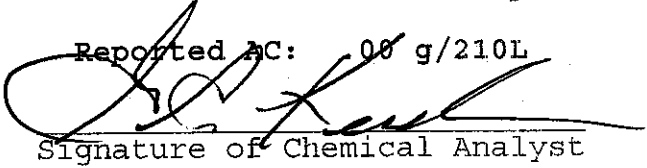
Lot Number: AG807102

Exp Date: 03/12/2020

Test g/210L Time

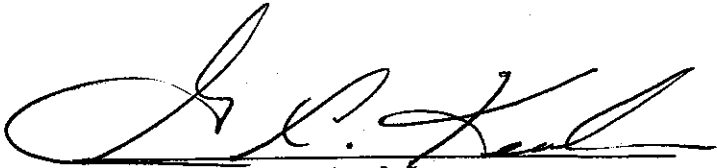
DIAG	Pass	12:56pm
AIR BLK	.00	12:57pm
ACCY CHK	.08	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm

Reported AC: 00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 1127
Test Date: 08/29/2019 Test Time: 1:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

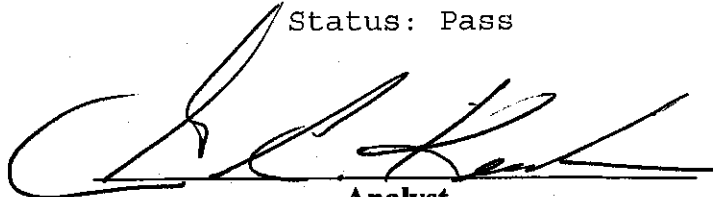
Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm

CRC Tests

Test	Status	Time
COMP	Pass	1:06pm
CAL	Pass	1:06pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

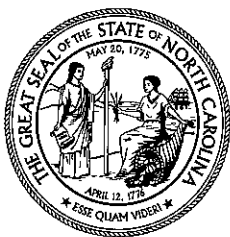
County Lee Co. Instrument Location Lee Co. Jail

Instrument Serial No. 008645 SANFORD, NC

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

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

I certify that on the 29th day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

654
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

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645

Test Date: 08/29/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

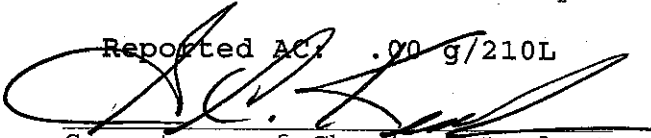
Lot Number: AG911501

Exp Date: 04/25/2021

Test g/210L Time

DIAG	Pass	12:03pm
AIR BLK	.00	12:04pm
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	12:09pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Record Number: 1962
Test Date: 08/29/2019 Test Time: 12:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:10pm
FLO	Pass	12:10pm
FC	Pass	12:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:10pm
SRC	Pass	12:10pm
DET	Pass	12:10pm
BAR	Pass	12:10pm
BT	Pass	12:10pm

Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

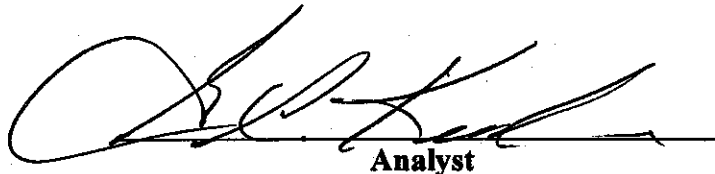
Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm

CRC Tests

Test	Status	Time
COMP	Pass	12:11pm
CAL	Pass	12:11pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

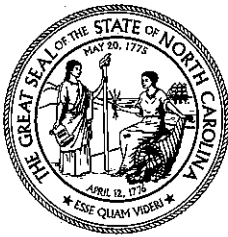
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Lincoln Instrument Location Lincoln County Courthouse
Instrument Serial No. 008823 #1 Court Square, Lincolnton

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

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

I certify that on the 9 day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823
Test Date: 08/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901

Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	8:35am
AIR BLK	.00	8:35am
ACCY CHK	.08	8:36am
AIR BLK	.00	8:37am
SUB TEST	.00	8:37am
AIR BLK	.00	8:38am
SUB TEST	.00	8:40am
AIR BLK	.00	8:41am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 1537
Test Date: 08/09/2019 Test Time: 8:41am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:41am
FLO	Pass	8:41am
FC	Pass	8:41am

Temperature Tests

Test	Status	Time
FC1	Pass	8:42am
SRC	Pass	8:42am
DET	Pass	8:42am
BAR	Pass	8:42am
BT	Pass	8:42am

Blank Tests

Test	Status	Time
AIR	Pass	8:42am

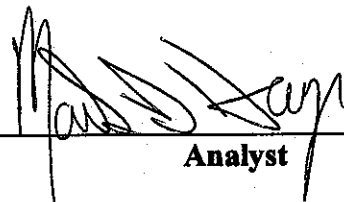
Printer Tests

Test	Status	Time
PRNT	Pass	8:42am

CRC Tests

Test	Status	Time
COMP	Pass	8:42am
CAL	Pass	8:42am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

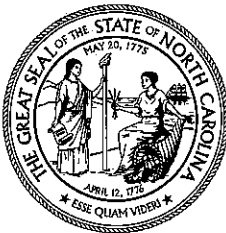
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Lincoln Instrument Location Lincoln County Courthouse
Instrument Serial No. 008827 #1 Court Square, Lincolnton

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

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

I certify that on the 9 day of August, 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.



M. D. [Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Date: 08/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401

Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	8:06am
AIR BLK	.00	8:07am
ACCY CHK	.07	8:07am
AIR BLK	.00	8:09am
SUB TEST	.00	8:09am
AIR BLK	.00	8:10am
SUB TEST	.00	8:12am
AIR BLK	.00	8:13am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 3215
Test Date: 08/09/2019 Test Time: 8:15am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:15am
FLO	Pass	8:15am
FC	Pass	8:16am

Temperature Tests

Test	Status	Time
FC1	Pass	8:16am
SRC	Pass	8:16am
DET	Pass	8:16am
BAR	Pass	8:16am
BT	Pass	8:16am

Blank Tests

Test	Status	Time
AIR	Pass	8:16am

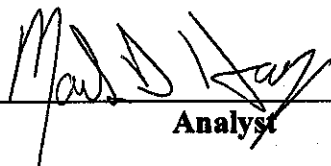
Printer Tests

Test	Status	Time
PRNT	Pass	8:16am

CRC Tests

Test	Status	Time
COMP	Pass	8:16am
CAL	Pass	8:16am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

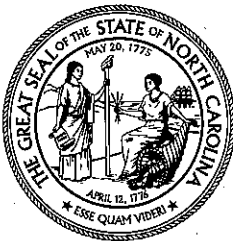
County Macon Instrument Location Macon Co. Jail

Instrument Serial No. 008789 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 30 day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789

Test Date: 08/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106

Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	11:50am
AIR BLK	.00	11:51am
ACCY CHK	.07	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:53am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 652
Test Date: 08/30/2019 Test Time: 11:57am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:58am

Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

Blank Tests

Test	Status	Time
AIR	Pass	11:58am

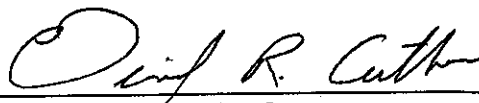
Printer Tests

Test	Status	Time
PRNT	Pass	11:58am

CRC Tests

Test	Status	Time
COMP	Pass	11:58am
CAL	Pass	11:58am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Macon Instrument Location Macon Co. Magistrate

Instrument Serial No. 008795 Highlands

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

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



Paul R. Cuth
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795
Test Date: 08/23/2019

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

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

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

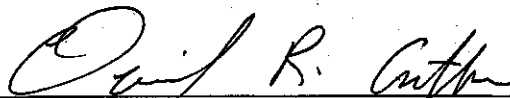
Lot Number: AG902106
Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	11:19am
AIR BLK	.00	11:20am
ACCY CHK	.07	11:21am
AIR BLK	.00	11:21am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Inbox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 476
Test Date: 08/23/2019 Test Time: 11:27am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:27am
FLO	Pass	11:27am
FC	Pass	11:27am

Temperature Tests

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
DET	Pass	11:27am
BAR	Pass	11:27am
BT	Pass	11:27am

Blank Tests

Test	Status	Time
AIR	Pass	11:28am

Printer Tests

Test	Status	Time
PRNT	Pass	11:28am

CRC Tests

Test	Status	Time
COMP	Pass	11:28am
CAL	Pass	11:28am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

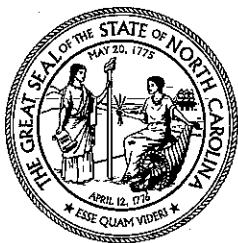
County MARTIN Instrument Location MARTIN Co. S.D.

Instrument Serial No. 008912 305 E. MAIN ST., WILLIAMSTON, N.C.

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

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

I certify that on the 30th day of AUGUST, 20 19 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

647
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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912

Test Date: 08/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENACE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901

Exp Date: 05/29/2020

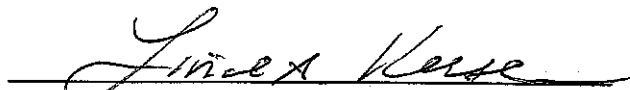
Test	g/210L	Time
DIAG	Pass	10:29am
AIR BLK	.00	10:30am
ACCY CHK	.07	10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am

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: 1520
Test Date: 08/30/2019 Test Time: 10:36am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:37am

Printer Tests

Test	Status	Time
PRNT	Pass	10:37am

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

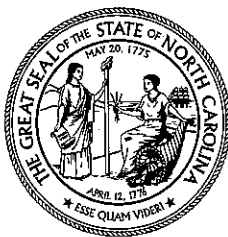
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Huntersville PD
Instrument Serial No. 008747 9630 Julian Clark Ave, Huntersville

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

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

I certify that on the 5 day of August, 20 19, 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

656
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747
Test Date: 08/05/2019

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

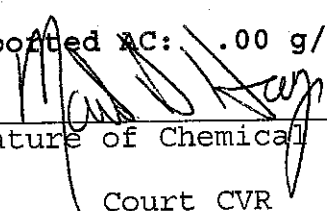
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	12:43pm
AIR BLK	.00	12:43pm
ACCY CHK	.08	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Record Number: 2733
Test Date: 08/05/2019 Test Time: 12:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:50pm
FLO	Pass	12:50pm
FC	Pass	12:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:50pm
SRC	Pass	12:50pm
DET	Pass	12:50pm
BAR	Pass	12:50pm
BT	Pass	12:50pm

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

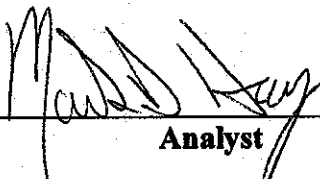
Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm

CRC Tests

Test	Status	Time
COMP	Pass	12:51pm
CAL	Pass	12:51pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

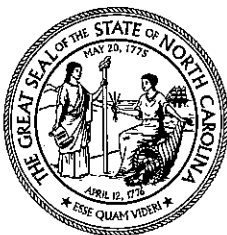
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location Pineville PD
Instrument Serial No. 008703 427 Main St. Pineville

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703
Test Date: 08/01/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904301

Exp Date: 02/21/2021

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK	.00	1:01pm
ACCY CHK	.08	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 5766
Test Date: 08/01/2019 Test Time: 1:08pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

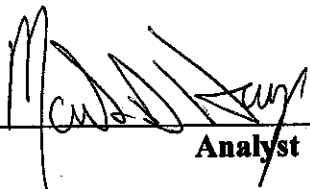
Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm

CRC Tests

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

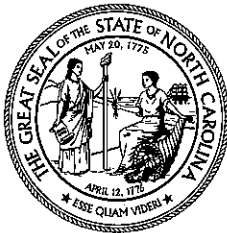
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location Pineville PD
Instrument Serial No. 008703 427 Main St, Pineville

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703
Test Date: 08/13/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

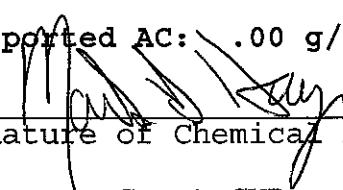
Test Type: Breath Test

Lot Number: AG904301

Exp Date: 02/21/2021

Test	g/210L	Time
DIAG	Pass	11:03am
AIR BLK	.00	11:03am
ACCY CHK	.08	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 5771

Test Date: 08/13/2019 Test Time: 11:10am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:10am
FLO	Pass	11:10am
FC	Pass	11:11am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:11am

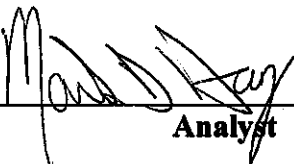
Printer Tests

Test	Status	Time
PRNT	Pass	11:11am

CRC Tests

Test	Status	Time
COMP	Pass	11:12am
CAL	Pass	11:12am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

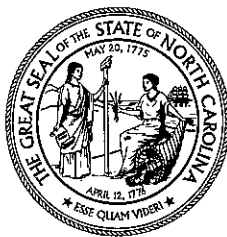
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location Matthews PD
Instrument Serial No. 008699 1201 Crews Rd., Matthews

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

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

I certify that on the 23 day of August, 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.



Mark D. Hay
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699
Test Date: 08/23/2019

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

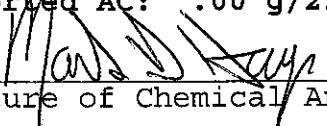
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

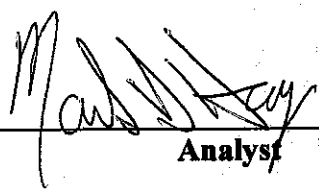
Test	g/210L	Time
DIAG	Pass	2:26pm
AIR BLK	.00	2:27pm
ACCY CHK	.08	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 2799

Test Date: 08/23/2019 Test Time: 2:33pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:34pm
FLO	Pass	2:34pm
FC	Pass	2:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

Blank Tests

Test	Status	Time
AIR	Pass	2:34pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm

CRC Tests

Test	Status	Time
COMP	Pass	2:35pm
CAL	Pass	2:35pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

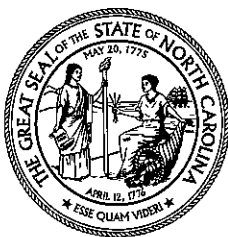
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location BAF MOBILE 3
Instrument Serial No. 008969 CMPO

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

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

I certify that on the 14th day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

659
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008969

Test Date: 08/14/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801

Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	10:17pm
AIR BLK	.00	10:17pm
ACCY CHK	.08	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:20pm
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

Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008969 Test Record Number: 287
Test Date: 08/14/2019 Test Time: 10:26pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:26pm
FLO	Pass	10:26pm
FC	Pass	10:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:27pm
SRC	Pass	10:27pm
DET	Pass	10:27pm
BAR	Pass	10:27pm
BT	Pass	10:27pm

Blank Tests

Test	Status	Time
AIR	Pass	10:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:27pm

CRC Tests

Test	Status	Time
COMP	Pass	10:27pm
CAL	Pass	10:27pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

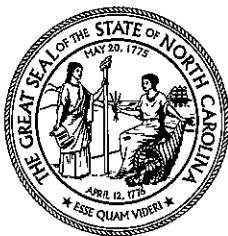
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MECKLENBURG Instrument Location BAF MOBILE 3
Instrument Serial No. 008968 CMPD

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

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

I certify that on the 14th day of August, 20 19, 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

659
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968

Test Date: 08/14/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

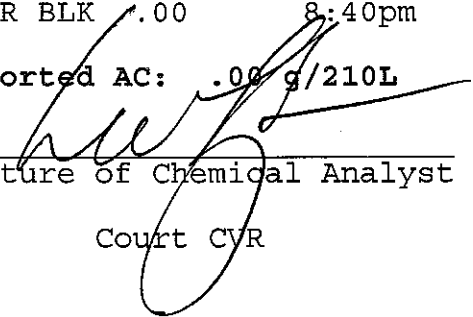
Test Type: Breath Test

Lot Number: AG814902

Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	8:34pm
AIR BLK	.00	8:35pm
ACCY CHK	.07	8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:37pm
AIR BLK	.00	8:38pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm

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

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968 Test Record Number: 294
Test Date: 08/14/2019 Test Time: 8:43pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:43pm
FLO	Pass	8:43pm
FC	Pass	8:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:44pm
SRC	Pass	8:44pm
DET	Pass	8:44pm
BAR	Pass	8:44pm
BT	Pass	8:44pm

Blank Tests

Test	Status	Time
AIR	Pass	8:44pm

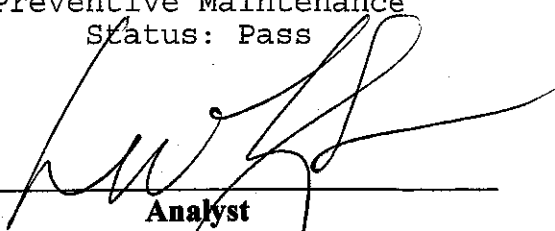
Printer Tests

Test	Status	Time
PRNT	Pass	8:44pm

CRC Tests

Test	Status	Time
COMP	Pass	8:44pm
CAL	Pass	8:44pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

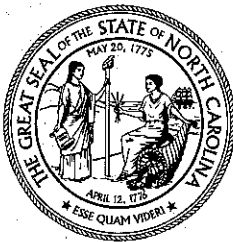
County WASH Instrument Location Rocky Mount PD

Instrument Serial No. 008740 #1 Government PL Rocky Mount, 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 6 day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

662
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: 08/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

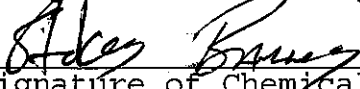
Test Type: Breath Test

Lot Number: AG805801

Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	9:11am
AIR BLK	.00	9:12am
ACCY CHK	.08	9:12am
AIR BLK	.00	9:13am
SUB TEST	.00	9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:16am
AIR BLK	.00	9:17am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 722
Test Date: 08/06/2019 Test Time: 9:18am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:18am
FLO	Pass	9:18am
FC	Pass	9:18am

Temperature Tests

Test	Status	Time
FCI	Pass	9:18am
SRC	Pass	9:18am
DET	Pass	9:18am
BAR	Pass	9:18am
BT	Pass	9:18am

Blank Tests

Test	Status	Time
AIR	Pass	9:19am

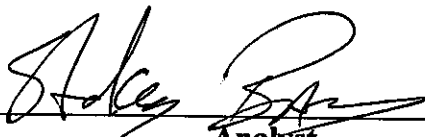
Printer Tests

Test	Status	Time
PRNT	Pass	9:19am

CRC Tests

Test	Status	Time
COMP	Pass	9:19am
CAL	Pass	9:19am

Preventive Maintenance
Status: Pass



Analyst

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 PD

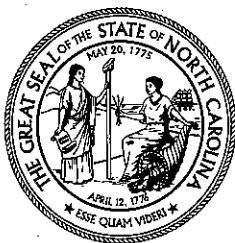
Instrument Serial No. 008741

#1 Government PL Rocky Mount, 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 6 day of August, 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.



Alex Bracy

Signature of Certifying Official

662

Certificate Number

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

Intox EC/IR-II: Subject Test

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741

Test Date: 08/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

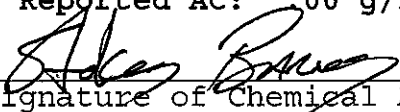
Test Type: Breath Test

Lot Number: AG734101

Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	9:02am
AIR BLK	.00	9:02am
ACCY CHK	.07	9:03am
AIR BLK	.00	9:04am
SUB TEST	.00	9:05am
AIR BLK	.00	9:06am
SUB TEST	.00	9:08am
AIR BLK	.00	9:09am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 2444
Test Date: 08/06/2019 Test Time: 9:09am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:09am
FLO	Pass	9:09am
FC	Pass	9:10am

Temperature Tests

Test	Status	Time
FC1	Pass	9:10am
SRC	Pass	9:10am
DET	Pass	9:10am
BAR	Pass	9:10am
BT	Pass	9:10am

Blank Tests

Test	Status	Time
AIR	Pass	9:10am

Printer Tests

Test	Status	Time
PRNT	Pass	9:10am

CRC Tests

Test	Status	Time
COMP	Pass	9:10am
CAL	Pass	9:10am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

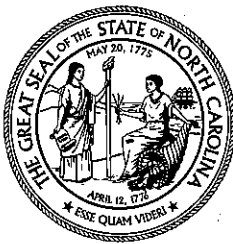
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County NASH Instrument Location Nashville PD
Instrument Serial No. 008630 501 S. BARROS ST Nashville, NC

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

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

I certify that on the 2 day of August, 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.



J. Ades Barros
Signature of Certifying Official

662
Certificate Number

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

Intox EC/IR-II: Subject Test

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630
Test Date: 08/02/2019

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

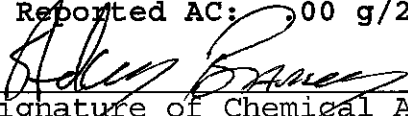
Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

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

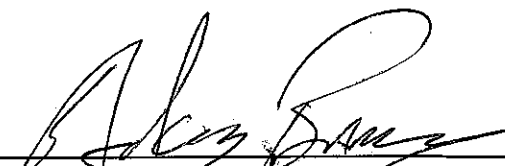
Test	g/210L	Time
DIAG	Pass	12:09pm
AIR BLK	.00	12:10pm
ACCY CHK	.08	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Record Number: 4501
Test Date: 08/02/2019 Test Time: 12:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:16pm
FLO	Pass	12:16pm
FC	Pass	12:16pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:17pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm

CRC Tests

Test	Status	Time
COMP	Pass	12:17pm
CAL	Pass	12:17pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County NASH Instrument Location 1147 MARBLE LANE 6

Instrument Serial No. 008776 ROCKY MOUNT

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 AUGUST, 2011, 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

663

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 BAT MOBILE UNIT 6 630

Serial Number: 008776

Test Date: 08/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Varnell, Bryon L.

Permit Number: 0036-1210

Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

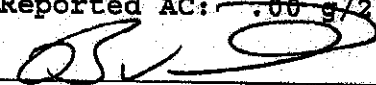
Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	7:41pm
AIR BLK	.00	7:42pm
ACCY CHK	.07	7:43pm
AIR BLK	.00	7:44pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:47pm
AIR BLK	.00	7:48pm

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


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008776 Test Record Number: 3529
Test Date: 08/30/2019 Test Time: 7:49pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:49pm
FLO	Pass	7:49pm
FC	Pass	7:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:49pm
SRC	Pass	7:49pm
DET	Pass	7:49pm
BAR	Pass	7:49pm
BT	Pass	7:49pm

Blank Tests

Test	Status	Time
AIR	Pass	7:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:50pm

CRC Tests

Test	Status	Time
COMP	Pass	7:50pm
CAL	Pass	7:50pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

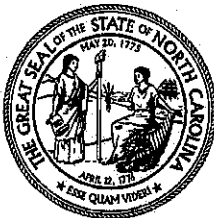
County NASH Instrument Location RAF MONZIE UNIT 6

Instrument Serial No. 009696 ROCKY MOUNT

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

663

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 BAT MOBILE UNIT 6 630

Serial Number: 008686
Test Date: 08/30/2019

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

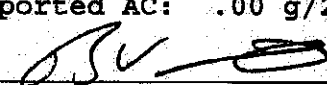
Analyst's Name: Varnell, Bryon L
Permit Number: 0036-1210
Effective:
08/14/2019-08/14/2021

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

Lot Number: AG807101
Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	10:09pm
AIR BLK	.00	10:10pm
ACCY CHK	.07	10:10pm
AIR BLK	.00	10:11pm
SUB TEST	.00	10:12pm
AIR BLK	.00	10:12pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008686 Test Record Number: 6635
Test Date: 08/30/2019 Test Time: 10:16pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:17pm
SRC	Pass	10:17pm
DET	Pass	10:17pm
BAR	Pass	10:17pm
BT	Pass	10:17pm

Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:17pm

CRC Tests

Test	Status	Time
COMP	Pass	10:18pm
CAL	Pass	10:18pm

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NORTHAMPTON Instrument Location NORTHAMPTON CO SHERIFF'S OFFICE

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

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 AUGUST, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



B. D. Smith
Signature of Certifying Official

637
Certificate Number

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

Intox EC/IR-II: Subject Test

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT
650

Serial Number: 008688
Test Date: 08/02/2019

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

Analyst's Name: Smith, Brian D
Permit Number: 0032-6608
Effective:
07/09/2019-07/09/2021

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


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

Test	g/210L	Time
DIAG	Pass	5:34pm
AIR BLK	.00	5:35pm
ACCY CHK	.07	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:37pm
AIR BLK	.00	5:38pm
SUB TEST	.00	5:40pm
AIR BLK	.00	5:41pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 822
Test Date: 08/02/2019 Test Time: 5:45pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:45pm
FLO	Pass	5:45pm
FC	Pass	5:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:45pm
SRC	Pass	5:45pm
DET	Pass	5:45pm
BAR	Pass	5:45pm
BT	Pass	5:45pm

Blank Tests

Test	Status	Time
AIR	Pass	5:46pm

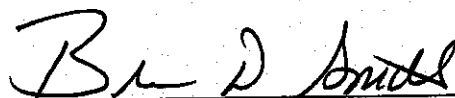
Printer Tests

Test	Status	Time
PRNT	Pass	5:46pm

CRC Tests

Test	Status	Time
COMP	Pass	5:46pm
CAL	Pass	5:46pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

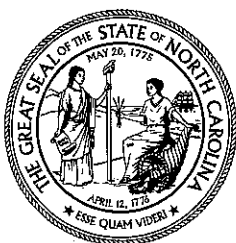
County NORTHAMPTON Instrument Location NORTHAMPTON Co. SHERIFF'S OFFICE

Instrument Serial No. 008607 105 W JEFFERSON ST. JACKSON, NC

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

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

I certify that on the 02 day of August, 20 19 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

637
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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT
650

Serial Number: 008607
Test Date: 08/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Smith, Brian D

Permit Number: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102

Exp Date: 03/12/2020

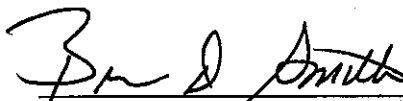
Test	g/210L	Time
DIAG	Pass	5:36pm
AIR BLK	.00	5:37pm
ACCY CHK	.07	5:38pm
AIR BLK	.00	5:39pm
SUB TEST	.00	5:39pm
AIR BLK	.00	5:40pm
SUB TEST	.00	5:42pm
AIR BLK	.00	5:43pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 1003
Test Date: 08/02/2019 Test Time: 5:45pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:45pm
FLO	Pass	5:45pm
FC	Pass	5:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:45pm
SRC	Pass	5:45pm
DET	Pass	5:45pm
BAR	Pass	5:45pm
BT	Pass	5:45pm

Blank Tests

Test	Status	Time
AIR	Pass	5:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:46pm

CRC Tests

Test	Status	Time
COMP	Pass	5:46pm
CAL	Pass	5:46pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ON SLOW Instrument Location DAT MOBILE UNIT 6

Instrument Serial No. 008779 HOLLY ROLFE

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

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

I certify that on the 31 day of AUGUST, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

663

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 BAT MOBILE UNIT 6 660

Serial Number: 008779

Test Date: 08/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Varnell, Bryon L

Permit Number: 0036-1210

Effective:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG911506

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	4:47pm
AIR BLK	.00	4:48pm
ACCY CHK	.07	4:48pm
AIR BLK	.00	4:49pm
SUB TEST	.00	4:50pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:52pm
AIR BLK	.00	4:53pm

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**

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008779 Test Record Number: 3578

Test Date: 08/31/2019 Test Time: 4:54pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:54pm
FLO	Pass	4:54pm
FC	Pass	4:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:54pm
SRC	Pass	4:54pm
DET	Pass	4:54pm
EAR	Pass	4:54pm
BT	Pass	4:54pm

Blank Tests

Test	Status	Time
AIR	Pass	4:55pm

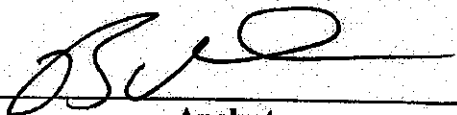
Printer Tests

Test	Status	Time
PRNT	Pass	4:55pm

CRC Tests

Test	Status	Time
COMP	Pass	4:55pm
CAL	Pass	4:55pm

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

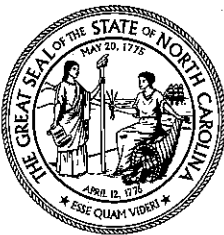
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Polk Instrument Location Polk County LEC
Instrument Serial No. 008694 164 Government Complex Dr. Columbus

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

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

I certify that on the 19 day of August, 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.



Mark D. Ryan
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008694
Test Date: 08/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401

Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	1:44pm
AIR BLK	.00	1:44pm
ACCY CHK	.07	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm
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

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008694 Test Record Number: 1490
Test Date: 08/19/2019 Test Time: 1:51pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
FLO	Pass	1:51pm
FC	Pass	1:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

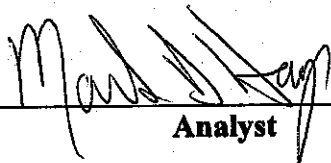
Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm

CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

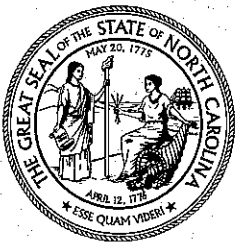
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Randolph Instrument Location Archdale
Instrument Serial No. 008791 Police Department

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

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

I certify that on the 23rd day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



C. Dale Farley
Signature of Certifying Official

655
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 ARCHDALE PD 750

Serial Number: 008791
Test Date: 08/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

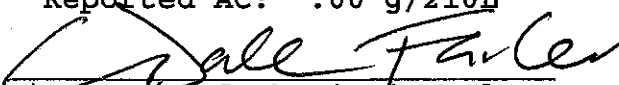
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.08	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 1333
Test Date: 08/23/2019 Test Time: 12:05pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:06pm
SRC	Pass	12:06pm
DET	Pass	12:06pm
BAR	Pass	12:06pm
BT	Pass	12:06pm

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm

CRC Tests

Test	Status	Time
COMP	Pass	12:07pm
CAL	Pass	12:07pm

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

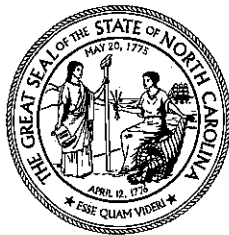
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County ROBESON Instrument Location PEMBROKE
Instrument Serial No. 008837 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 19 day of AUGUST, 20 19, 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.



Alan R. B...
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY PEMBROKE POLICE DEPT
770

Serial Number: 008837
Test Date: 08/19/2019

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
06/01/2019-06/01/2021

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

Lot Number: AG911506
Exp Date: 04/25/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 1048
Test Date: 08/19/2019 Test Time: 12:18pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:18pm
FLO	Pass	12:18pm
FC	Pass	12:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT	Pass	12:19pm

Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm

CRC Tests

Test	Status	Time
COMP	Pass	12:19pm
CAL	Pass	12:19pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

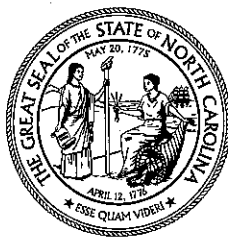
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County ROBESON Instrument Location RED SPRINGS
POLICE DEPT
Instrument Serial No. 008857

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

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

I certify that on the 19 day of AUGUST, 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.



Alan R. Bane
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857

Test Date: 08/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101

Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK	.00	2:24pm
ACCY CHK	.08	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 562
Test Date: 08/19/2019 Test Time: 2:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO	Pass	2:32pm
FC	Pass	2:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

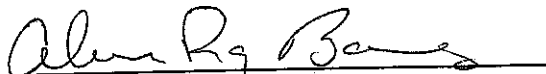
Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm

CRC Tests

Test	Status	Time
COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

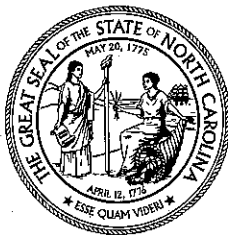
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ROBESON Instrument Location ST PAULS
Instrument Serial No. 008814 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 19 day of AUGUST, 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.



Alan R. Barnes
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814
Test Date: 08/19/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506


Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	3:50pm
AIR BLK	.00	3:50pm
ACCY CHK	.08	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Record Number: 674
Test Date: 08/19/2019 Test Time: 3:57pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

Blank Tests

Test	Status	Time
AIR	Pass	3:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm

CRC Tests

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

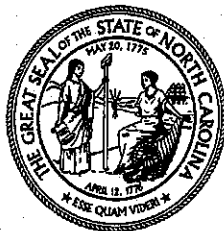
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Robeson Instrument Location BAT Mobile #5
Instrument Serial No. 8575 Lumber King, Inc.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

664
Certificate Number

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

MOBILE UNIT SUBJECT TEST

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008576

Test Date: 03/21/2019

Citation Number: MO000000-0

Subject's Name: NONE *None Preventive Maintenance*

Subject's Date of Birth: 11/11/1971

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE NONE

Type of Agency: RTA

Agency: DHS

Test Type: Breath Test

Lot Number: AC307101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	9:44pm
ATR BLK	00	9:45pm
ACCY CHK	08	9:46pm
ATR BLK	00	9:47pm
SUB TEST	00	9:47pm
ATR BLK	00	9:48pm
SUB TEST	00	9:50pm
ATR BLK	00	9:51pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court: CWR

Shane C. Todd
Analyst

Do not touch when performing Preventive Maintenance procedures

Robeson County Alcohol Branch

Department of Health and Human Services

1-800-377-0077

Intox EC/DRM Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575 Test Record Number: 1174

Test Date: 03/24/2019 Test Time: 9:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
MP	Pass	9:53pm
ALO	Pass	9:53pm
EC	Pass	9:53pm

Temperature Tests

Test	Status	Time
EC1	Pass	9:53pm
SFC	Pass	9:53pm
DET	Pass	9:53pm
BAR	Pass	9:53pm
BT	Pass	9:53pm

Blank Tests

Test	Status	Time
AMP	Pass	9:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm

CRC Tests

Test	Status	Time
COMP	Pass	9:54pm
CAL	Pass	9:54pm

Preventive Maintenance

Status: Pass



Analyst

The Analyst will perform Preventive Maintenance procedures

on the Intox EC/DRM for Alcohol Branch

Department of Health and Human Services

03/24/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

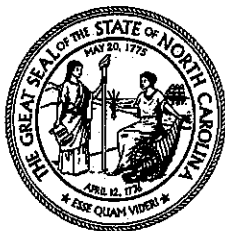
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Robeson Instrument Location BAT Mobile #5
Instrument Serial No. 8826 Lumberton, NC

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

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

I certify that on the 24 day of August, 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

664
Certificate Number

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

INDEX: EC/IR-11: Subject Test

ROBERTSON COUNTY BAT MORTALITY UNIT 5-770

Serial Number: 008826

Test Date: 08/24/2019

Citation Number: M0000000-0

Subject's Name: NONE, None Preventive Maintenance

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test g/210L Time

DTAC	Pass	9:40pm
AIR BLK	.00	9:41pm
AGCY CHK	.03	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:46pm
AIR BLK	.00	9:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Count: CYP

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8119
Test Date: 08/24/2019 Test Time: 9:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:49pm
FLO	Pass	9:49pm
FC	Pass	9:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:49pm
SRC	Pass	9:49pm
DET	Pass	9:49pm
BAR	Pass	9:49pm
BT	Pass	9:49pm

Blank Tests

Test	Status	Time
AIR	Pass	9:50pm

Printer Tests

Test	Status	Time
BRNT	Pass	9:50pm

CRC Tests

Test	Status	Time
COMP	Pass	9:50pm
CAL	Pass	9:50pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

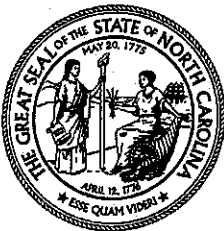
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Robeson Instrument Location BAT mobile #5
Instrument Serial No. 8707 Lumberton, 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 24 day of August, 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

664
Certificate Number

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

Lawrence AR-110 Subject Test

ROBERTSON COUNTY EAST MOBILE UNIT 5 770

Serial Number: 008707
Test Date: 03/24/2019

Citation Number: M0000000-0

Subject's Name: ~~NONE~~, *NONE Preventive Maintenance*

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TODD, SHANE, C

Permit Number: 11391E

Effective:

07/27/2013-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHR

Test Type: Branch Test

Lot Number: AC307101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	9:48pm
AIR BLK	.00	9:49pm
ACCY CHK	.03	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:54pm

Reported As: .00 g/210L

Signature of Chemical Analyst

Conc: CVR

Shane C. Todd
Analyst

Chemical Analyst Performing Preventive Maintenance procedures

Consent Form for Alcohol Branch

Approved for Alcohol Branch Human Services

Rev 12/2007

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008707 Test Record Number: 2593
Test Date: 08/24/2019 Test Time: 10:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:06pm
SRC	Pass	10:06pm
DET	Pass	10:06pm
BAR	Pass	10:06pm
BT	Pass	10:06pm

Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm

CRC Tests

Test	Status	Time
COMP	Pass	10:06pm
CAL	Pass	10:06pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

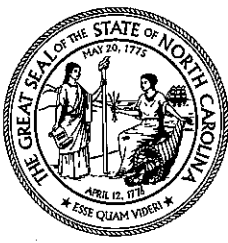
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rockingham Instrument Location Rockingham
Instrument Serial No. 008796 County Jail
Wentworth, 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 August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL
780

Serial Number: 008796
Test Date: 08/19/2019

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

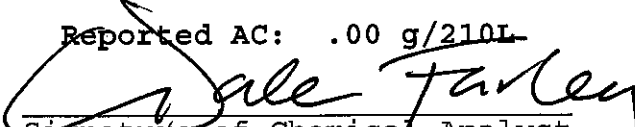
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

Lot Number: AG919901
Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:18pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 2848
Test Date: 08/19/2019 Test Time: 1:25pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:26pm
FLO	Pass	1:26pm
FC	Pass	1:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
BT	Pass	1:26pm

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

Test	Status	Time
COMP	Pass	1:27pm
CAL	Pass	1:27pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

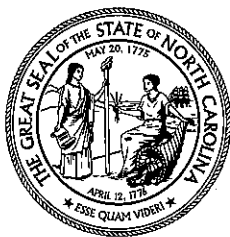
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rockingham Instrument Location Eden Police
Instrument Serial No. 008636 Department

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

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

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



[Signature]
Signature of Certifying Official

655
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 EDEN PD 780

Serial Number: 008636
Test Date: 08/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	4:20pm
AIR BLK	.00	4:21pm
ACCY CHK	.08	4:21pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:26pm
AIR BLK	.00	4:27pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 1983
Test Date: 08/19/2019 Test Time: 4:28pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:28pm
FLO	Pass	4:28pm
FC	Pass	4:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:28pm
SRC	Pass	4:28pm
DET	Pass	4:28pm
BAR	Pass	4:28pm
BT	Pass	4:28pm

Blank Tests

Test	Status	Time
AIR	Pass	4:29pm

Printer Tests

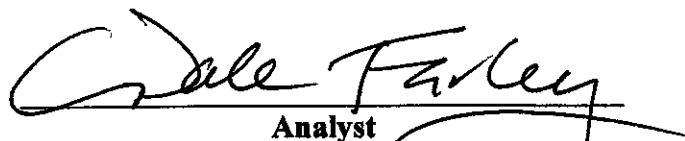
Test	Status	Time
PRNT	Pass	4:29pm

CRC Tests

Test	Status	Time
COMP	Pass	4:29pm
CAL	Pass	4:29pm

Preventive Maintenance

Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Rockingham

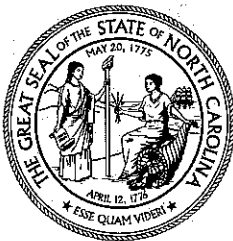
Instrument Location Reidsville

Instrument Serial No. 008784 Police Department

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

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

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



Wade Farver
Signature of Certifying Official

655
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 REIDSVILLE PD 780

Serial Number: 008784
Test Date: 08/20/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

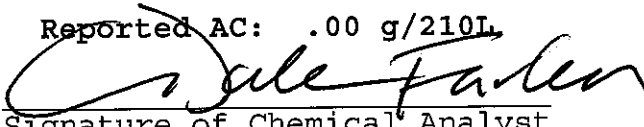
Test Type: Breath Test

Lot Number: AG911506

Exp Date: 04/25/2021

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 1158
Test Date: 08/20/2019 Test Time: 11:52am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:52am
FLO	Pass	11:52am
FC	Pass	11:52am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Printer Tests

Test	Status	Time
PRNT	Pass	11:53am

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Rockingham Instrument Location Madison
Instrument Serial No. 008802 Police Department

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

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

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



[Signature] Signature of Certifying Official 655 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: 08/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

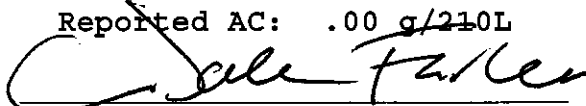
Test Type: Breath Test

Lot Number: AG831801

Exp Date: 11/14/2020

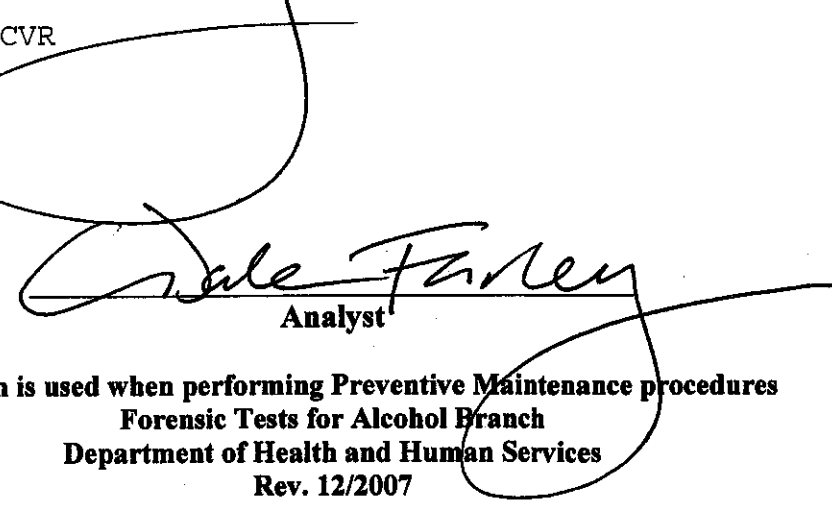
Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:02pm
ACCY CHK	.08	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 831
Test Date: 08/20/2019 Test Time: 2:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:12pm
FLO	Pass	2:12pm
FC	Pass	2:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

Blank Tests

Test	Status	Time
AIR	Pass	2:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm

CRC Tests

Test	Status	Time
COMP	Pass	2:13pm
CAL	Pass	2:13pm

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

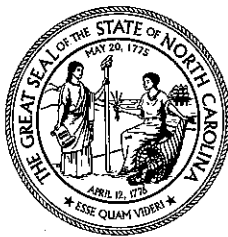
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rowan Instrument Location China Grove
Instrument Serial No. 008862 Police Department

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

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

I certify that on the 8 day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862
Test Date: 08/08/2019

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

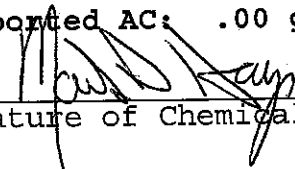
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

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	11:13am
AIR BLK	.00	11:14am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Record Number: 870
Test Date: 08/08/2019 Test Time: 11:15am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:16am
FLO	Pass	11:16am
FC	Pass	11:16am

Temperature Tests

Test	Status	Time
FC1	Pass	11:16am
SRC	Pass	11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
BT	Pass	11:16am

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

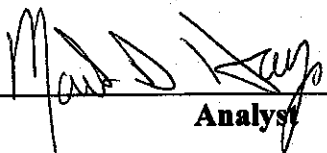
Printer Tests

Test	Status	Time
PRNT	Pass	11:17am

CRC Tests

Test	Status	Time
COMP	Pass	11:17am
CAL	Pass	11:17am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Rowan Instrument Location Salisbury
Instrument Serial No. 008835 Police Department

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

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

I certify that on the 8 day of August, 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.



M. A. Hays
Signature of Certifying Official

656

Certificate Number

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

Intox EC/IR-II: Subject Test

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835
Test Date: 08/08/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

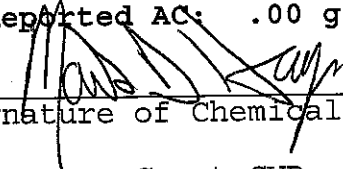
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	12:06pm
AIR BLK	.00	12:06pm
ACCY CHK	.08	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 2350
Test Date: 08/08/2019 Test Time: 12:13pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:13pm
FLO	Pass	12:13pm
FC	Pass	12:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
DET	Pass	12:13pm
BAR	Pass	12:13pm
BT	Pass	12:13pm

Blank Tests

Test	Status	Time
AIR	Pass	12:14pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm

CRC Tests

Test	Status	Time
COMP	Pass	12:14pm
CAL	Pass	12:14pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

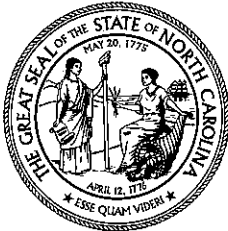
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rowan Instrument Location Salisbury
Instrument Serial No. 008868 Police Department

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

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

I certify that on the 8 day of August, 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.



Maria J. [Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868
Test Date: 08/08/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

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

Reported AC: 00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 3074
Test Date: 08/08/2019 Test Time: 12:17pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:18pm
SRC	Pass	12:18pm
DET	Pass	12:18pm
BAR	Pass	12:18pm
BT	Pass	12:18pm

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

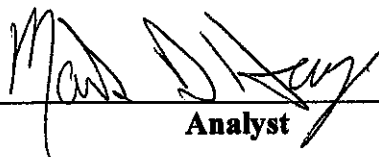
Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm

CRC Tests

Test	Status	Time
COMP	Pass	12:19pm
CAL	Pass	12:19pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

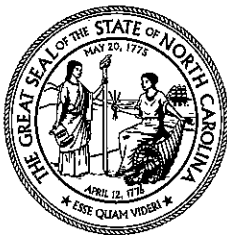
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rowan Instrument Location BAR MOBILE 3
Instrument Serial No. 008968 NCWRC

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

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

I certify that on the 10th day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

659
Certificate Number

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

Intox EC/IR-II: Subject Test

ROWAN BAT MOBILE UNIT 3 790

Serial Number: 008968

Test Date: 08/10/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902

Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	4:19pm
AIR BLK	.00	4:20pm
ACCY CHK	.07	4:20pm
AIR BLK	.00	4:21pm
SUB TEST	.00	4:22pm
AIR BLK	.00	4:23pm
SUB TEST	.00	4:25pm
AIR BLK	.00	4:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Intox EC/IR-II: Preventive Maintenance

ROWAN BAT MOBILE UNIT 3 790

Serial Number: 008968 Test Record Number: 290
Test Date: 08/10/2019 Test Time: 4:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:30pm
FLO	Pass	4:30pm
FC	Pass	4:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:31pm
SRC	Pass	4:31pm
DET	Pass	4:31pm
BAR	Pass	4:31pm
BT	Pass	4:31pm

Blank Tests

Test	Status	Time
AIR	Pass	4:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:31pm

CRC Tests

Test	Status	Time
COMP	Pass	4:31pm
CAL	Pass	4:31pm

Preventive Maintenance
Status: Pass



Analyst

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 County SO
Instrument Serial No. 008914 400 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 19 day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

RUTHERFORD COUNTY RUTHERFORD COUNTY SO
800

Serial Number: 008914
Test Date: 08/19/2019

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

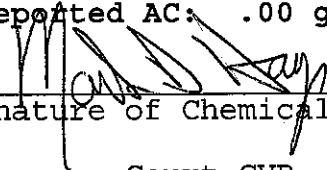
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	10:24am
AIR BLK	.00	10:25am
ACCY CHK	.08	10:26am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Record Number: 2114
Test Date: 08/19/2019 Test Time: 10:32am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:32am

Temperature Tests

Test	Status	Time
FC1	Pass	10:32am
SRC	Pass	10:32am
DET	Pass	10:32am
BAR	Pass	10:32am
BT	Pass	10:32am

Blank Tests

Test	Status	Time
AIR	Pass	10:33am


Printer Tests

Test	Status	Time
PRNT	Pass	10:33am

CRC Tests

Test	Status	Time
COMP	Pass	10:33am
CAL	Pass	10:33am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

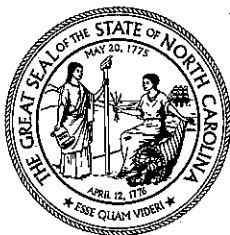
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rutherford Instrument Location Forest City PD
Instrument Serial No. 0088889 187 S. Church St., Forest City

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
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 FOREST CITY PD 800

Serial Number: 008889
Test Date: 08/19/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

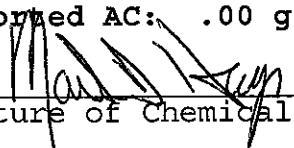
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	11:02am
AIR BLK	.00	11:03am
ACCY CHK	.07	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 858

Test Date: 08/19/2019 Test Time: 11:09am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:10am
FLO	Pass	11:10am
FC	Pass	11:10am

Temperature Tests

Test	Status	Time
FC1	Pass	11:10am
SRC	Pass	11:10am
DET	Pass	11:10am
BAR	Pass	11:10am
BT	Pass	11:10am

Blank Tests

Test	Status	Time
AIR	Pass	11:11am


Printer Tests

Test	Status	Time
PRNT	Pass	11:11am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

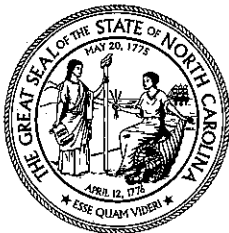
County SAMPSON Instrument Location SAMPSON COUNTY

Instrument Serial No. 008825 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 27 day of AUGUST, 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.



Alan Rq Baus
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

SAMPSON COUNTY SHERIFF'S OFFICE 810

Serial Number: 008825

Test Date: 08/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902202

Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	8:49am
AIR BLK	.00	8:49am
ACCY CHK	.08	8:50am
AIR BLK	.00	8:51am
SUB TEST	.00	8:52am
AIR BLK	.00	8:53am
SUB TEST	.00	8:54am
AIR BLK	.00	8:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY SHERIFF'S OFFICE 810

Serial Number: 008825 Test Record Number: 2738
Test Date: 08/27/2019 Test Time: 8:56am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:56am
FLO	Pass	8:56am
FC	Pass	8:57am

Temperature Tests

Test	Status	Time
FC1	Pass	8:57am
SRC	Pass	8:57am
DET	Pass	8:57am
BAR	Pass	8:57am
BT	Pass	8:57am

Blank Tests

Test	Status	Time
AIR	Pass	8:57am

Printer Tests

Test	Status	Time
PRNT	Pass	8:57am

CRC Tests

Test	Status	Time
COMP	Pass	8:57am
CAL	Pass	8:57am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County SAMPSON Instrument Location SAMPSON COUNTY

Instrument Serial No. 008877 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 27 day of AUGUST, 20 19, 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.



Alan Rg Bano
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

SAMPSON COUNTY SHERIFF'S OFFICE 810

Serial Number: 008877

Test Date: 08/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG831801

Exp Date: 11/14/2020

Test	g/210L	Time
DIAG	Pass	8:55am
AIR BLK	.00	8:55am
ACCY CHK	.08	8:56am
AIR BLK	.00	8:57am
SUB TEST	.00	8:57am
AIR BLK	.00	8:58am
SUB TEST	.00	9:00am
AIR BLK	.00	9:01am

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

SAMPSON COUNTY SHERIFF'S OFFICE 810

Serial Number: 008877 Test Record Number: 3090
Test Date: 08/27/2019 Test Time: 9:01am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:02am
FLO	Pass	9:02am
FC	Pass	9:02am

Temperature Tests

Test	Status	Time
FC1	Pass	9:02am
SRC	Pass	9:02am
DET	Pass	9:02am
BAR	Pass	9:02am
BT	Pass	9:02am

Blank Tests

Test	Status	Time
AIR	Pass	9:02am

Printer Tests

Test	Status	Time
PRNT	Pass	9:03am

CRC Tests

Test	Status	Time
COMP	Pass	9:03am
CAL	Pass	9:03am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

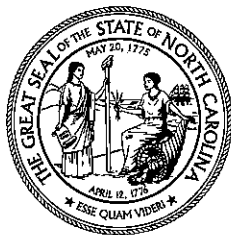
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Stanly Instrument Location Stanly County SO
Instrument Serial No. 008842 126 S 3rd Street, Albemarle

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

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

I certify that on the 1st day of August, 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.



Joseph E. [Signature]
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842
Test Date: 08/01/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 00356

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

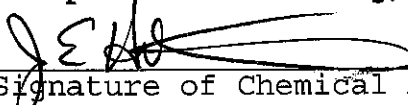
Test Type: Breath Test

Lot Number: AG721401

Exp Date: 08/02/2019

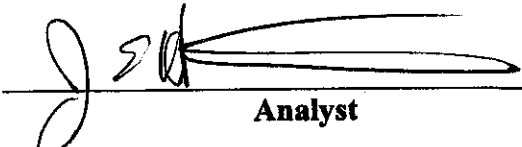
Test	g/210L	Time
DIAG	Pass	9:51am
AIR BLK	.00	9:51am
ACCY CHK	.08	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:56am
AIR BLK	.00	9:56am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 2261
Test Date: 08/01/2019 Test Time: 9:57am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:57am
FLO	Pass	9:57am
FC	Pass	9:57am

Temperature Tests

Test	Status	Time
FC1	Pass	9:57am
SRC	Pass	9:57am
DET	Pass	9:57am
BAR	Pass	9:57am
BT	Pass	9:57am

Blank Tests

Test	Status	Time
AIR	Pass	9:58am

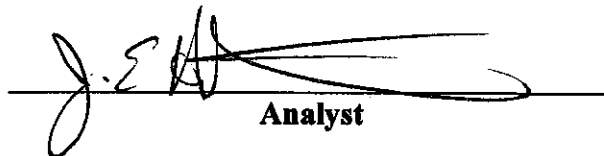
Printer Tests

Test	Status	Time
PRNT	Pass	9:58am

CRC Tests

Test	Status	Time
COMP	Pass	9:58am
CAL	Pass	9:58am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

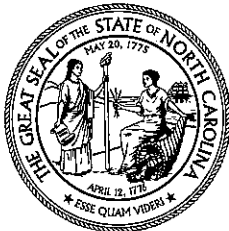
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Stanly Instrument Location Stanly County SO
Instrument Serial No. 008910 1265. 3rd St. Albemarle

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

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

I certify that on the 6 day of August, 20 19, 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

656
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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008910
Test Date: 08/06/2019

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

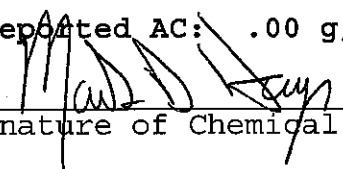
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

Lot Number: AG919901
Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	10:51am
AIR BLK	.00	10:52am
ACCY CHK	.08	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008910 Test Record Number: 904
Test Date: 08/06/2019 Test Time: 11:00am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
FC	Pass	11:00am

Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DET	Pass	11:00am
BAR	Pass	11:00am
BT	Pass	11:00am

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

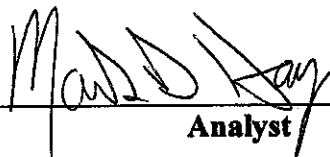
Printer Tests

Test	Status	Time
PRNT	Pass	11:01am

CRC Tests

Test	Status	Time
COMP	Pass	11:01am
CAL	Pass	11:01am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

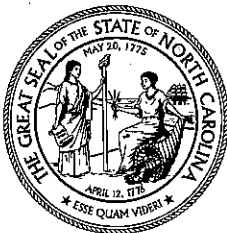
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Stanly Instrument Location Stanly County SO
Instrument Serial No. 008927 126 S. 3rd St., Albemarle

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

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

I certify that on the 6 day of August, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008927
Test Date: 08/06/2019

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

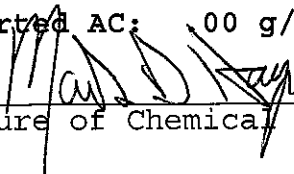
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008927 Test Record Number: 556
Test Date: 08/06/2019 Test Time: 11:07am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:07am
FLO	Pass	11:07am
FC	Pass	11:07am

Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
DET	Pass	11:07am
BAR	Pass	11:07am
BT	Pass	11:07am

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

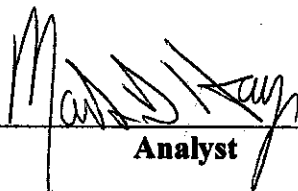
Printer Tests

Test	Status	Time
PRNT	Pass	11:08am

CRC Tests

Test	Status	Time
COMP	Pass	11:08am
CAL	Pass	11:08am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

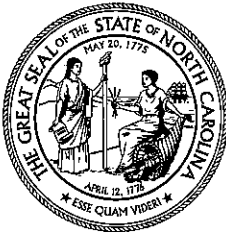
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Stanly Instrument Location Locust PD
Instrument Serial No. 008706 186 Roy Kennedy Dr., Locust

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

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

I certify that on the 23 day of August, 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.



Mark D. Ray
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

STANLY LOCUST PD 830

Serial Number: 008706

Test Date: 08/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

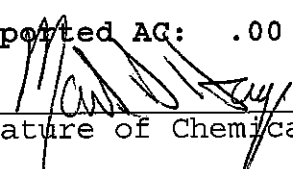
Test Type: Breath Test

Lot Number: AG805801

Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:30am
ACCY CHK	.08	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AG: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

STANLY LOCUST PD 830

Serial Number: 008706 Test Record Number: 3528
Test Date: 08/23/2019 Test Time: 11:36am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

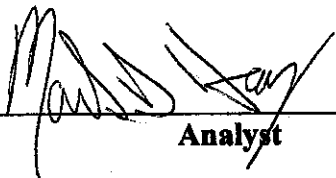
Printer Tests

Test	Status	Time
PRNT	Pass	11:38am

CRC Tests

Test	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

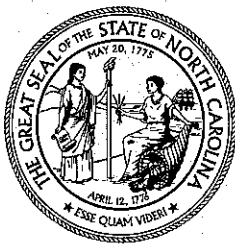
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Stokes Instrument Location King
Instrument Serial No. 008610 Police Department

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

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

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



C. Dale Farley
Signature of Certifying Official

655
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

STOKES COUNTY KING P D 840

Serial Number: 008610

Test Date: 08/22/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

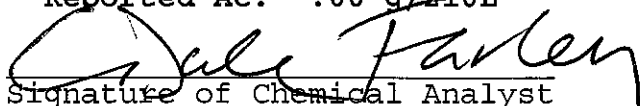
Test Type: Breath Test

Lot Number: AG821401

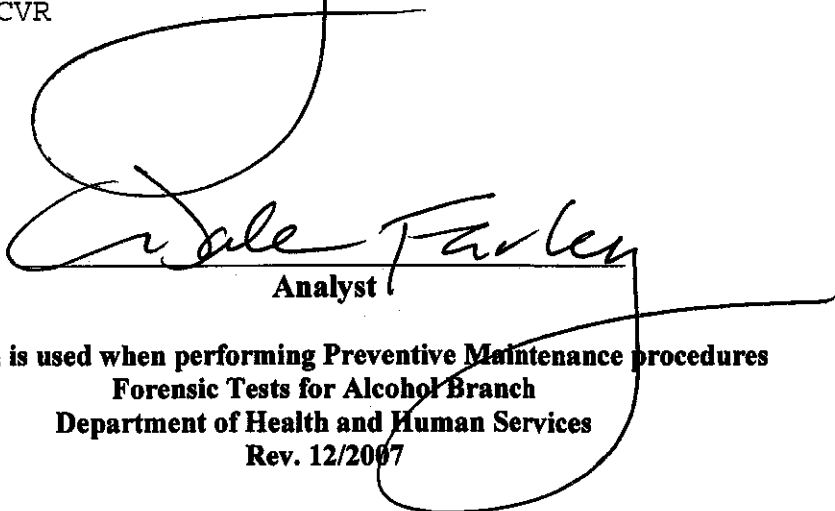
Exp Date: 08/02/2020

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY KING P D 840

Serial Number: 008610 Test Record Number: 2066
Test Date: 08/22/2019 Test Time: 11:53am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

Test	Status	Time
PRNT	Pass	11:54am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

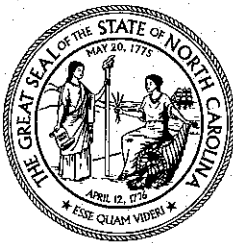
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Stokes Instrument Location Stokes County
Instrument Serial No 08596 Jail
Danbury, N.C.

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

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

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



Gale Taylor
Signature of Certifying Official

655
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

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Date: 08/20/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801

Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	3:38pm
AIR BLK	.00	3:39pm
ACCY CHK	.08	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 1103
Test Date: 08/20/2019 Test Time: 3:47pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:48pm

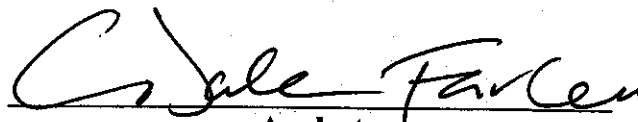
Printer Tests

Test	Status	Time
PRNT	Pass	3:48pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

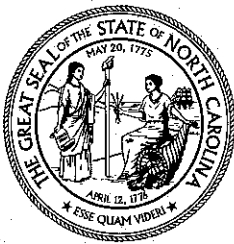
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Surry Instrument Location Surry
Instrument Serial No. 008934 County Jail
Dobson, N.C.

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

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

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



C. Dale Farley
Signature of Certifying Official

655
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: 08/22/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

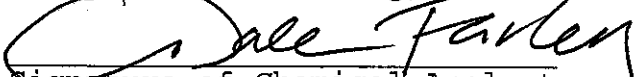
Test Type: Breath Test

Lot Number: AG821401

Exp Date: 08/02/2020

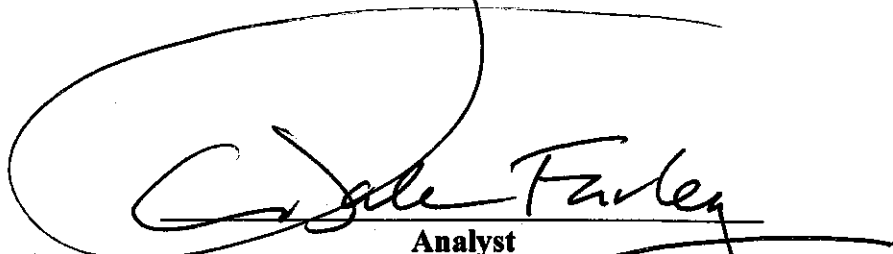
Test	g/210L	Time
DIAG	Pass	9:51am
AIR BLK	.00	9:52am
ACCY CHK	.07	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 2054
Test Date: 08/22/2019 Test Time: 9:59am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

Temperature Tests

Test	Status	Time
FC1	Pass	10:00am
SRC	Pass	10:00am
DET	Pass	10:00am
BAR	Pass	10:00am
BT	Pass	10:00am

Blank Tests

Test	Status	Time
AIR	Pass	10:00am

Printer Tests

Test	Status	Time
PRNT	Pass	10:00am

CRC Tests

Test	Status	Time
COMP	Pass	10:00am
CAL	Pass	10:00am

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

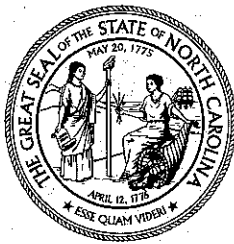
County Surry Instrument Location ELKIN

Instrument Serial No. 008926 Police Department

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

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

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



Wade Farley
Signature of Certifying Official

655
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 ELKIN PD 850

Serial Number: 008926
Test Date: 08/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

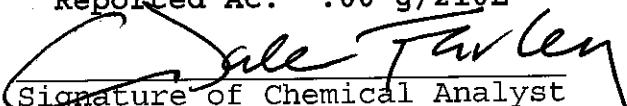
Test Type: Breath Test

Lot Number: AG734102

Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	4:49pm
AIR BLK	.00	4:49pm
ACCY CHK	.08	4:50pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:52pm
AIR BLK	.00	4:53pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 863
Test Date: 08/26/2019 Test Time: 4:56pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:57pm
FLO	Pass	4:57pm
FC	Pass	4:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:57pm
SRC	Pass	4:57pm
DET	Pass	4:57pm
BAR	Pass	4:57pm
BT	Pass	4:57pm

Blank Tests

Test	Status	Time
AIR	Pass	4:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:58pm

CRC Tests

Test	Status	Time
COMP	Pass	4:58pm
CAL	Pass	4:58pm

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

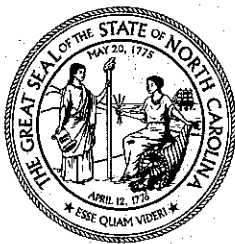
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Surry Instrument Location Mount Airy
Instrument Serial No. 008943 Police Department

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

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

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



Dale Faden
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943
Test Date: 08/21/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

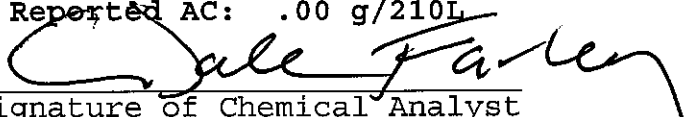
Test Type: Breath Test

Lot Number: AG821401

Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	10:45am
AIR BLK	.00	10:46am
ACCY CHK	.08	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

**This form is used when 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: 2135
Test Date: 08/21/2019 Test Time: 10:52am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53am
FC	Pass	10:53am

Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

Blank Tests

Test	Status	Time
AIR	Pass	10:53am

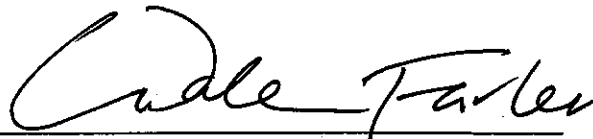
Printer Tests

Test	Status	Time
PRNT	Pass	10:53am

CRC Tests

Test	Status	Time
COMP	Pass	10:54am
CAL	Pass	10:54am

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

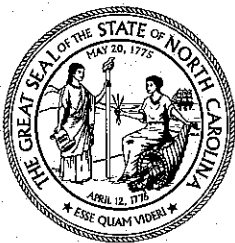
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Surry Instrument Location P. lot Mountain
Instrument Serial No. 008938 Police Department

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

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

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



[Signature]
Signature of Certifying Official

655
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 PILOT MOUNTAIN PD 850

Serial Number: 008938
Test Date: 08/21/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101

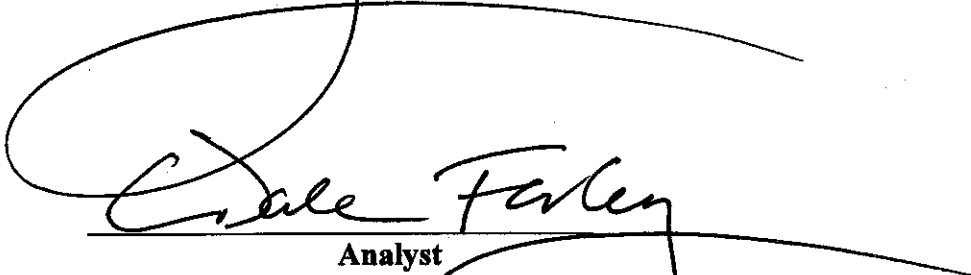
Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	3:13pm
AIR BLK	.00	3:14pm
ACCY CHK	.07	3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 645
Test Date: 08/21/2019 Test Time: 3:21pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

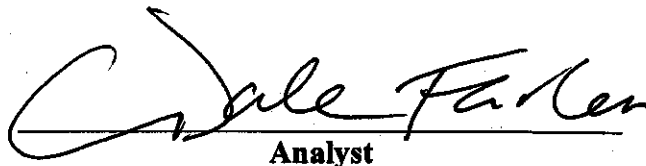
Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

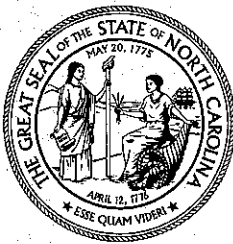
County Swain Instrument Location Cherokee Tribal Det.

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



David R. Cutler
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782
Test Date: 08/01/2019

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

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

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

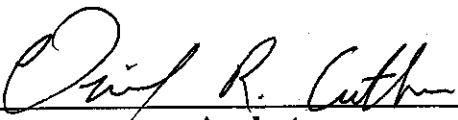
Lot Number: AG807101
Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	2:37pm
AIR BLK	.00	2:38pm
ACCY CHK	.08	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1125
Test Date: 08/01/2019 Test Time: 2:44pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:45pm
SRC	Pass	2:45pm
DET	Pass	2:45pm
BAR	Pass	2:45pm
BT	Pass	2:45pm

Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm

CRC Tests

Test	Status	Time
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

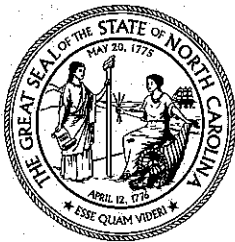
County Swain Instrument Location Swain Co. Jail

Instrument Serial No. 008723 Bryson City, NC

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

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

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



Paul R. Cuthbert

Signature of Certifying Official

635

Certificate Number

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

Intox EC/IR-II: Subject Test

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723
Test Date: 08/01/2019

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.07	11:01am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 744
Test Date: 08/01/2019 Test Time: 11:06am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
FC	Pass	11:06am

Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
DET	Pass	11:07am
BAR	Pass	11:07am
BT	Pass	11:07am

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Printer Tests

Test	Status	Time
PRNT	Pass	11:07am

CRC Tests

Test	Status	Time
COMP	Pass	11:07am
CAL	Pass	11:07am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Swain Instrument Location Swain Co. Jail

Instrument Serial No. 008727 Bryson City, NC

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

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

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



Paul R. Catlin

Signature of Certifying Official

635

Certificate Number

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

Intox EC/IR-II: Subject Test

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727

Test Date: 08/01/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506

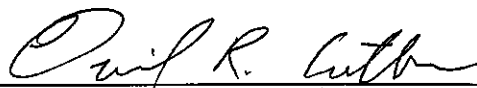
Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	11:02am
AIR BLK	.00	11:02am
ACCY CHK	.08	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:07am
AIR BLK	.00	11:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1293
Test Date: 08/01/2019 Test Time: 11:08am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:08am
FLO	Pass	11:08am
FC	Pass	11:08am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:09am

Printer Tests

Test	Status	Time
PRNT	Pass	11:09am

CRC Tests

Test	Status	Time
COMP	Pass	11:09am
CAL	Pass	11:09am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Transylvania Instrument Location Transylvania Co. Jail

Instrument Serial No. 008820 Brevard, 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 6th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Cuthbert
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA CO
JAIL 870

Serial Number: 008820
Test Date: 08/06/2019

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:22pm
AIR BLK	.00	1:23pm
ACCY CHK	.07	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 1289
Test Date: 08/06/2019 Test Time: 1:29pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

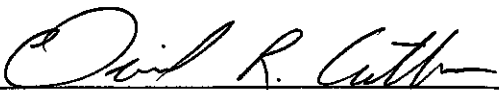
Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm

CRC Tests

Test	Status	Time
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

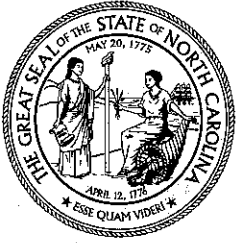
County Transylvania Instrument Location Transylvania Co. Jail

Instrument Serial No. 008609 Brevard, 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 6th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Orin R. Cutler
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA CO
JAIL 870

Serial Number: 008609
Test Date: 08/06/2019

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:54pm
AIR BLK	.00	12:55pm
ACCY CHK	.07	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 832
Test Date: 08/06/2019 Test Time: 1:01pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
BT	Pass	1:01pm

Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

CRC Tests

Test	Status	Time
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

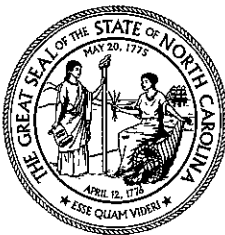
County Transylvania Instrument Location Bot Mobile Unit 2

Instrument Serial No. 008970

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

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



Chris Day
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Subject Test

TRANSYLVANIA BAT MOBILE UNIT 02 870

Serial Number: 008970

Test Date: 08/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

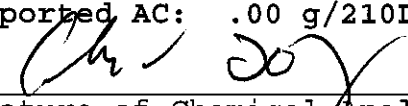
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	9:21pm
AIR BLK	.00	9:22pm
ACCY CHK	.08	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm

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**

Intox EC/IR-II: Preventive Maintenance

TRANSYLVANIA BAT MOBILE UNIT 02 870

Serial Number: 008970 Test Record Number: 637
Test Date: 08/30/2019 Test Time: 9:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:28pm
FLO	Pass	9:28pm
FC	Pass	9:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:29pm
SRC	Pass	9:29pm
DET	Pass	9:29pm
BAR	Pass	9:29pm
BT	Pass	9:29pm

Blank Tests

Test	Status	Time
AIR	Pass	9:29pm

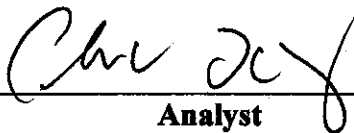
Printer Tests

Test	Status	Time
PRNT	Pass	9:29pm

CRC Tests

Test	Status	Time
COMP	Pass	9:29pm
CAL	Pass	9:29pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

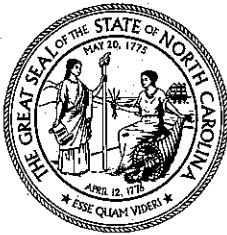
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Union Instrument Location Wayhew PD
Instrument Serial No. 008598 3620 Providence Rd, Waxhaw

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 20 19, 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.



Joseph E. [Signature]
Signature of Certifying Official

6574
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

UNION COUNTY WAXHAW PD 890

Serial Number: 008598
Test Date: 08/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

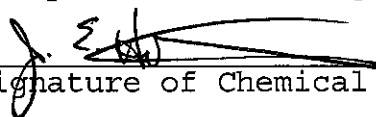
Test Type: Breath Test

Lot Number: AG919901

Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	3:38pm
AIR BLK	.00	3:39pm
ACCY CHK	.07	3:39pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 815
Test Date: 08/09/2019 Test Time: 3:45pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:45pm
FLO	Pass	3:45pm
FC	Pass	3:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	3:45pm
BAR	Pass	3:45pm
BT	Pass	3:45pm

Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

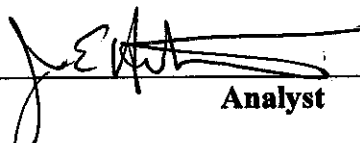
Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm

CRC Tests

Test	Status	Time
COMP	Pass	3:46pm
CAL	Pass	3:46pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake

Instrument Location Bet Mobile Unit 12

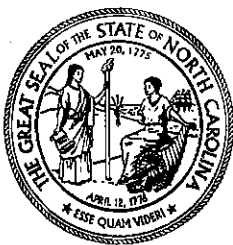
Instrument Serial No. 008600

Wake Forest

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

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

I certify that on the 11 day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

663

Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE 12 710

Serial Number: 008600 Test Record Number: 1889
Test Date: 08/11/2019 Test Time: 5:36pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:37pm
FLO	Pass	5:37pm
FC	Pass	5:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:37pm
SRC	Pass	5:37pm
DET	Pass	5:37pm
BAR	Pass	5:37pm
BT	Pass	5:37pm

Blank Tests

Test	Status	Time
AIR	Pass	5:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:38pm

CRC Tests

Test	Status	Time
COMP	Pass	5:38pm
CAL	Pass	5:38pm

Preventive Maintenance
Status: *Pass*



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE 12 710

Serial Number: 008600

Test Date: 08/11/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/26/2017-01/26/2026

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	5:27pm
AIR BLK	.00	5:27pm
ACCY CHK	.08	5:28pm
AIR BLK	.00	5:29pm
SUB TEST	.00	5:29pm
AIR BLK	.00	5:30pm
SUB TEST	.00	5:33pm
AIR BLK	.00	5:34pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

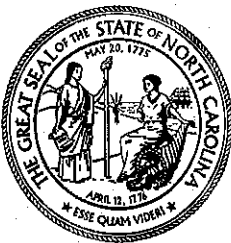
County Wake Instrument Location Bat mobile unit 12

Instrument Serial No. 008698 Wake Forest

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

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

I certify that on the 11 day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

663

Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE 12 910

Serial Number: 008698 Test Record Number: 1452
Test Date: 08/11/2019 Test Time: 5:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:38pm
FLO	Pass	5:38pm
FC	Pass	5:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:38pm
SRC	Pass	5:38pm
DET	Pass	5:38pm
BAR	Pass	5:38pm
BT	Pass	5:38pm

Blank Tests

Test	Status	Time
AIR	Pass	5:39pm

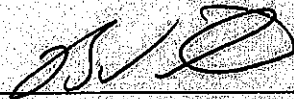
Printer Tests

Test	Status	Time
PRNT	Pass	5:39pm

CRC Tests

Test	Status	Time
COMP	Pass	5:39pm
CAL	Pass	5:39pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE 12 910

Serial Number: 008698

Test Date: 08/11/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/26/2017-01/26/2026

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901

Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	5:30pm
AIR BLK	.00	5:31pm
ACCY CHK	.08	5:32pm
AIR BLK	.00	5:32pm
SUB TEST	.00	5:33pm
AIR BLK	.00	5:34pm
SUB TEST	.00	5:35pm
AIR BLK	.00	5:36pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

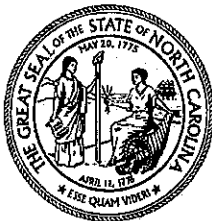
County Wake Instrument Location BAT Mobile Unit 4

Instrument Serial No. 004736 Raleigh PD

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

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

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



[Signature]
Signature of Certifying Official

660
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 BAT MOBILE UNIT 4 910

Serial Number: 008736
Test Date: 08/15/2019

Citation Number: M0000000-0

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

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2018-03/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	9:25pm
AIR BLK	.00	9:25pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

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 BAT MOBILE UNIT 4 910

Serial Number: 008736 Test Record Number: 956
Test Date: 08/15/2019 Test Time: 9:32pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:32pm
FLO	Pass	9:32pm
FC	Pass	9:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:32pm
SRC	Pass	9:32pm
DET	Pass	9:32pm
BAR	Pass	9:32pm
BT	Pass	9:32pm

Blank Tests

Test	Status	Time
AIR	Pass	9:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm

CRC Tests

Test	Status	Time
COMP	Pass	9:33pm
CAL	Pass	9:33pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

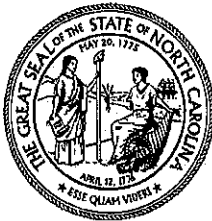
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location BAT MOBILE UNIT 4
Instrument Serial No. 008929 APEX PD

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

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

I certify that on the 30TH day of AUGUST, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

660
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 BAT MOBILE UNIT 4 910

Serial Number: 008929
Test Date: 08/30/2019

Citation Number: M0000000-0

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

Analyst's Name: SMITH, JASON R
Permit Number: 19145E
Effective:
03/01/2018-03/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	9:50pm
AIR BLK	.00	9:51pm
ACCY CHK	.08	9:52pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929 Test Record Number: 1089
Test Date: 08/30/2019 Test Time: 10:42pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:43pm
FLO	Pass	10:43pm
FC	Pass	10:43pm

Temperature Tests

Test	Status	Time
FCL	Pass	10:43pm
SRC	Pass	10:43pm
DET	Pass	10:43pm
BAR	Pass	10:43pm
BT	Pass	10:43pm

Blank Tests

Test	Status	Time
AIR	Pass	10:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:44pm

CRC Tests

Test	Status	Time
COMP	Pass	10:44pm
CAL	Pass	10:44pm

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

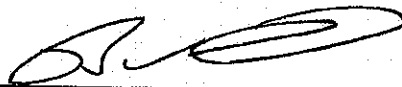
County WAKE Instrument Location NAT MODEL UNIT 4
Instrument Serial No. 008779 ZERUCON

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


1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 AUGUST, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.





Signature of Certifying Official


Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008779

Test Date: 08/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

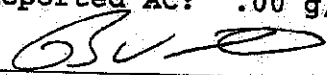
Test Type: Breath Test

Lot Number: AG911506

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	6:28pm
AIR BLK	.00	6:29pm
ACCY CHK	.07	6:30pm
AIR BLK	.00	6:31pm
SUB TEST	.00	6:31pm
AIR BLK	.00	6:32pm
SUB TEST	.00	6:34pm
AIR BLK	.00	6:34pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008779 Test Record Number: 3568
Test Date: 08/16/2019 Test Time: 6:36pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:36pm
FLO	Pass	6:36pm
FC	Pass	6:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:36pm
SRC	Pass	6:36pm
DET	Pass	6:36pm
BAR	Pass	6:36pm
BT	Pass	6:36pm

Blank Tests

Test	Status	Time
AIR	Pass	6:37pm

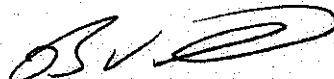
Printer Tests

Test	Status	Time
PRNT	Pass	6:37pm

CRC Tests

Test	Status	Time
COMP	Pass	6:37pm
CAL	Pass	6:37pm

Preventive Maintenance
Status: *Pass*



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

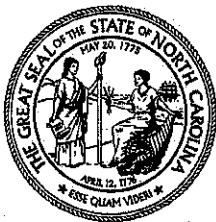
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location SAT MOORE UNIT C
Instrument Serial No. 008584 ZEXLOW

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 AUGUST, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

663

Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008584 Test Record Number: 2281
Test Date: 08/16/2019 Test Time: 6:36pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:37pm
FLO	Pass	6:37pm
FC	Pass	6:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:37pm
SRC	Pass	6:37pm
DET	Pass	6:37pm
BAR	Pass	6:37pm
BT	Pass	6:37pm

Blank Tests

Test	Status	Time
AIR	Pass	6:37pm

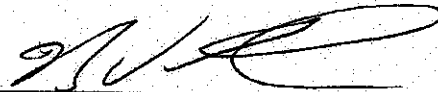
Printer Tests

Test	Status	Time
PRNT	Pass	6:38pm

CRC Tests

Test	Status	Time
COMP	Pass	6:38pm
CAL	Pass	6:38pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008584

Test Date: 08/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

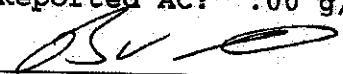
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	6:29pm
AIR BLK	.00	6:30pm
ACCY CHK	.07	6:30pm
AIR BLK	.00	6:31pm
SUB TEST	.00	6:32pm
AIR BLK	.00	6:33pm
SUB TEST	.00	6:34pm
AIR BLK	.00	6:35pm

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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

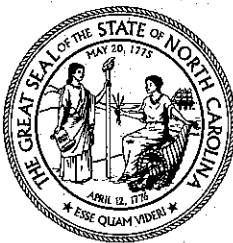
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wilkes Instrument Location Wilkes County
Instrument Serial No. 008843 Detention Center
Wilkesboro, NC

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

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

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



Dale Farley
Signature of Certifying Official

655
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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843
Test Date: 08/27/2019

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

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

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


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

Test	g/210L	Time
DIAG	Pass	2:40pm
AIR BLK	.00	2:41pm
ACCY CHK	.08	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm

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**

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 2374
Test Date: 08/27/2019 Test Time: 2:47pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:48pm
FLO	Pass	2:48pm
FC	Pass	2:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:48pm
SRC	Pass	2:48pm
DET	Pass	2:48pm
BAR	Pass	2:48pm
BT	Pass	2:48pm

Blank Tests

Test	Status	Time
AIR	Pass	2:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm

CRC Tests

Test	Status	Time
COMP	Pass	2:49pm
CAL	Pass	2:49pm

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

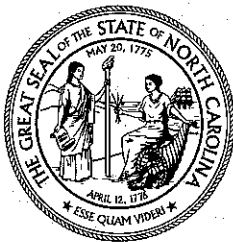
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wilkes Instrument Location Wilkes County
Instrument Serial No. 008865 Detention Center
Wilkesboro, NC

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

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

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



Dale Farley
Signature of Certifying Official

655
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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865
Test Date: 08/27/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

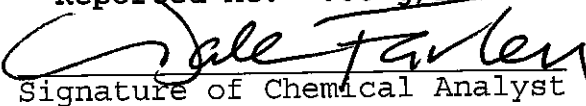
Test Type: Breath Test

Lot Number: AG805801

Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK	.00	2:24pm
ACCY CHK	.08	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 710
Test Date: 08/27/2019 Test Time: 2:31pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:31pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm

CRC Tests

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

Preventive Maintenance
Status: Pass


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 SAF MONIE UNIT Co
Instrument Serial No. 008686 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 2nd day of AUGUST, 2014, 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

663
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

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008686
Test Date: 08/02/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

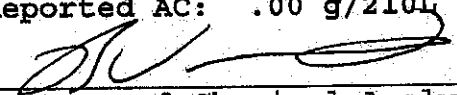
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	10:12pm
AIR BLK	.00	10:13pm
ACCY CHK	.07	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008686 Test Record Number: 6630
Test Date: 08/02/2019 Test Time: 10:20pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:20pm
FLO	Pass	10:20pm
FC	Pass	10:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

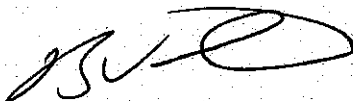
Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm

CRC Tests

Test	Status	Time
COMP	Pass	10:21pm
CAL	Pass	10:21pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

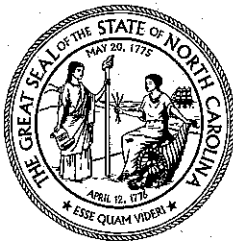
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Yadkin Instrument Location Yadkin
Instrument Serial No. 008854 County Jail
Yadkinville, NC

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

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

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



Julie Farley 655
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: 008854
Test Date: 08/27/2019

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

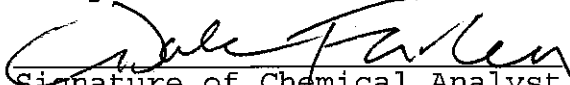
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

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

Test	g/210L	Time
DIAG	Pass	12:18pm
AIR BLK	.00	12:19pm
ACCY CHK	.08	12:19pm
AIR BLK	.00	12:20pm
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


Analyst

Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 622
Test Date: 08/27/2019 Test Time: 12:26pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm

CRC Tests

Test	Status	Time
COMP	Pass	12:28pm
CAL	Pass	12:28pm

Preventive Maintenance
Status: Pass


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

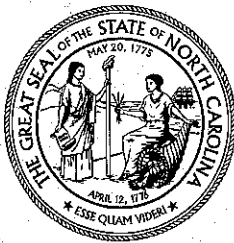
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Yadkin Instrument Location Yadkin
Instrument Serial No. 008944 County Jail,
Yadkinville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27th day of August, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Gale Farley 655
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: 08/27/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

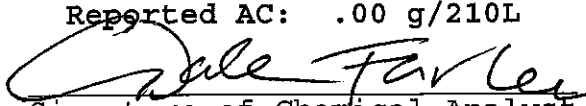
Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
11/01/2018-11/01/2020

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG821401
Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	12:23pm
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	12:30pm
AIR BLK	.00	12:31pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1592
Test Date: 08/27/2019 Test Time: 12:33pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:33pm
FLO	Pass	12:33pm
FC	Pass	12:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
BT	Pass	12:33pm

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

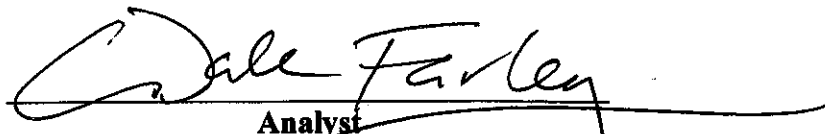
Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm

CRC Tests

Test	Status	Time
COMP	Pass	12:34pm
CAL	Pass	12:34pm

Preventive Maintenance
Status: Pass


Analyst

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