

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 #7

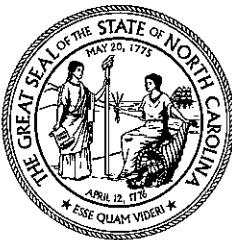
Instrument Serial No. 008778

Raleigh

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

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

I certify that on the 31<sup>st</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

636  
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 7 910

Serial Number: 008778      Test Record Number: 1093  
Test Date: 01/31/2014      Test Time: 10:42pm EST

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
FC1	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**

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778  
Test Date: 01/31/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE N

Type of Agency: FTA

Agency: DHHS

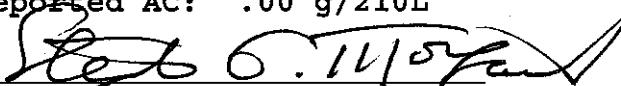
Test Type: Breath Test

Lot Number: AG321904

Exp Date: 08/07/2015

Test	g/210L	Time
DIAG	Pass	10:33pm
AIR BLK	.00	10:34pm
ACCY CHK	.08	10:34pm
AIR BLK	.00	10:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:36pm</b>
AIR BLK	.00	10:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:39pm</b>
AIR BLK	.00	10:40pm

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**

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 #7

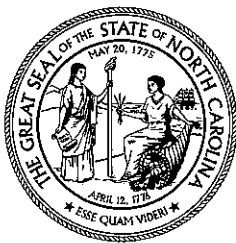
Instrument Serial No. 008612

Roller

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>st</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

636  
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 7 910

Serial Number: 008612      Test Record Number: 1447  
Test Date: 01/31/2014      Test Time: 10:45pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:46pm
FLO	Pass	10:46pm
FC	Pass	10:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:46pm
SRC	Pass	10:46pm
DET	Pass	10:46pm
BAR	Pass	10:46pm
BT	Pass	10:46pm

Blank Tests

Test	Status	Time
AIR	Pass	10:47pm

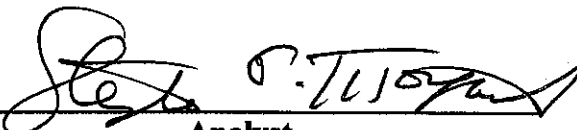
Printer Tests

Test	Status	Time
PRNT	Pass	10:47pm

CRC Tests

Test	Status	Time
COMP	Pass	10:47pm
CAL	Pass	10:47pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612  
Test Date: 01/31/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

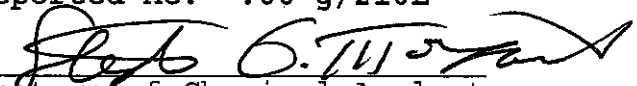
Test Type: Breath Test

Lot Number: AG303502

Exp Date: 02/04/2015

Test	g/210L	Time
DIAG	Pass	10:35pm
AIR BLK	.00	10:36pm
ACCY CHK	.07	10:37pm
AIR BLK	.00	10:38pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:39pm</b>
AIR BLK	.00	10:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:41pm</b>
AIR BLK	.00	10:42pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake

Instrument Location BAT MOBILE UNIT #7

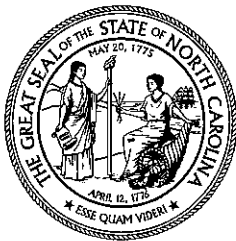
Instrument Serial No. 008577

Roligh

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>ST</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

636  
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 7 910

Serial Number: 008577      Test Record Number: 956  
Test Date: 01/31/2014      Test Time: 11:06pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:06pm
FLO	Pass	11:06pm
FC	Pass	11:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:06pm
SRC	Pass	11:06pm
DET	Pass	11:06pm
BAR	Pass	11:06pm
BT	Pass	11:06pm

Blank Tests

Test	Status	Time
AIR	Pass	11:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:07pm

CRC Tests

Test	Status	Time
COMP	Pass	11:07pm
CAL	Pass	11:07pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577  
Test Date: 01/31/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	10:54pm
AIR BLK	.00	10:55pm
ACCY CHK	.07	10:56pm
AIR BLK	.00	10:57pm
SUB TEST	.00	11:00pm
AIR BLK	.00	11:01pm
SUB TEST	.00	11:02pm
AIR BLK	.00	11:03pm

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 WAKE

Instrument Location BAT MOBILE Unit #7

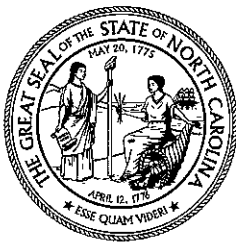
Instrument Serial No. 008760

Rolena

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>ST</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

636  
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 7 910

Serial Number: 008760      Test Record Number: 560  
Test Date: 01/31/2014      Test Time: 10:11pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

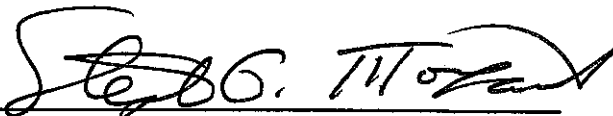
Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm

CRC Tests

Test	Status	Time
COMP	Pass	10:13pm
CAL	Pass	10:13pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760  
Test Date: 01/31/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

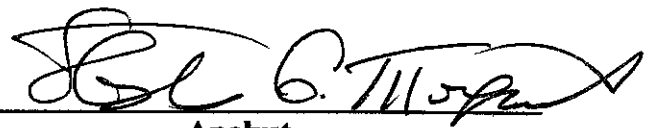
Test	g/210L	Time
DIAG	Pass	10:02pm
AIR BLK	.00	10:03pm
ACCY CHK	.07	10:04pm
AIR BLK	.00	10:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:05pm</b>
AIR BLK	.00	10:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:08pm</b>
AIR BLK	.00	10:09pm

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**

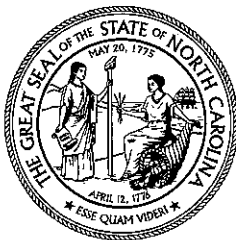
County Wake Instrument Location BAT MOBILE UNIT

Instrument Serial No. 008623 RALPH

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>st</sup> day of Jan, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph B. Pittman  
Signature of Certifying Official

\_\_\_\_\_  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623 Test Record Number: 2835

Test Date: 01/31/2014 Test Time: 10:09pm EST

System Check: Passed

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	10:10pm

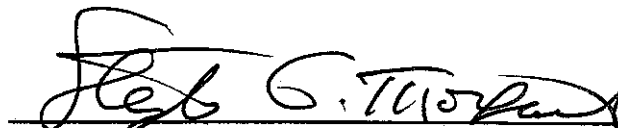
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:11pm

**CRC Tests**

Test	Status	Time
COMP	Pass	10:11pm
CAL	Pass	10:11pm

Preventive Maintenance  
Status: Pass

  
Analyst

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623

Test Date: 01/31/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202


Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	9:59pm
AIR BLK	.00	10:00pm
ACCY CHK	.07	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

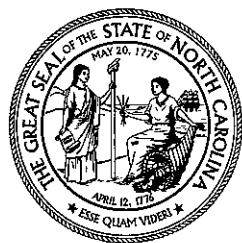
County WARREN Instrument Location NORLINA PD

Instrument Serial No. 008945 101 MAIN ST. NORLINA, NC

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

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

I certify that on the 23 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945  
Test Date: 01/23/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

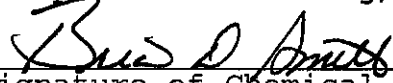
Test Type: Breath Test

Lot Number: AG300202

Exp Date: 01/02/2015

Test	g/210L	Time
DIAG	Pass	1:59pm
AIR BLK	.00	2:00pm
ACCY CHK	.08	2:00pm
AIR BLK	.00	2:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:02pm</b>
AIR BLK	.00	2:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:05pm</b>
AIR BLK	.00	2:06pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945      Test Record Number: 269  
Test Date: 01/23/2014      Test Time: 2:07pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

**Blank Tests**

Test	Status	Time
AIR	Pass	2:09pm

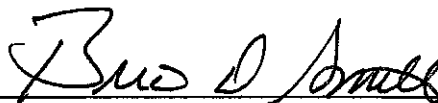
**Printer Tests**

Test	Status	Time
PRNT	Pass	2:09pm

**CRC Tests**

Test	Status	Time
COMP	Pass	2:09pm
CAL	Pass	2:09pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

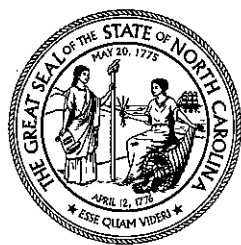
County WARREN Instrument Location WARREN CO. LEC

Instrument Serial No. 008793 128 RAFTERS LN WARRENTON, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
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6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
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[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**

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Date: 01/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	1:19pm
AIR BLK	.00	1:20pm
ACCY CHK	.08	1:21pm
AIR BLK	.00	1:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:22pm</b>
AIR BLK	.00	1:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:24pm</b>
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793      Test Record Number: 707  
Test Date: 01/23/2014      Test Time: 1:26pm EST

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**

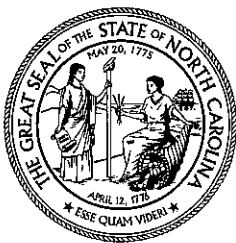
County Carteret Instrument Location Carteret County

Instrument Serial No. 008613 SHERIFFS 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 21 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

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

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

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008613

Test Date: 01/21/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG315701


Exp Date: 06/06/2015

Test	g/210L	Time
DIAG	Pass	10:01am
AIR BLK	.00	10:02am
ACCY CHK	.08	10:02am
AIR BLK	.00	10:03am
<b>SUB TEST</b>	<b>.00</b>	<b>10:04am</b>
AIR BLK	.00	10:05am
<b>SUB TEST</b>	<b>.00</b>	<b>10:06am</b>
AIR BLK	.00	10:07am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

CARTERET COUNTY CARTERET COUNTY SD 150  
Serial Number: 008613 Test Record Number: 833  
Test Date: 01/21/2014 Test Time: 10:10am EST  
System Check: Passed

**Baseline Tests**

Test	Status	Time
IR	Pass	10:11am
FLO	Pass	10:11am
FC	Pass	10:11am

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:11am
SRC	Pass	10:11am
DET	Pass	10:11am
BAR	Pass	10:11am
BT	Pass	10:11am

**Blank Tests**

Test	Status	Time
AIR	Pass	10:12am

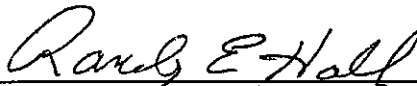
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:12am

**CRC Tests**

Test	Status	Time
COMP	Pass	10:12am
CAL	Pass	10:12am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

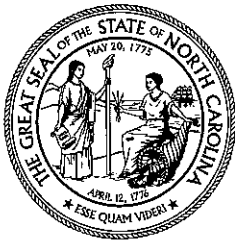
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County 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 23 day of JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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

642  
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: 01/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

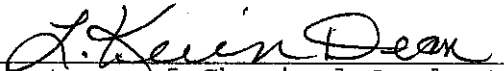
Test Type: Breath Test

Lot Number: AG323402

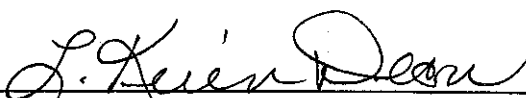
Exp Date: 08/22/2015

Test	g/210L	Time
DIAG	Pass	4:11pm
AIR BLK	.00	4:12pm
ACCY CHK	.07	4:13pm
AIR BLK	.00	4:14pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:16pm
SUB TEST	.00	4:18pm
AIR BLK	.00	4:19pm

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: 413  
Test Date: 01/23/2014      Test Time: 4:19pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:20pm
FLO	Pass	4:20pm
FC	Pass	4:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:20pm
SRC	Pass	4:20pm
DET	Pass	4:20pm
BAR	Pass	4:20pm
BT	Pass	4:20pm

Blank Tests

Test	Status	Time
AIR	Pass	4:21pm

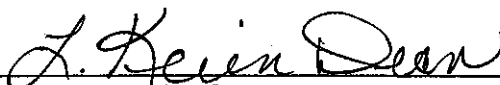
Printer Tests

Test	Status	Time
PRNT	Pass	4:21pm

CRC Tests

Test	Status	Time
COMP	Pass	4:21pm
CAL	Pass	4:21pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

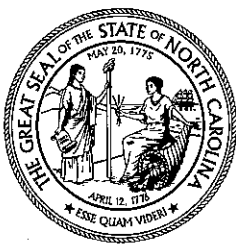
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rowan Instrument Location Salisbury Police  
Instrument Serial No. 008868 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 23 day of JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean 642  
Signature of Certifying Official Certificate Number

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

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868  
Test Date: 01/23/2014

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

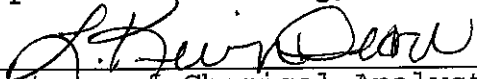
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
06/01/2013-06/01/2015

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

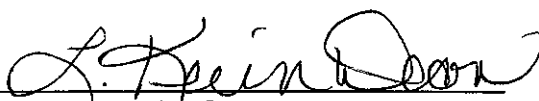
Lot Number: AG305202  
Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	3:17pm
AIR BLK	.00	3:18pm
ACCY CHK	.07	3:18pm
AIR BLK	.00	3:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:20pm</b>
AIR BLK	.00	3:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:22pm</b>
AIR BLK	.00	3:23pm

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: 1996  
Test Date: 01/23/2014      Test Time: 3:24pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:24pm
FLO	Pass	3:24pm
FC	Pass	3:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:24pm
SRC	Pass	3:24pm
DET	Pass	3:24pm
BAR	Pass	3:24pm
BT	Pass	3:24pm

Blank Tests

Test	Status	Time
AIR	Pass	3:25pm

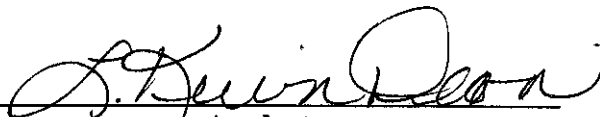
Printer Tests

Test	Status	Time
PRNT	Pass	3:25pm

CRC Tests

Test	Status	Time
COMP	Pass	3:26pm
CAL	Pass	3:26pm

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 Rowan

Instrument Location Salisbury Police

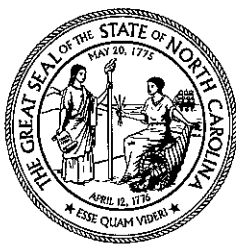
Instrument Serial No. 008835

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 23 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean  
Signature of Certifying Official

642  
Certificate Number

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

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835  
Test Date: 01/23/2014

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

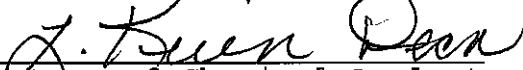
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
06/01/2013-06/01/2015

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

Lot Number: AG305202  
Exp Date: 02/21/2015

Test	g/210L	Time
DIAG	Pass	2:48pm
AIR BLK	.00	2:48pm
ACCY CHK	.08	2:49pm
AIR BLK	.00	2:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:51pm</b>
AIR BLK	.00	2:52pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:54pm</b>
AIR BLK	.00	2:54pm

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: 008835      Test Record Number: 1335  
Test Date: 01/23/2014      Test Time: 2:55pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

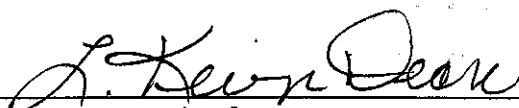
Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm

CRC Tests

Test	Status	Time
COMP	Pass	2:57pm
CAL	Pass	2:57pm

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**

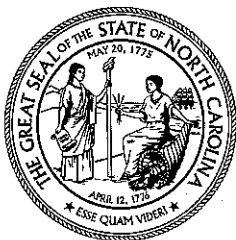
County Guilford Instrument Location High Point Jail

Instrument Serial No. 008828

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean  
Signature of Certifying Official

642  
Certificate Number

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

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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828  
Test Date: 01/23/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Driver's License State: XX  
Driver's License Number: NONE

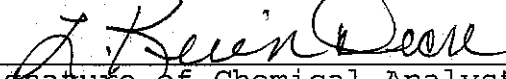
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
06/01/2013-06/01/2015

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

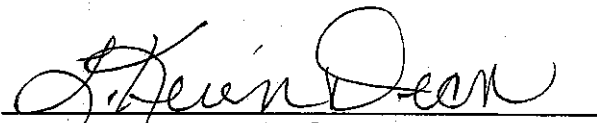
Lot Number: AG323402  
Exp Date: 08/22/2015

Test	g/210L	Time
DIAG	Pass	12:34pm
AIR BLK	.00	12:34pm
ACCY CHK	.08	12:35pm
AIR BLK	.00	12:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:37pm</b>
AIR BLK	.00	12:38pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:40pm</b>
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**GUILFORD COUNTY HIGH POINT JAIL 401**

Serial Number: 008828 Test Record Number: 1463  
Test Date: 01/23/2014 Test Time: 12:41pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:42pm


**Printer Tests**

Test	Status	Time
PRNT	Pass	12:43pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:43pm
CAL	Pass	12:43pm

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**

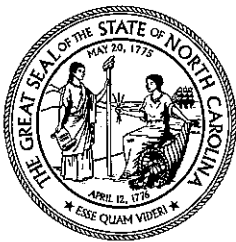
County Guilford Instrument Location High Point Jail

Instrument Serial No. 008655

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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

642  
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: 01/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

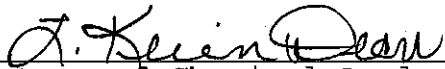
Test Type: Breath Test

Lot Number: AG323402

Exp Date: 08/22/2015

Test	g/210L	Time
DIAG	Pass	12:22pm
AIR BLK	.00	12:23pm
ACCY CHK	.08	12:23pm
AIR BLK	.00	12:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:25pm</b>
AIR BLK	.00	12:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:27pm</b>
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 HIGH POINT JAIL 401

Serial Number: 008655      Test Record Number: 2199  
Test Date: 01/23/2014      Test Time: 12:29pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
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	12:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm

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

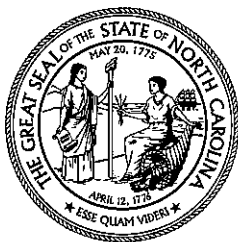
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Perquimans Instrument Location Perquimans Co. S.O.  
Instrument Serial No. 008921 110 N. Church St., Hertford, 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 16<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly A. Sward  
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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921  
Test Date: 01/16/2014

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
08/01/2013-08/01/2015

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

Lot Number: AG326006  
Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	10:38am
AIR BLK	.00	10:39am
ACCY CHK	.08	10:39am
AIR BLK	.00	10:40am
<b>SUB TEST</b>	<b>.00</b>	<b>10:41am</b>
AIR BLK	.00	10:42am
<b>SUB TEST</b>	<b>.00</b>	<b>10:43am</b>
AIR BLK	.00	10:44am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921      Test Record Number: 477  
Test Date: 01/16/2014      Test Time: 10:45am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:46am
FLO	Pass	10:46am
FC	Pass	10:46am

Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

Blank Tests

Test	Status	Time
AIR	Pass	10:46am

Printer Tests

Test	Status	Time
PRNT	Pass	10:47am

CRC Tests

Test	Status	Time
COMP	Pass	10:47am
CAL	Pass	10:47am

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 Pitt Instrument Location P.H.G. Detention Center  
Instrument Serial No. 008662 124 Detention Dr., Greenville, NC.

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

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

I certify that on the 17<sup>th</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
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**

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662

Test Date: 01/17/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

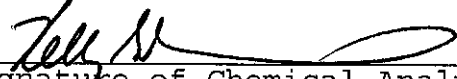
Test Type: Breath Test

Lot Number: AG206103

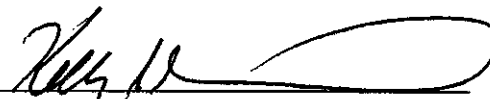
Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	2:30pm
AIR BLK	.00	2:31pm
ACCY CHK	.07	2:31pm
AIR BLK	.00	2:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:34pm</b>
AIR BLK	.00	2:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:36pm</b>
AIR BLK	.00	2:37pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662      Test Record Number: 795  
Test Date: 01/17/2014      Test Time: 2:39pm EST

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**

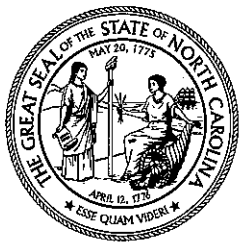
County Hertford Instrument Location Murfreesboro PD

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

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

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

I certify that on the 21<sup>st</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. [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**

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906  
Test Date: 01/21/2014

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

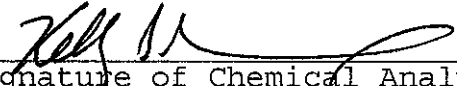
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
08/01/2013-08/01/2015

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

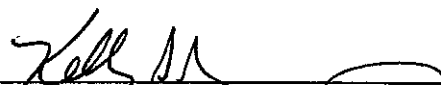
Lot Number: AG205402  
Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	11:24am
AIR BLK	.00	11:25am
ACCY CHK	.08	11:25am
AIR BLK	.00	11:27am
<b>SUB TEST</b>	<b>.00</b>	<b>11:27am</b>
AIR BLK	.00	11:28am
<b>SUB TEST</b>	<b>.00</b>	<b>11:30am</b>
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

**HERTFORD COUNTY MURFREESBORO PD 450**

Serial Number: 008906      Test Record Number: 446  
Test Date: 01/21/2014      Test Time: 11:32am EST

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	11:33am


**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

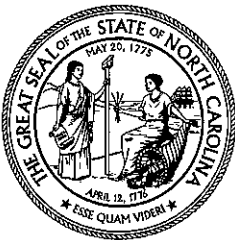
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County RANDOLPH Instrument Location RANDOLPH CO. JAIL  
Instrument Serial No. 008860 ASHEBORO N.C.

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

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

I certify that on the 21 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

**RANDOLPH COUNTY RANDOLPH COUNTY JAIL**  
750

Serial Number: 008860  
Test Date: 01/21/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	12:38pm
AIR BLK	.00	12:39pm
ACCY CHK	.08	12:39pm
AIR BLK	.00	12:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:41pm</b>
AIR BLK	.00	12:42pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:43pm</b>
AIR BLK	.00	12:44pm

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

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Record Number: 1977  
Test Date: 01/21/2014 Test Time: 12:46pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:47pm
FLO	Pass	12:47pm
FC	Pass	12:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

Blank Tests

Test	Status	Time
AIR	Pass	12:47pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm

CRC Tests

Test	Status	Time
COMP	Pass	12:48pm
CAL	Pass	12:48pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

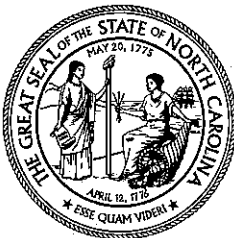
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County RANDOLPH Instrument Location RANDOLPH Co. JAIL  
Instrument Serial No. 008899 ASHBORO 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 21 day of JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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

652  
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 RANDOLPH CO. JAIL 750

Serial Number: 008899  
Test Date: 01/21/2014

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

Analyst's Name:  
*QUARANTELLA, NICHOLAS J*  
Permit Number: 21536E  
Effective:  
08/01/2013-08/01/2015

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

Lot Number: AG335201  
Exp Date: 12/18/2015

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

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899      Test Record Number: 1709  
Test Date: 01/21/2014      Test Time: 12:43pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

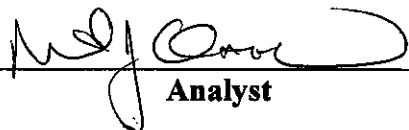
Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm

CRC Tests

Test	Status	Time
COMP	Pass	12:44pm
CAL	Pass	12:44pm

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 HOKE Instrument Location HOKE CO. DETENTION CTR  
Instrument Serial No. 008852 RAEFORD N.C.

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

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

I certify that on the 22 day of JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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

652  
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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852

Test Date: 01/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

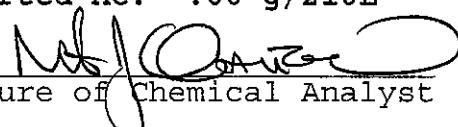
Test Type: Breath Test

Lot Number: AG309101

Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	12:43pm
AIR BLK	.00	12:44pm
ACCY CHK	.08	12:45pm
AIR BLK	.00	12:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:47pm</b>
AIR BLK	.00	12:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:49pm</b>
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852      Test Record Number: 558  
Test Date: 01/22/2014      Test Time: 12:52pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:52pm
FLO	Pass	12:52pm
FC	Pass	12:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:52pm
SRC	Pass	12:52pm
DET	Pass	12:52pm
BAR	Pass	12:52pm
BT	Pass	12:52pm

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm

CRC Tests

Test	Status	Time
COMP	Pass	12:53pm
CAL	Pass	12:53pm

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 HOKE

Instrument Location HOKE CO. DETENTION CTR

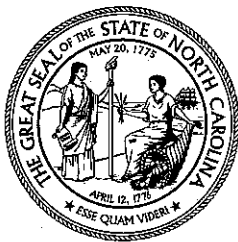
Instrument Serial No. 008855

RAEFORD N.C.

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

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

I certify that on the 22 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

Intox EC/IR-II: Subject Test

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855  
Test Date: 01/22/2014

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

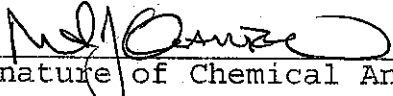
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
08/01/2013-08/01/2015

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

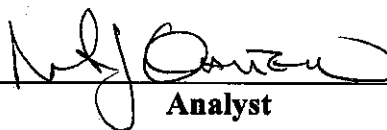
Lot Number: AG335201  
Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	12:42pm
AIR BLK	.00	12:42pm
ACCY CHK	.08	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855      Test Record Number: 932  
Test Date: 01/22/2014      Test Time: 12:48pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:48pm
FLO	Pass	12:48pm
FC	Pass	12:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:49pm
SRC	Pass	12:49pm
DET	Pass	12:49pm
BAR	Pass	12:49pm
BT	Pass	12:49pm

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm

CRC Tests

Test	Status	Time
COMP	Pass	12:50pm
CAL	Pass	12:50pm

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 Guilford Instrument Location Greensboro PD

Instrument Serial No. 008725 100 Police 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 2 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

642  
Certificate Number

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

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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725  
Test Date: 01/02/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

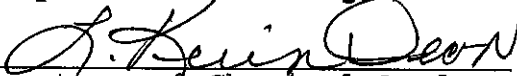
Agency: DHHS

Test Type: Breath Test

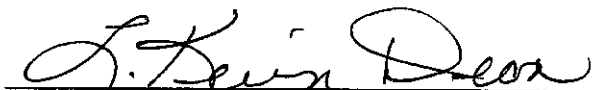
Lot Number: AG205401  
Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	12:07pm
AIR BLK	.00	12:07pm
ACCY CHK	.07	12:08pm
AIR BLK	.00	12:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:10pm</b>
AIR BLK	.00	12:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:12pm</b>
AIR BLK	.00	12:13pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725      Test Record Number: 3044  
Test Date: 01/02/2014      Test Time: 12:14pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

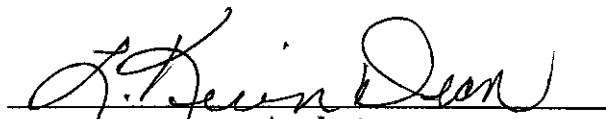
Printer Tests

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

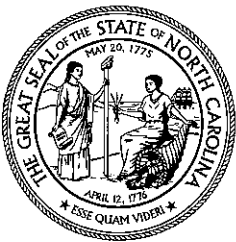
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cabarrus Instrument Location Kannapolis PD  
Instrument Serial No. 008589 314 S. Main St. Kannapolis  
704 920-4000

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>nd</sup> day of January, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Mark D. 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**

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589  
Test Date: 01/02/2014

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

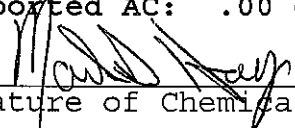
Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG320602  
Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	9:57am
AIR BLK	.00	9:58am
ACCY CHK	.08	9:59am
AIR BLK	.00	10:00am
<b>SUB TEST</b>	<b>.00</b>	<b>10:00am</b>
AIR BLK	.00	10:01am
<b>SUB TEST</b>	<b>.00</b>	<b>10:03am</b>
AIR BLK	.00	10:04am

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: 2033  
Test Date: 01/02/2014      Test Time: 10:08am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:09am
FLO	Pass	10:09am
FC	Pass	10:09am

Temperature Tests

Test	Status	Time
FC1	Pass	10:09am
SRC	Pass	10:09am
DET	Pass	10:09am
BAR	Pass	10:09am
BT	Pass	10:09am

Blank Tests

Test	Status	Time
AIR	Pass	10:10am

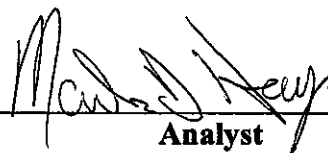
Printer Tests

Test	Status	Time
PRNT	Pass	10:10am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

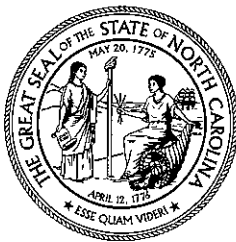
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Union Instrument Location Union County SD  
Instrument Serial No. 008876 3344 Pressan Rd. Monroe  
704-283-3770

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the 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. David Hester  
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**

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876  
Test Date: 01/14/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

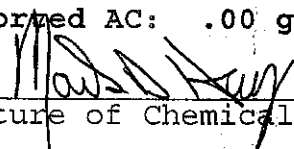
Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	11:26am
AIR BLK	.00	11:27am
ACCY CHK	.08	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:30am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876      Test Record Number: 3186  
Test Date: 01/14/2014      Test Time: 11:36am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:36am
FLO	Pass	11:36am
FC	Pass	11:36am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

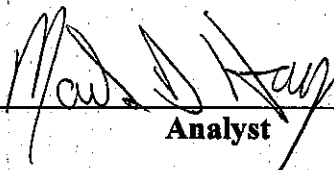
Printer Tests

Test	Status	Time
PRNT	Pass	11:37am

CRC Tests

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

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 Cornelius PD  
Instrument Serial No. 008692 21440 Catawba Ave., Cornelius  
704-892-1363

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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: Preventive Maintenance**

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692      Test Record Number: 2129  
Test Date: 01/15/2014      Test Time: 3:09pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:10pm
SRC	Pass	3:10pm
DET	Pass	3:10pm
BAR	Pass	3:10pm
BT	Pass	3:10pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

CRC Tests

Test	Status	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692  
Test Date: 01/15/2014

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

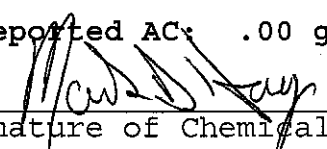
Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG315701  
Exp Date: 06/06/2015

Test	g/210L	Time
DIAG	Pass	3:14pm
AIR BLK	.00	3:15pm
ACCY CHK	.08	3:16pm
AIR BLK	.00	3:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:17pm</b>
AIR BLK	.00	3:18pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:20pm</b>
AIR BLK	.00	3:21pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

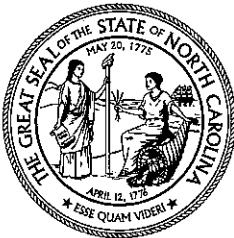
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Hyde Instrument Location Hyde Co. S.O. - Occraoke  
Instrument Serial No. 008797 NC 12, Occraoke, 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 8<sup>th</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
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**

HYDE COUNTY HYDE CO SO OCRACoke 470

Serial Number: 008797  
Test Date: 01/08/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG326006

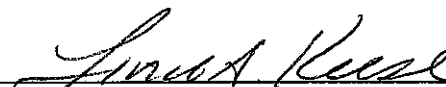
Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	4:00pm
AIR BLK	.00	4:01pm
ACCY CHK	.08	4:02pm
AIR BLK	.00	4:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:03pm</b>
AIR BLK	.00	4:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:06pm</b>
AIR BLK	.00	4:06pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO OCRACoke 470

Serial Number: 008797      Test Record Number: 352  
Test Date: 01/08/2014      Test Time: 4:07pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:08pm
FLO	Pass	4:08pm
FC	Pass	4:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:08pm
SRC	Pass	4:08pm
DET	Pass	4:08pm
BAR	Pass	4:08pm
BT	Pass	4:08pm

Blank Tests

Test	Status	Time
AIR	Pass	4:09pm

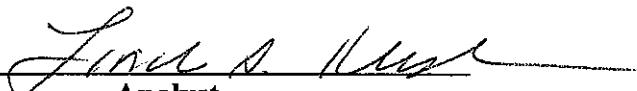
Printer Tests

Test	Status	Time
PRNT	Pass	4:09pm

CRC Tests

Test	Status	Time
COMP	Pass	4:09pm
CAL	Pass	4:09pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

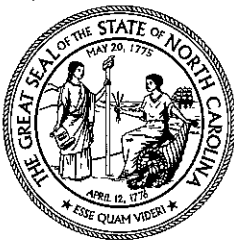
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Dare Instrument Location Dare Co. S.O. - Hatteras  
Instrument Serial No. 008807 50346 NC Hwy 12, Frisco, 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 8<sup>th</sup> day of JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the 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 Keesel  
Signature of Certifying Official

047  
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 SO HATTERAS 270

Serial Number: 008807  
Test Date: 01/08/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

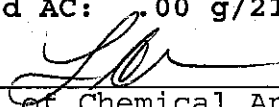
Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.07	1:20pm
AIR BLK	.00	1:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:21pm</b>
AIR BLK	.00	1:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:24pm</b>
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**

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807      Test Record Number: 517  
Test Date: 01/08/2014      Test Time: 1:27pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:27pm
FLO	Pass	1:27pm
FC	Pass	1:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm

Blank Tests

Test	Status	Time
AIR	Pass	1:28pm

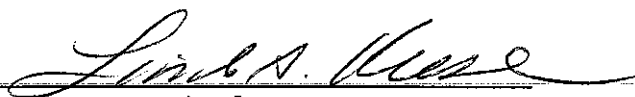
Printer Tests

Test	Status	Time
PRNT	Pass	1:28pm

CRC Tests

Test	Status	Time
COMP	Pass	1:28pm
CAL	Pass	1:28pm

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**

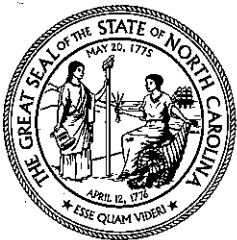
County Franklin Instrument Location Franklin Co. Jail

Instrument Serial No. 008942 285 TKEMP Rd LOUISBURG, NC

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

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

I certify that on the 07 day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bud 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**

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942  
Test Date: 01/07/2014

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

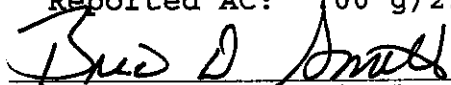
Analyst's Name: SMITH, BRIAN D  
Permit Number: 8937E  
Effective:  
08/01/2013-08/01/2015

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

Lot Number: AG326006  
Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	5:36pm
AIR BLK	.00	5:37pm
ACCY CHK	.08	5:37pm
AIR BLK	.00	5:38pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:39pm</b>
AIR BLK	.00	5:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:41pm</b>
AIR BLK	.00	5:42pm

Reported AC: 00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942      Test Record Number: 661  
Test Date: 01/07/2014      Test Time: 5:44pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	5:44pm
FLO	Pass	5:44pm
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	5:45pm

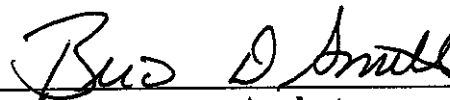
**Printer Tests**

Test	Status	Time
PRNT	Pass	5:45pm

**CRC Tests**

Test	Status	Time
COMP	Pass	5:45pm
CAL	Pass	5:45pm

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**

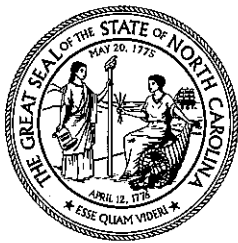
County Franklin Instrument Location Franklin Co. Jail

Instrument Serial No. 008933 285 TKemp Rd Louisburg, NC

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

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

I certify that on the 07 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Brian 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**

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933  
Test Date: 01/07/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG326006

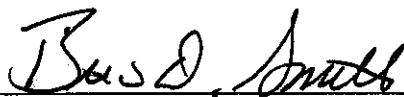
Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	5:28pm
AIR BLK	.00	5:29pm
ACCY CHK	.08	5:29pm
AIR BLK	.00	5:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:31pm</b>
AIR BLK	.00	5:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:33pm</b>
AIR BLK	.00	5:34pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933      Test Record Number: 610  
Test Date: 01/07/2014      Test Time: 5:36pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:36pm
FLO	Pass	5:36pm
FC	Pass	5:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:36pm
SRC	Pass	5:36pm
DET	Pass	5:36pm
BAR	Pass	5:36pm
BT	Pass	5:36pm

Blank Tests

Test	Status	Time
AIR	Pass	5:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:37pm

CRC Tests

Test	Status	Time
COMP	Pass	5:37pm
CAL	Pass	5:37pm

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**

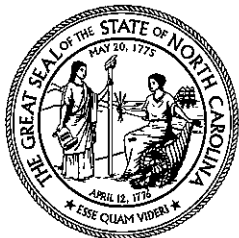
County GRANVILLE Instrument Location OXFORD PD

Instrument Serial No. 008923 204 E. McCLANAHAN ST. OXFORD, NC

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

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

I certify that on the 07 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bud 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**

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923  
Test Date: 01/07/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE  
Subject'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: 8937E  
Effective:  
08/01/2013-08/01/2015

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

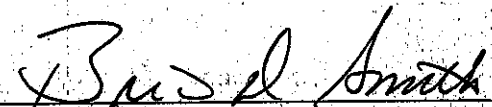
Lot Number: AG317801  
Exp Date: 06/27/2015

Test	g/210L	Time
DIAG	Pass	2:15pm
AIR BLK	.00	2:16pm
ACCY CHK	.07	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923      Test Record Number: 1034  
Test Date: 01/07/2014      Test Time: 2:24pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:24pm
FLO	Pass	2:24pm
FC	Pass	2:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:24pm
SRC	Pass	2:24pm
DET	Pass	2:24pm
BAR	Pass	2:24pm
BT	Pass	2:24pm

Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

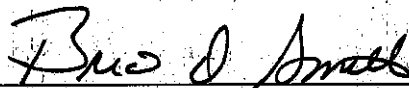
Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm

CRC Tests

Test	Status	Time
COMP	Pass	2:26pm
CAL	Pass	2:26pm

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**

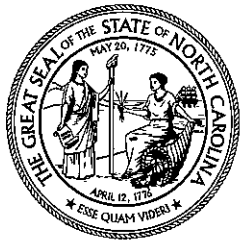
County GRANVILLE Instrument Location CREEDMOOR PD

Instrument Serial No. 008641 111 MASONIC ST. CREEDMOOR, NC

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

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

I certify that on the 07 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Brian 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**

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641  
Test Date: 01/07/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308002

Exp Date: 03/21/2015

Test	g/210L	Time
DIAG	Pass	1:26pm
AIR BLK	.00	1:27pm
ACCY CHK	.07	1:27pm
AIR BLK	.00	1:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:29pm</b>
AIR BLK	.00	1:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:31pm</b>
AIR BLK	.00	1:32pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641      Test Record Number: 766  
Test Date: 01/07/2014      Test Time: 1:34pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:34pm
FLO	Pass	1:34pm
FC	Pass	1:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

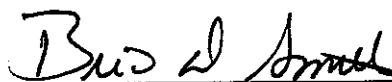
Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm

CRC Tests

Test	Status	Time
COMP	Pass	1:35pm
CAL	Pass	1:35pm

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

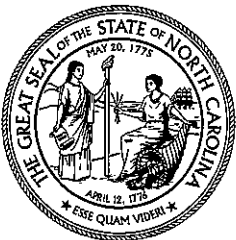
County FRANKLIN Instrument Location FRANKLINTON PD

Instrument Serial No. 008815 # 7 W. MASON ST. FRANKLINTON, NC

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

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

I certify that on the 07 day of JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bud 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**

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815  
Test Date: 01/07/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	6:49pm
AIR BLK	.00	6:50pm
ACCY CHK	.08	6:51pm
AIR BLK	.00	6:52pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:52pm</b>
AIR BLK	.00	6:53pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:55pm</b>
AIR BLK	.00	6:56pm

Reported AC: .00 g/210L

*Brian D. Smith*

Signature of Chemical Analyst

Court CVR

*Brian D. Smith*

Analyst

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

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815      Test Record Number: 828  
Test Date: 01/07/2014      Test Time: 6:57pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:57pm
FLO	Pass	6:57pm
FC	Pass	6:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:57pm
SRC	Pass	6:57pm
DET	Pass	6:57pm
BAR	Pass	6:57pm
BT	Pass	6:57pm

Blank Tests

Test	Status	Time
AIR	Pass	6:58pm


Printer Tests

Test	Status	Time
PRNT	Pass	6:58pm

CRC Tests

Test	Status	Time
COMP	Pass	6:58pm
CAL	Pass	6:58pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

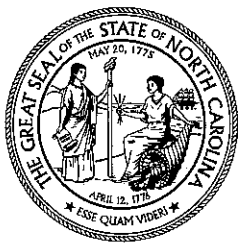
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rockingham Instrument Location Rockingham Co. Jail  
Instrument Serial No. 008796 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 6 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

642  
Certificate Number

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

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

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL  
780

Serial Number: 008796  
Test Date: 01/06/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	12:25pm
AIR BLK	.00	12:26pm
ACCY CHK	.07	12:26pm
AIR BLK	.00	12:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:28pm</b>
AIR BLK	.00	12:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:30pm</b>
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796      Test Record Number: 1500  
Test Date: 01/06/2014      Test Time: 12:32pm EST

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

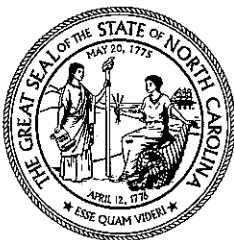
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rockingham Instrument Location Reidsville Police  
Instrument Serial No. 008784 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 6 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dow  
Signature of Certifying Official

642  
Certificate Number

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

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784  
Test Date: 01/06/2014

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

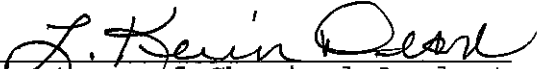
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
06/01/2013-06/01/2015

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

Lot Number: AG300202  
Exp Date: 01/02/2015

Test	g/210L	Time
DIAG	Pass	2:17pm
AIR BLK	.00	2:18pm
ACCY CHK	.07	2:18pm
AIR BLK	.00	2:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:20pm</b>
AIR BLK	.00	2:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:22pm</b>
AIR BLK	.00	2:23pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**ROCKINGHAM COUNTY REIDSVILLE PD 780**

Serial Number: 008784      Test Record Number: 753  
Test Date: 01/06/2014      Test Time: 2:24pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	2:24pm
FLO	Pass	2:24pm
FC	Pass	2:24pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	2:24pm
SRC	Pass	2:24pm
DET	Pass	2:24pm
BAR	Pass	2:24pm
BT	Pass	2:24pm

**Blank Tests**

Test	Status	Time
AIR	Pass	2:26pm

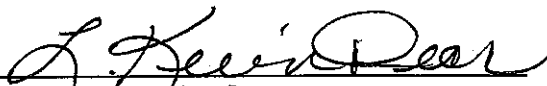
**Printer Tests**

Test	Status	Time
PRNT	Pass	2:26pm

**CRC Tests**

Test	Status	Time
COMP	Pass	2:26pm
CAL	Pass	2:26pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

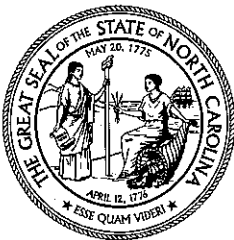
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County 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 6 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

642  
Certificate Number

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

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

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Date: 01/06/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

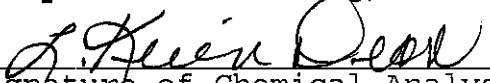
Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	1:21pm
AIR BLK	.00	1:22pm
ACCY CHK	.07	1:22pm
AIR BLK	.00	1:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:24pm</b>
AIR BLK	.00	1:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:27pm</b>
AIR BLK	.00	1:27pm

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: 1380  
Test Date: 01/06/2014 Test Time: 1:29pm EST

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	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

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 Cabarrus

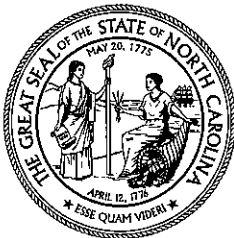
Instrument Location BAT Mobile Unit 5

Instrument Serial No. 008600

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>rd</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 5 120

Serial Number: 008600      Test Record Number: 1314  
Test Date: 01/03/2014      Test Time: 9:31pm EST

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	9:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm

CRC Tests

Test	Status	Time
COMP	Pass	9:33pm
CAL	Pass	9:33pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



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

**CABARRUS COUNTY BAT MOBILE UNIT 5 120**

Serial Number: 008600      Test Record Number: 1314  
Test Date: 01/03/2014      Test Time: 9:31pm EST

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	9:32pm


**Printer Tests**

Test	Status	Time
PRNT	Pass	9:32pm

**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 LEE

Instrument Location SANTFORD POLICE DEPT

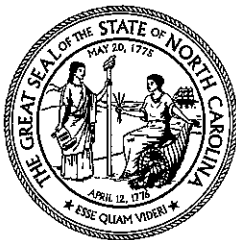
Instrument Serial No. 008867

SANTFORD, NC

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

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

I certify that on the 3 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]  
Signature of Certifying Official

652  
Certificate Number

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

Intox EC/IR-II: Subject Test

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867  
Test Date: 01/03/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602

Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:30am
ACCY CHK	.08	11:31am
AIR BLK	.00	11:32am
<b>SUB TEST</b>	<b>.00</b>	<b>11:32am</b>
AIR BLK	.00	11:33am
<b>SUB TEST</b>	<b>.00</b>	<b>11:35am</b>
AIR BLK	.00	11:35am

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: 738  
Test Date: 01/03/2014      Test Time: 11:36am EST

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

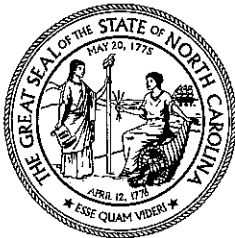
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County CHATHAM Instrument Location SILER CITY P.D.  
Instrument Serial No. 008811 SILER CITY, N.C.

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

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

I certify that on the 6 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811  
Test Date: 01/06/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG312802

Exp Date: 05/08/2015

Test	g/210L	Time
DIAG	Pass	2:57pm
AIR BLK	.00	2:58pm
ACCY CHK	.08	2:59pm
AIR BLK	.00	3:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:01pm</b>
AIR BLK	.00	3:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:03pm</b>
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811      Test Record Number: 1047  
Test Date: 01/06/2014      Test Time: 3:04pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:05pm
SRC	Pass	3:05pm
DET	Pass	3:05pm
BAR	Pass	3:05pm
BT	Pass	3:05pm

Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

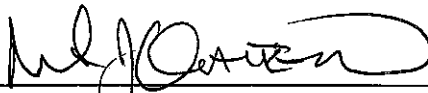
Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm

CRC Tests

Test	Status	Time
COMP	Pass	3:06pm
CAL	Pass	3:06pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

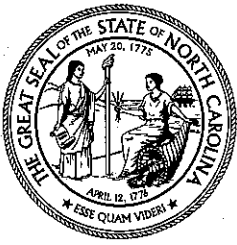
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County MOORE Instrument Location PINEHURST Police DEPT  
Instrument Serial No. 008710 PINEHURST P.D.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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

652  
Certificate Number

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



Intox EC/IR-II: Subject Test

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710  
Test Date: 01/15/2014

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

Analyst's Name:  
QUARANTELLLO, NICHOLAS J  
Permit Number: 21536E  
Effective:  
08/01/2013-08/01/2015

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

Lot Number: AG320602  
Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	10:26am
AIR BLK	.00	10:26am
ACCY CHK	.07	10:27am
AIR BLK	.00	10:28am
<b>SUB TEST</b>	<b>.00</b>	<b>10:29am</b>
AIR BLK	.00	10:29am
<b>SUB TEST</b>	<b>.00</b>	<b>10:31am</b>
AIR BLK	.00	10:32am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710      Test Record Number: 1032  
Test Date: 01/15/2014      Test Time: 10:32am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:33am
SRC	Pass	10:33am
DET	Pass	10:33am
BAR	Pass	10:33am
BT	Pass	10:33am

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

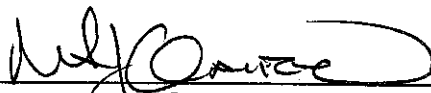
Printer Tests

Test	Status	Time
PRNT	Pass	10:34am

CRC Tests

Test	Status	Time
COMP	Pass	10:34am
CAL	Pass	10:34am

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 MOORE Instrument Location SOUTHERN PINES P.D.  
Instrument Serial No. 008720 SOUTHERN PINES, 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 15 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

Intox EC/IR-II: Subject Test

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720  
Test Date: 01/15/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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


Analyst's Name:  
QUARANTELLLO, NICHOLAS J  
Permit Number: 21536E  
Effective:  
08/01/2013-08/01/2015

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

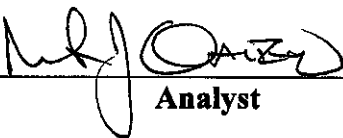
Lot Number: AG312802  
Exp Date: 05/08/2015

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720      Test Record Number: 721  
Test Date: 01/15/2014      Test Time: 12:52pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

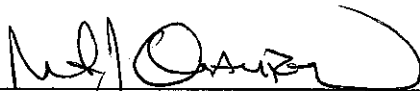
Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

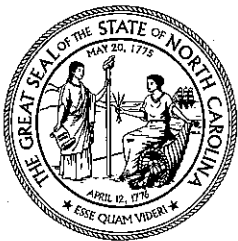
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County MECKLENBURG Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008707 CHARLOTTE, NC

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

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

I certify that on the 23 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alvin 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**

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008707  
Test Date: 01/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308002

Exp Date: 03/21/2015

Test	g/210L	Time
DIAG	Pass	11:08pm
AIR BLK	.00	11:09pm
ACCY CHK	.08	11:09pm
AIR BLK	.00	11:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:11pm</b>
AIR BLK	.00	11:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:13pm</b>
AIR BLK	.00	11:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707      Test Record Number: 1942  
Test Date: 01/23/2014      Test Time: 11:15pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:16pm
FLO	Pass	11:16pm
FC	Pass	11:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:16pm
SRC	Pass	11:16pm
DET	Pass	11:16pm
BAR	Pass	11:16pm
BT	Pass	11:16pm

Blank Tests

Test	Status	Time
AIR	Pass	11:17pm


Printer Tests

Test	Status	Time
PRNT	Pass	11:17pm

CRC Tests

Test	Status	Time
COMP	Pass	11:17pm
CAL	Pass	11:17pm

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 MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008616 CHARLOTTE, NC

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

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

I certify that on the 23 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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**

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008616  
Test Date: 01/23/2014

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
09/01/2013-09/01/2015

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

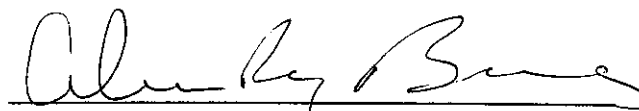
Lot Number: AG320602  
Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	10:38pm
AIR BLK	.00	10:38pm
ACCY CHK	.08	10:39pm
AIR BLK	.00	10:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:41pm</b>
AIR BLK	.00	10:41pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:43pm</b>
AIR BLK	.00	10:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

**MECKLENBURG COUNTY BAT MOBILE UNIT 3 590**

Serial Number: 008616      Test Record Number: 1864  
Test Date: 01/23/2014      Test Time: 10:45pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:45pm
FLO	Pass	10:45pm
FC	Pass	10:45pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:46pm
SRC	Pass	10:46pm
DET	Pass	10:46pm
BAR	Pass	10:46pm
BT	Pass	10:46pm

**Blank Tests**

Test	Status	Time
AIR	Pass	10:46pm

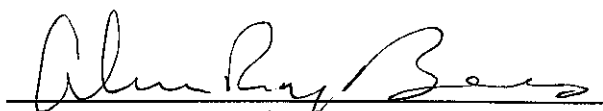
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:46pm

**CRC Tests**

Test	Status	Time
COMP	Pass	10:46pm
CAL	Pass	10:46pm

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**

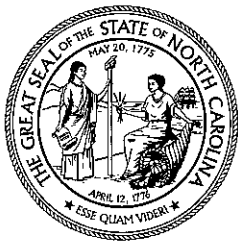
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008647 CHARLOTTE, NC

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

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

I certify that on the 23 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ry Bass  
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

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008647  
Test Date: 01/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602


Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	10:35pm
AIR BLK	.00	10:36pm
ACCY CHK	.08	10:36pm
AIR BLK	.00	10:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:38pm</b>
AIR BLK	.00	10:39pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:40pm</b>
AIR BLK	.00	10:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

**MECKLENBURG COUNTY BAT MOBILE UNIT 3 590**

Serial Number: 008647      Test Record Number: 1885  
Test Date: 01/23/2014      Test Time: 10:43pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:44pm
FLO	Pass	10:44pm
FC	Pass	10:44pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:44pm
SRC	Pass	10:44pm
DET	Pass	10:44pm
BAR	Pass	10:44pm
BT	Pass	10:44pm

**Blank Tests**

Test	Status	Time
AIR	Pass	10:44pm

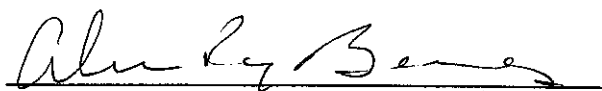
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:44pm

**CRC Tests**

Test	Status	Time
COMP	Pass	10:45pm
CAL	Pass	10:45pm

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

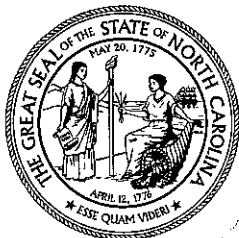
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Wake Instrument Location Knightdale P.S.  
Instrument Serial No. 008838 979 Steeple Square Ct.  
Knightdale NC

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

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

I certify that on the 27<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chloe 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

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Date: 01/27/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

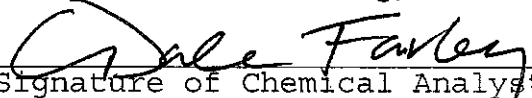
Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3:54pm
ACCY CHK	.07	3:54pm
AIR BLK	.00	3:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:56pm</b>
AIR BLK	.00	3:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:59pm</b>
AIR BLK	.00	3:59pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838      Test Record Number: 989  
Test Date: 01/27/2014      Test Time: 4:02pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:02pm
FLO	Pass	4:02pm
FC	Pass	4:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:02pm
SRC	Pass	4:02pm
DET	Pass	4:02pm
BAR	Pass	4:02pm
BT	Pass	4:02pm

Blank Tests

Test	Status	Time
AIR	Pass	4:03pm

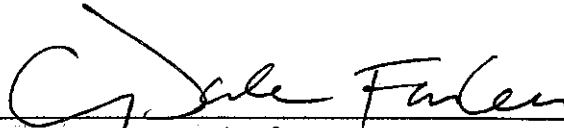
Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm

CRC Tests

Test	Status	Time
COMP	Pass	4:03pm
CAL	Pass	4:03pm

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 Wake Instrument Location Cary PD  
Instrument Serial No. 008587 120 Wilkinson Ave.  
Cary NC

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

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

I certify that on the 27<sup>th</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
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**

WAKE COUNTY CARY PD 910

Serial Number: 008587

Test Date: 01/27/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE N

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

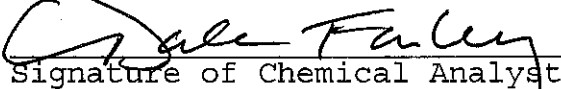
Test Type: Breath Test

Lot Number: AG335201

Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	11:04am
AIR BLK	.00	11:05am
ACCY CHK	.08	11:05am
AIR BLK	.00	11:07am
<b>SUB TEST</b>	<b>.00</b>	<b>11:07am</b>
AIR BLK	.00	11:08am
<b>SUB TEST</b>	<b>.00</b>	<b>11:10am</b>
AIR BLK	.00	11:11am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

WAKE COUNTY CARY PD 910

Serial Number: 008587      Test Record Number: 2554  
Test Date: 01/27/2014      Test Time: 11:12am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:12am
FLO	Pass	11:12am
FC	Pass	11:13am

Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
BT	Pass	11:13am

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

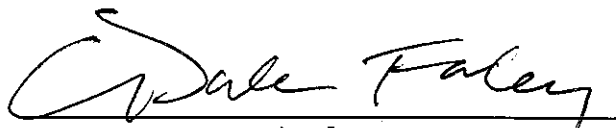
Printer Tests

Test	Status	Time
PRNT	Pass	11:13am

CRC Tests

Test	Status	Time
COMP	Pass	11:13am
CAL	Pass	11:14am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

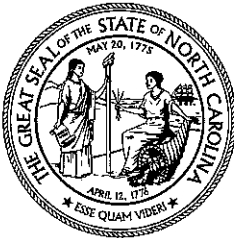
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Durham Instrument Location Durham Co. Jail  
Instrument Serial No. 008891 217 S. Mangum St.  
Durham NC

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

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

I certify that on the 24<sup>th</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
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**

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891  
Test Date: 01/24/2014

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

Analyst's Name: FARLEY, CYNTHIA D  
Permit Number: 24123E  
Effective:  
12/01/2012-12/01/2014

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

Lot Number: AG317801  
Exp Date: 06/27/2015

Test	g/210L	Time
DIAG	Pass	2:16pm
AIR BLK	.00	2:17pm
ACCY CHK	.08	2:18pm
AIR BLK	.00	2:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:20pm</b>
AIR BLK	.00	2:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:23pm</b>
AIR BLK	.00	2:24pm

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**

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891      Test Record Number: 2494  
Test Date: 01/24/2014      Test Time: 2:25pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:25pm
FLO	Pass	2:25pm
FC	Pass	2:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm

CRC Tests

Test	Status	Time
COMP	Pass	2:26pm
CAL	Pass	2:26pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

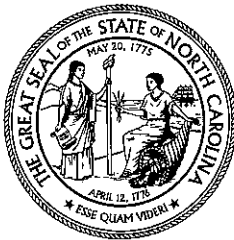
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Durham Instrument Location Durham Co. Jail  
Instrument Serial No. 008878 217 S. Mangum St.  
Durham NC

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

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

I certify that on the 24<sup>th</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



W. 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**

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878  
Test Date: 01/24/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

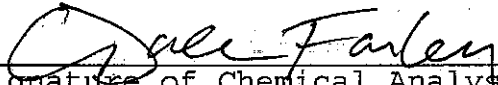
Analyst's Name: FARLEY, CYNTHIA D  
Permit Number: 24123E  
Effective:  
12/01/2012-12/01/2014

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

Lot Number: AG317801  
Exp Date: 06/27/2015

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:32pm
ACCY CHK	.07	1:32pm
AIR BLK	.00	1:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:34pm</b>
AIR BLK	.00	1:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:37pm</b>
AIR BLK	.00	1:38pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878      Test Record Number: 2744  
Test Date: 01/24/2014      Test Time: 1:39pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	1:40pm
FLO	Pass	1:40pm
FC	Pass	1:40pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	1:40pm
SRC	Pass	1:40pm
DET	Pass	1:40pm
BAR	Pass	1:40pm
BT	Pass	1:40pm

**Blank Tests**

Test	Status	Time
AIR	Pass	1:41pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	1:41pm

**CRC Tests**

Test	Status	Time
COMP	Pass	1:41pm
CAL	Pass	1:41pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

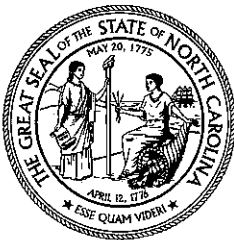
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Durham Instrument Location Durham Co. Jail  
Instrument Serial No. 008859 217 S. Mangum St.  
Durham NC

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

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

I certify that on the 24<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the 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**

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859  
Test Date: 01/24/2014

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

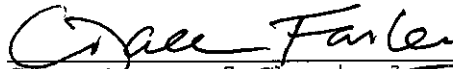
Analyst's Name: FARLEY, CYNTHIA D  
Permit Number: 24123E  
Effective:  
12/01/2012-12/01/2014

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

Lot Number: AG326006  
Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	11:58am
AIR BLK	.00	11:59am
ACCY CHK	.08	12:00pm
AIR BLK	.00	12:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:02pm</b>
AIR BLK	.00	12:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:04pm</b>
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**

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859      Test Record Number: 1654  
Test Date: 01/24/2014      Test Time: 12:06pm EST

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	12:07pm
BT	Pass	12:07pm

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

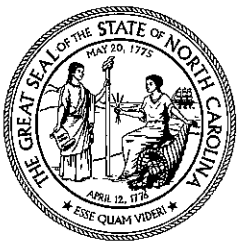
County Wake Instrument Location Wake Co. Detention Center

Instrument Serial No. 008816 3301 Hammond Rd  
Raleigh NC

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

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

I certify that on the 22nd day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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**

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816  
Test Date: 01/22/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201  
Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	1:32pm
AIR BLK	.00	1:33pm
ACCY CHK	.08	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CYR

  
Analyst

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

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816      Test Record Number: 6052  
Test Date: 01/22/2014      Test Time: 1:43pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:43pm
FC	Pass	1:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

Blank Tests

Test	Status	Time
AIR	Pass	1:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm

CRC Tests

Test	Status	Time
COMP	Pass	1:44pm
CAL	Pass	1:44pm

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**

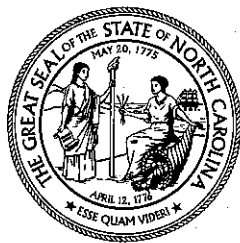
County Wake Instrument Location Wake Co. Detention Center

Instrument Serial No. 008686 3301 Hammond Rd.  
Raleigh NC

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

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

I certify that on the 22nd day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Wale 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**

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686

Test Date: 01/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	12:48pm
AIR BLK	.00	12:49pm
ACCY CHK	.08	12:50pm
AIR BLK	.00	12:51pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:52pm</b>
AIR BLK	.00	12:53pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:54pm</b>
AIR BLK	.00	12:55pm

Reported AC: 00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686      Test Record Number: 5272  
Test Date: 01/22/2014      Test Time: 12:58pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:58pm
FLO	Pass	12:58pm
FC	Pass	12:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:59pm
SRC	Pass	12:59pm
DET	Pass	12:59pm
BAR	Pass	12:59pm
BT	Pass	12:59pm

Blank Tests

Test	Status	Time
AIR	Pass	12:59pm

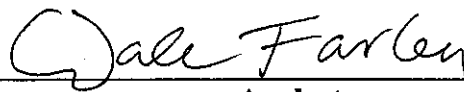
Printer Tests

Test	Status	Time
PRNT	Pass	12:59pm

CRC Tests

Test	Status	Time
COMP	Pass	12:59pm
CAL	Pass	12:59pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

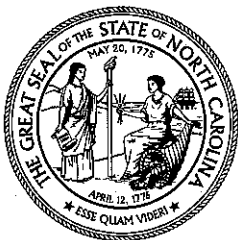
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Orange Instrument Location Chapel Hill P.D.  
Instrument Serial No. 008839 828 Martin Luther King Jr. Blvd  
Chapel Hill NC

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

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

I certify that on the 10<sup>th</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



S 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**

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839  
Test Date: 01/10/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	4:23pm
AIR BLK	.00	4:24pm
ACCY CHK	.08	4:25pm
AIR BLK	.00	4:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:27pm</b>
AIR BLK	.00	4:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:29pm</b>
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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839      Test Record Number: 1182  
Test Date: 01/10/2014      Test Time: 4:31pm EST

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

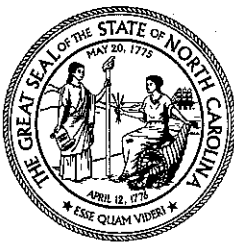
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Orange Instrument Location Chapel Hill P.D.  
Instrument Serial No. 008856 828 Martin Luther King Jr Blvd  
Chapel Hill NC

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

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

I certify that on the 10<sup>th</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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**

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856

Test Date: 01/10/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	4:49pm
AIR BLK	.00	4:50pm
ACCY CHK	.08	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm
SUB TEST	.00	4:55pm
AIR BLK	.00	4:56pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007



Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 1306  
Test Date: 01/10/2014 Test Time: 4:58pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:58pm
FLO	Pass	4:58pm
FC	Pass	4:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:58pm
SRC	Pass	4:58pm
DET	Pass	4:58pm
BAR	Pass	4:58pm
BT	Pass	4:58pm

Blank Tests

Test	Status	Time
AIR	Pass	4:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:59pm

CRC Tests

Test	Status	Time
COMP	Pass	4:59pm
CAL	Pass	4:59pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

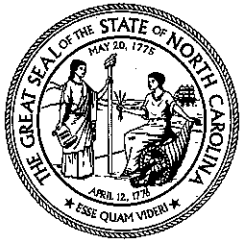
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Orange Instrument Location Hillsborough P.D.  
Instrument Serial No. 008799 127. N. Churton St.  
Hillsborough NC

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

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

I certify that on the 10<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the 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**

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799  
Test Date: 01/10/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322401

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	2:15pm
AIR BLK	.00	2:16pm
ACCY CHK	.07	2:17pm
AIR BLK	.00	2:18pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:18pm</b>
AIR BLK	.00	2:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:21pm</b>
AIR BLK	.00	2:22pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799      Test Record Number: 1563  
Test Date: 01/10/2014      Test Time: 2:23pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:24pm
FLO	Pass	2:24pm
FC	Pass	2:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:24pm
SRC	Pass	2:24pm
DET	Pass	2:24pm
BAR	Pass	2:24pm
BT	Pass	2:24pm

Blank Tests

Test	Status	Time
AIR	Pass	2:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:25pm

CRC Tests

Test	Status	Time
COMP	Pass	2:25pm
CAL	Pass	2:25pm

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 Detention Center

Instrument Serial No. 008924 3301 Hammond Rd.  
Raleigh NC

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

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

I certify that on the 10<sup>th</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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**

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924

Test Date: 01/10/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTANENCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

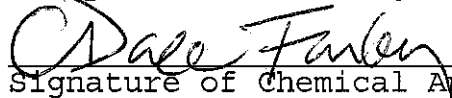
Test Type: Breath Test


Lot Number: AG323402

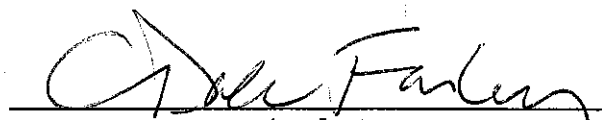
Exp Date: 08/22/2015

Test	g/210L	Time
DIAG	Pass	12:04pm
AIR BLK	.00	12:05pm
ACCY CHK	.08	12:06pm
AIR BLK	.00	12:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:08pm</b>
AIR BLK	.00	12:08pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:10pm</b>
AIR BLK	.00	12:11pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR 

  
Analyst

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

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924      Test Record Number: 269  
Test Date: 01/10/2014      Test Time: 12:13pm EST

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	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:14pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	12:14pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:14pm
CAL	Pass	12:14pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

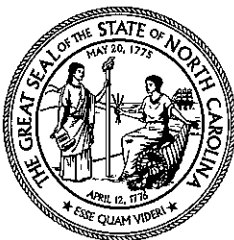
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Northampton Instrument Location Northampton Co. S.C.  
Instrument Serial No. 008607 105 W. Jefferson St.  
Jacksonville

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT  
650

Serial Number: 008607  
Test Date: 01/09/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

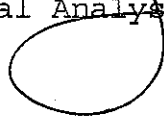
Lot Number: AG308702

Exp Date: 03/28/2015

Test	g/210L	Time
DIAG	Pass	3:26pm
AIR BLK	.00	3:27pm
ACCY CHK	.07	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR 

  
Analyst

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

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

**NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650**

Serial Number: 008607      Test Record Number: 724  
Test Date: 01/09/2014      Test Time: 3:35pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	3:35pm
FLO	Pass	3:35pm
FC	Pass	3:35pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	3:35pm
SRC	Pass	3:35pm
DET	Pass	3:35pm
BAR	Pass	3:35pm
BT	Pass	3:35pm

**Blank Tests**

Test	Status	Time
AIR	Pass	3:36pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	3:36pm

**CRC Tests**

Test	Status	Time
COMP	Pass	3:36pm
CAL	Pass	3:36pm

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 Northampton Instrument Location Northampton Co. S.O.  
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 9th day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul 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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT  
650

Serial Number: 008688

Test Date: 01/09/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

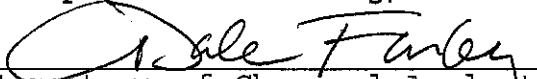
Test Type: Breath Test


Lot Number: AG303502

Exp Date: 02/04/2015

Test	g/210L	Time
DIAG	Pass	2:45pm
AIR BLK	.00	2:47pm
ACCY CHK	.07	2:47pm
AIR BLK	.00	2:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:49pm</b>
AIR BLK	.00	2:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:51pm</b>
AIR BLK	.00	2:52pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR 

  
Analyst

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

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

**NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650**

Serial Number: 008688      Test Record Number: 669  
Test Date: 01/09/2014      Test Time: 2:53pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	2:54pm
FLO	Pass	2:54pm
FC	Pass	2:54pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	2:54pm
SRC	Pass	2:54pm
DET	Pass	2:54pm
BAR	Pass	2:54pm
BT	Pass	2:54pm

**Blank Tests**

Test	Status	Time
AIR	Pass	2:55pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	2:55pm

**CRC Tests**

Test	Status	Time
COMP	Pass	2:55pm
CAL	Pass	2:55pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

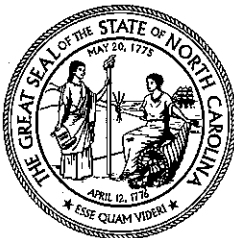
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Halifax Instrument Location Halifax Co. S.O.  
Instrument Serial No. 008695 Ferrell Lane  
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 9<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the 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**

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695  
Test Date: 01/09/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test


Lot Number: AG323402

Exp Date: 08/22/2015

Test	g/210L	Time
DIAG	Pass	10:49am
AIR BLK	.00	10:50am
ACCY CHK	.08	10:51am
AIR BLK	.00	10:52am
<b>SUB TEST</b>	<b>.00</b>	<b>10:52am</b>
AIR BLK	.00	10:53am
<b>SUB TEST</b>	<b>.00</b>	<b>10:55am</b>
AIR BLK	.00	10:56am

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

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695      Test Record Number: 1521  
Test Date: 01/09/2014      Test Time: 10:58am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	10:59am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am

CRC Tests

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

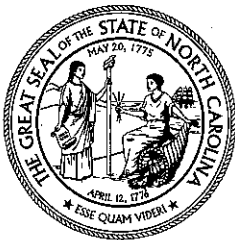
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Beaufort Instrument Location Beaufort Co. Courthouse  
Instrument Serial No. 008909 102 E. 2nd St., Washington 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 28<sup>th</sup> day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Date: 01/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

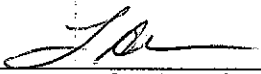
Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:54am
ACCY CHK	.08	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:00pm

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 1842  
Test Date: 01/28/2014 Test Time 12:02pm EST

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	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

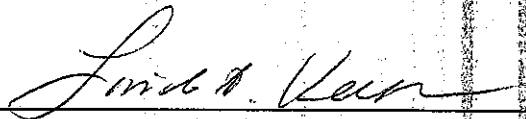
Printer Tests

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

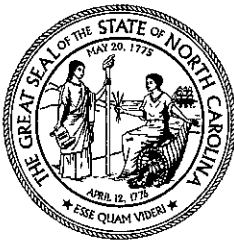
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Branford Instrument Location Branford Co. Courthouse  
Instrument Serial No. 008586 100 E. 2nd St., Washington 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 28<sup>th</sup> day of JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Louise A. Kest  
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.

uu Intox EC/IR-II: Subject Test

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586

Test Date: 01/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

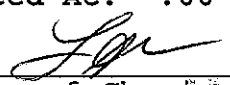
Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	11:45am
AIR BLK	.00	11:46am
ACCY CHK	.08	11:47am
AIR BLK	.00	11:48am
<b>SUB TEST</b>	<b>.00</b>	<b>11:49am</b>
AIR BLK	.00	11:50am
<b>SUB TEST</b>	<b>.00</b>	<b>11:52am</b>
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586      Test Record Number: 1028  
Test Date: 01/28/2014      Test Time: 11:54am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:55am
FC	Pass	11:55am

Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
BT	Pass	11:55am

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

Test	Status	Time
PRNT	Pass	11:56am

CRC Tests

Test	Status	Time
COMP	Pass	11:56am
CAL	Pass	11:56am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

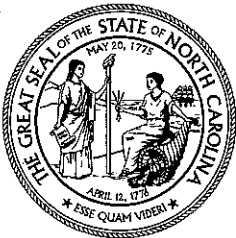
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wayne Instrument Location Wayne Co. Detention Ctr.  
Instrument Serial No. 008847 207 E. Chestnut St., Goldsboro, NC

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

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

I certify that on the 23<sup>rd</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Linda A. Kees  
Signature of Certifying Official

047  
Certificate Number

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

Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008847

Test Date: 01/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

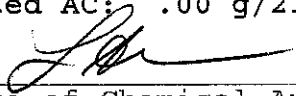
Test Type: Breath Test

Lot Number: AG315701

Exp Date: 06/06/2015

Test	g/210L	Time
DIAG	Pass	9:24am
AIR BLK	.00	9:25am
ACCY CHK	.08	9:25am
AIR BLK	.00	9:26am
<b>SUB TEST</b>	<b>.00</b>	<b>9:29am</b>
AIR BLK	.00	9:30am
<b>SUB TEST</b>	<b>.00</b>	<b>9:32am</b>
AIR BLK	.00	9:32am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008847      Test Record Number: 465  
Test Date: 01/23/2014      Test Time: 9:13am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:14am
FLO	Pass	9:14am
FC	Pass	9:14am

Temperature Tests

Test	Status	Time
FC1	Pass	9:14am
SRC	Pass	9:14am
DET	Pass	9:14am
BAR	Pass	9:14am
BT	Pass	9:14am

Blank Tests

Test	Status	Time
AIR	Pass	9:15am

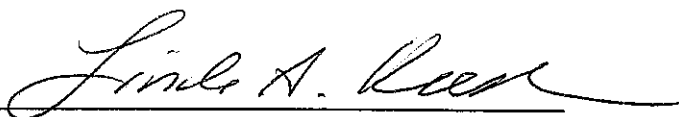
Printer Tests

Test	Status	Time
PRNT	Pass	9:15am

CRC Tests

Test	Status	Time
COMP	Pass	9:15am
CAL	Pass	9:15am

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**

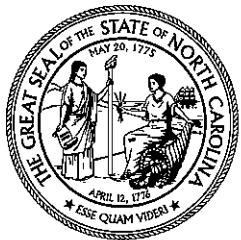
County Martin Instrument Location Martin Co. S.O.

Instrument Serial No. 008912 305 E. Main St., Williamston, NC

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

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

I certify that on the 24<sup>th</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly A. [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**

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912  
Test Date: 01/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG309105

Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	10:32am
AIR BLK	.00	10:33am
ACCY CHK	.08	10:34am
AIR BLK	.00	10:35am
<b>SUB TEST</b>	<b>.00</b>	<b>10:35am</b>
AIR BLK	.00	10:36am
<b>SUB TEST</b>	<b>.00</b>	<b>10:37am</b>
AIR BLK	.00	10:38am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912      Test Record Number: 753  
Test Date: 01/24/2014      Test Time: 10:39am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:40am
FLO	Pass	10:40am
FC	Pass	10:40am

Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	Pass	10:40am
BAR	Pass	10:40am
BT	Pass	10:40am

Blank Tests

Test	Status	Time
AIR	Pass	10:41am

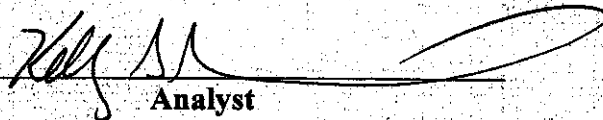
Printer Tests

Test	Status	Time
PRNT	Pass	10:41am

CRC Tests

Test	Status	Time
COMP	Pass	10:41am
CAL	Pass	10:41am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

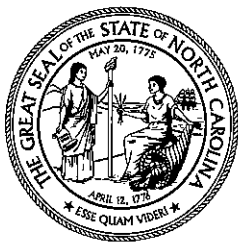
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Washington Instrument Location Washington Co. S.O.  
Instrument Serial No. 008829 Adams St., Plymouth, 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 27<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly St.  
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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829  
Test Date: 01/27/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG326006


Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	11:46am
AIR BLK	.00	11:47am
ACCY CHK	.08	11:47am
AIR BLK	.00	11:49am
<b>SUB TEST</b>	<b>.00</b>	<b>11:50am</b>
AIR BLK	.00	11:50am
<b>SUB TEST</b>	<b>.00</b>	<b>11:52am</b>
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829      Test Record Number: 529  
Test Date: 01/27/2014      Test Time: 11:55am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:56am
FC	Pass	11:56am

Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

Test	Status	Time
PRNT	Pass	11:56am

CRC Tests

Test	Status	Time
COMP	Pass	11:57am
CAL	Pass	11:57am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

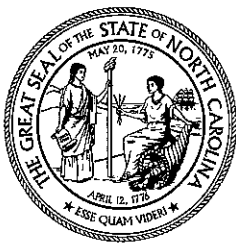
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Wake Instrument Location BAT MOBILE UNIT #7  
Instrument Serial No. 008704 Raleigh

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

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

I certify that on the 31<sup>ST</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph B. Tillman 636  
Signature of Certifying Official Certificate Number

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



Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704      Test Record Number: 216  
Test Date: 01/31/2014      Test Time: 10:13pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

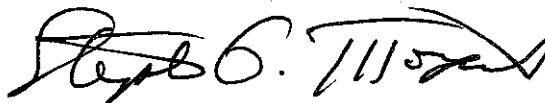
Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm

CRC Tests

Test	Status	Time
COMP	Pass	10:14pm
CAL	Pass	10:14pm

Preventive Maintenance  
Status: Pass



**Analyst**

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704  
Test Date: 01/31/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG309101

Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	10:04pm
AIR BLK	.00	10:05pm
ACCY CHK	.08	10:06pm
AIR BLK	.00	10:07pm
SUB TEST	.00	10:07pm
AIR BLK	.00	10:08pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm

Reported AC: 00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

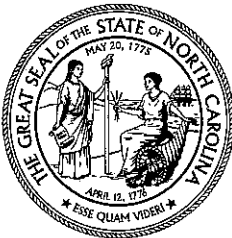
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County MOORE Instrument Location ROBBINS P.D.  
Instrument Serial No. 108728 Robbins, NC

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

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

I certify that on the 28 day of JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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

371  
Certificate Number

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

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

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728

Test Date: 01/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

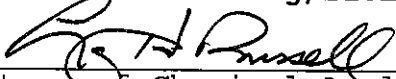
Test Type: Breath Test

Lot Number: AG309101

Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	10:56am
AIR BLK	.00	10:57am
ACCY CHK	.08	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728      Test Record Number: 240  
Test Date: 01/28/2014      Test Time: 11:04am EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:05am

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

**Blank Tests**

Test	Status	Time
AIR	Pass	11:06am

**Printer Tests**

Test	Status	Time
PRNT	Pass	11:06am

**CRC Tests**

Test	Status	Time
COMP	Pass	11:06am
CAL	Pass	11:06am

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 Instrument Location FT. BRAGG

Instrument Serial No. 008787 P.M.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 07 day of JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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

371  
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 CO. FORT BRAGG LEC. 250

Serial Number: 008787  
Test Date: 01/07/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

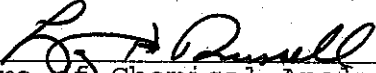
Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015


Test	g/210L	Time
DIAG	Pass	2:42pm
AIR BLK	.00	2:42pm
ACCY CHK	.08	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787      Test Record Number: 235  
Test Date: 01/07/2014      Test Time: 2:50pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	2:50pm
FLO	Pass	2:50pm
FC	Pass	2:50pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
BT	Pass	2:50pm

**Blank Tests**

Test	Status	Time
AIR	Pass	2:51pm

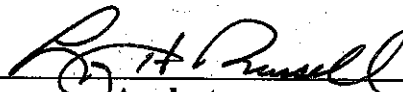
**Printer Tests**

Test	Status	Time
PRNT	Pass	2:51pm

**CRC Tests**

Test	Status	Time
COMP	Pass	2:51pm
CAL	Pass	2:51pm

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**

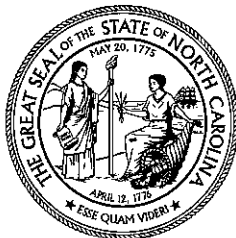
County CUMBERLAND Instrument Location F.T. BRAGG

Instrument Serial No. 008903 P.M.D.

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

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

I certify that on the 07 day of JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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

371  
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 FORT BRAGG LEC. 250

Serial Number: 008903  
Test Date: 01/07/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

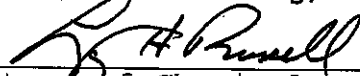
Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	.08	2:07pm
AIR BLK	.00	2:08pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:09pm</b>
AIR BLK	.00	2:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:11pm</b>
AIR BLK	.00	2:12pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903      Test Record Number: 1279  
Test Date: 01/07/2014      Test Time: 2:13pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:14pm
FLO	Pass	2:14pm
FC	Pass	2:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm

CRC Tests

Test	Status	Time
COMP	Pass	2:15pm
CAL	Pass	2:15pm

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**

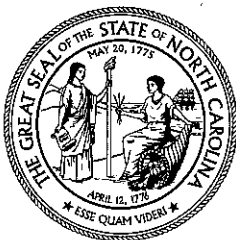
County CUMBERLAND Instrument Location FT. BRASS

Instrument Serial No. 008908 P.M.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 07 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. H. Russell  
Signature of Certifying Official

371  
Certificate Number

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

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

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908

Test Date: 01/07/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

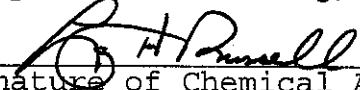
Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	1:08pm
AIR BLK	.00	1:08pm
ACCY CHK	.08	1:09pm
AIR BLK	.00	1:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:11pm</b>
AIR BLK	.00	1:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:13pm</b>
AIR BLK	.00	1:14pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908      Test Record Number: 1593  
Test Date: 01/07/2014      Test Time: 1:19pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:20pm
FLO	Pass	1:20pm
FC	Pass	1:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

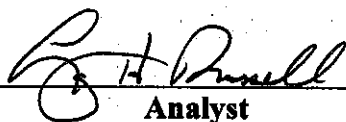
Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm

CRC Tests

Test	Status	Time
COMP	Pass	1:21pm
CAL	Pass	1:21pm

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 CRAVEN Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008871

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

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

I certify that on the 17 day of JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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**

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008871  
Test Date: 01/17/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

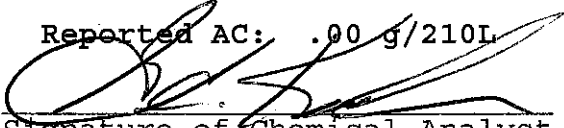
Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	10:33pm
AIR BLK	.00	10:34pm
ACCY CHK	.07	10:35pm
AIR BLK	.00	10:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:36pm</b>
AIR BLK	.00	10:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:39pm</b>
AIR BLK	.00	10:40pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008871      Test Record Number: 744  
Test Date: 01/17/2014      Test Time: 10:45pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:45pm
FLO	Pass	10:45pm
FC	Pass	10:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:45pm
SRC	Pass	10:45pm
DET	Pass	10:45pm
BAR	Pass	10:45pm
BT	Pass	10:45pm

Blank Tests

Test	Status	Time
AIR	Pass	10:46pm

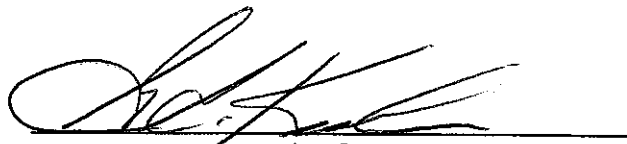
Printer Tests

Test	Status	Time
PRNT	Pass	10:46pm

CRC Tests

Test	Status	Time
COMP	Pass	10:46pm
CAL	Pass	10:46pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

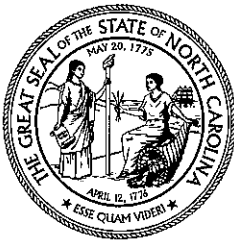
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Craven Instrument Location BAT Mobile Unit 4  
Instrument Serial No. 058434

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

634  
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

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008734      Test Record Number: 794  
Test Date: 01/17/2014      Test Time: 10:40pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:40pm
FLO	Pass	10:40pm
FC	Pass	10:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:40pm
SRC	Pass	10:40pm
DET	Pass	10:40pm
BAR	Pass	10:40pm
BT	Pass	10:40pm

Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:41pm

CRC Tests

Test	Status	Time
COMP	Pass	10:41pm
CAL	Pass	10:41pm

Preventive Maintenance  
Status: Pass



**Analyst**

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

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008734  
Test Date: 01/17/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	10:32pm
AIR BLK	.00	10:33pm
ACCY CHK	.08	10:34pm
AIR BLK	.00	10:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:35pm</b>
AIR BLK	.00	10:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:38pm</b>
AIR BLK	.00	10:39pm

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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

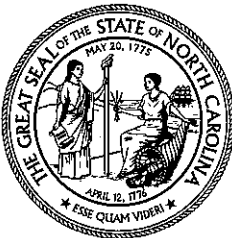
County MONTGOMERY Instrument Location MONTGOMERY CO. JAIL

Instrument Serial No. 008721 TROY 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 27 day of JANUARY, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721      Test Record Number: 889  
Test Date: 01/27/2014      Test Time: 11:56am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

Blank Tests

Test	Status	Time
AIR	Pass	11:57am

Printer Tests

Test	Status	Time
PRNT	Pass	11:57am

CRC Tests

Test	Status	Time
COMP	Pass	11:58am
CAL	Pass	11:58am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

MONTGOMERY COUNTY MONTGOMERY CO. JAIL  
610

Serial Number: 008721  
Test Date: 01/27/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG335201

Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	11:50am
AIR BLK	.00	11:51am
ACCY CHK	.08	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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

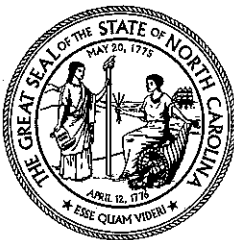
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County MONTGOMERY Instrument Location MONTGOMERY CO. JAIL  
Instrument Serial No. 008709 TROY 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 27 day of JANUARY, 20 14 the forgoing preventive maintenance procedures were performed on the 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. O'Connell  
Signature of Certifying Official

652  
Certificate Number

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



Intox EC/IR-II: Subject Test

MONTGOMERY COUNTY MONTGOMERY CO. JAIL  
610

Serial Number: 008709  
Test Date: 01/27/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG300202

Exp Date: 01/02/2015

Test	g/210L	Time
DIAG	Pass	11:47am
AIR BLK	.00	11:48am
ACCY CHK	.08	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox ~~HC~~/IR-II: Preventive Maintenance

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709      Test Record Number: 808  
Test Date: 01/27/2014      Test Time: 11:55am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:55am
FC	Pass	11:55am

Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
BT	Pass	11:55am

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

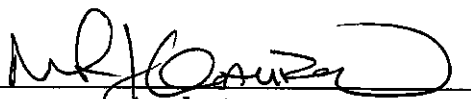
Printer Tests

Test	Status	Time
PRNT	Pass	11:56am

CRC Tests

Test	Status	Time
COMP	Pass	11:56am
CAL	Pass	11:56am

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, NC

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

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

I certify that on the 31 day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Orin 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: 01/31/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206602

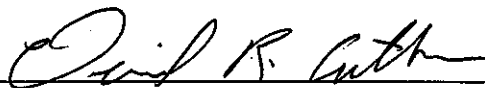
Exp Date: 03/06/2014

Test	g/210L	Time
DIAG	Pass	12:33pm
AIR BLK	.00	12:34pm
ACCY CHK	.07	12:35pm
AIR BLK	.00	12:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:37pm</b>
AIR BLK	.00	12:38pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:39pm</b>
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795      Test Record Number: 323  
Test Date: 01/31/2014      Test Time: 12:41pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

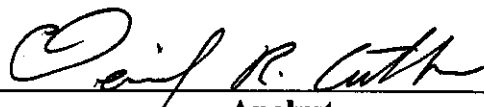
Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm

CRC Tests

Test	Status	Time
COMP	Pass	12:43pm
CAL	Pass	12:43pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

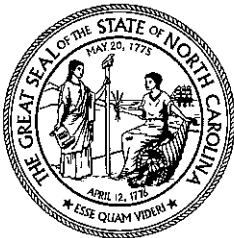
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Graham Instrument Location Graham Co. SD  
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 8 day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Galt  
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: 01/08/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	10:32am
AIR BLK	.00	10:33am
ACCY CHK	.08	10:34am
AIR BLK	.00	10:35am
<b>SUB TEST</b>	<b>.00</b>	<b>10:36am</b>
AIR BLK	.00	10:37am
<b>SUB TEST</b>	<b>.00</b>	<b>10:38am</b>
AIR BLK	.00	10:39am

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: 569  
Test Date: 01/08/2014 Test Time: 10:40am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:40am
FLO	Pass	10:40am
FC	Pass	10:41am

Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:41am

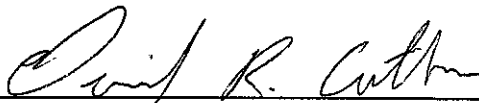
Printer Tests

Test	Status	Time
PRNT	Pass	10:41am

CRC Tests

Test	Status	Time
COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance  
Status: Pass



Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

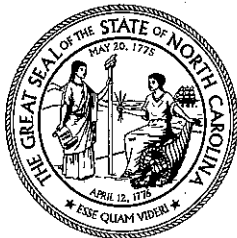
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County 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 6 day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul 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 SWAIN COUNTY JAIL 860

Serial Number: 008723

Test Date: 01/06/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206602

Exp Date: 03/06/2014

Test	g/210L	Time
DIAG	Pass	11:27am
AIR BLK	.00	11:28am
ACCY CHK	.08	11:29am
AIR BLK	.00	11:29am
<b>SUB TEST</b>	<b>.00</b>	<b>11:30am</b>
AIR BLK	.00	11:31am
<b>SUB TEST</b>	<b>.00</b>	<b>11:32am</b>
AIR BLK	.00	11:33am

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: 517  
Test Date: 01/06/2014      Test Time: 11:35am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:35am
FLO	Pass	11:35am
FC	Pass	11:35am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:36am

Printer Tests

Test	Status	Time
PRNT	Pass	11:36am

CRC Tests

Test	Status	Time
COMP	Pass	11:36am
CAL	Pass	11:36am

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

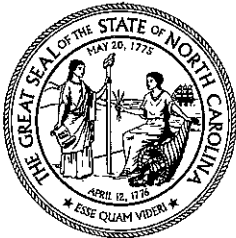
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

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 6 day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Luth  
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: 01/06/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG300202

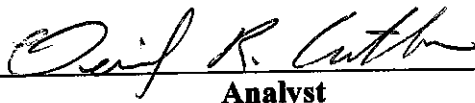
Exp Date: 01/02/2015

Test	g/210L	Time
DIAG	Pass	11:34am
AIR BLK	.00	11:35am
ACCY CHK	.07	11:36am
AIR BLK	.00	11:36am
<b>SUB TEST</b>	<b>.00</b>	<b>11:37am</b>
AIR BLK	.00	11:38am
<b>SUB TEST</b>	<b>.00</b>	<b>11:39am</b>
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727      Test Record Number: 823  
Test Date: 01/06/2014      Test Time: 11:41am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:41am

Temperature Tests

Test	Status	Time
FC1	Pass	11:41am
SRC	Pass	11:41am
DET	Pass	11:41am
BAR	Pass	11:41am
BT	Pass	11:41am

Blank Tests

Test	Status	Time
AIR	Pass	11:42am

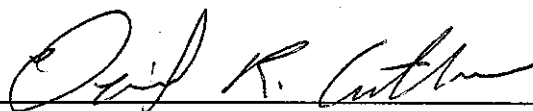
Printer Tests

Test	Status	Time
PRNT	Pass	11:42am

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

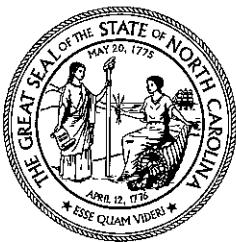
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Iredell Instrument Location Statesville PD  
Instrument Serial No. 008619 330 S. Trade St. Statesville  
704-878-3406

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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: Preventive Maintenance**

**IREDELL COUNTY STATESVILLE PD 480**

Serial Number: 008619      Test Record Number: 973  
Test Date: 01/17/2014      Test Time: 4:11pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	4:11pm
FLO	Pass	4:11pm
FC	Pass	4:12pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	4:12pm
SRC	Pass	4:12pm
DET	Pass	4:12pm
BAR	Pass	4:12pm
BT	Pass	4:12pm

**Blank Tests**

Test	Status	Time
AIR	Pass	4:12pm

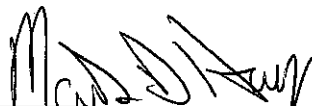
**Printer Tests**

Test	Status	Time
PRNT	Pass	4:12pm

**CRC Tests**

Test	Status	Time
COMP	Pass	4:13pm
CAL	Pass	4:13pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



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

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619  
Test Date: 01/17/2014

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

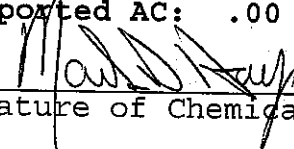
Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
02/01/2012-02/01/2014

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

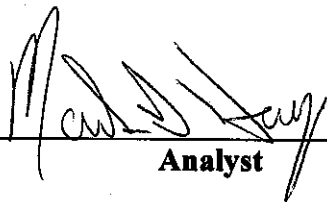
Lot Number: AG308702  
Exp Date: 03/28/2015

Test	g/210L	Time
DIAG	Pass	4:15pm
AIR BLK	.00	4:16pm
ACCY CHK	.08	4:16pm
AIR BLK	.00	4:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:18pm</b>
AIR BLK	.00	4:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:20pm</b>
AIR BLK	.00	4:21pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

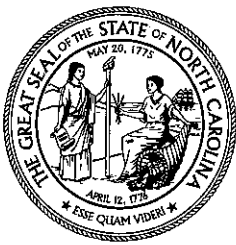
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Lincoln Instrument Location Lincoln County Courthouse  
Instrument Serial No. 008823 #1 Courthouse Square, Lincolnton  
704-732-9020

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hubert  
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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823

Test Date: 01/27/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

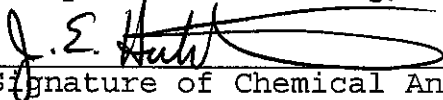
Test Type: Breath Test

Lot Number: AG206102


Exp Date: 03/14/2014

Test	g/210L	Time
DIAG	Pass	3:45pm
AIR BLK	.00	3:46pm
ACCY CHK	.08	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:52pm

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: 1067  
Test Date: 01/27/2014      Test Time: 3:53pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:53pm
FLO	Pass	3:53pm
FC	Pass	3:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:54pm
SRC	Pass	3:54pm
DET	Pass	3:54pm
BAR	Pass	3:54pm
BT	Pass	3:54pm

Blank Tests

Test	Status	Time
AIR	Pass	3:54pm

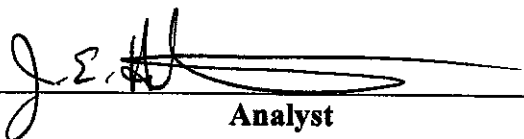
Printer Tests

Test	Status	Time
PRNT	Pass	3:54pm

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

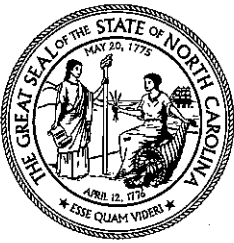
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Gaston Instrument Location Gaston County SD  
Instrument Serial No. 008643 425 N. Marietta St, Gastonia  
704-869-6800

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 January, 20 14 the forgoing preventive maintenance procedures were performed on the 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. Hatt  
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**

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643

Test Date: 01/27/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

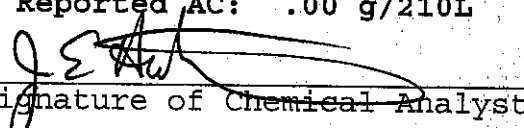
Test Type: Breath Test

Lot Number: AG335201

Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	4:52pm
AIR BLK	.00	4:53pm
ACCY CHK	.08	4:53pm
AIR BLK	.00	4:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:55pm</b>
AIR BLK	.00	4:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:57pm</b>
AIR BLK	.00	4:58pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Record Number: 1768  
Test Date: 01/27/2014 Test Time: 4:48pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:48pm
FLO	Pass	4:48pm
FC	Pass	4:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:49pm
SRC	Pass	4:49pm
DET	Pass	4:49pm
BAR	Pass	4:49pm
BT	Pass	4:49pm

Blank Tests

Test	Status	Time
AIR	Pass	4:49pm

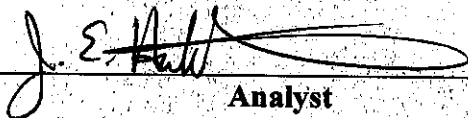
Printer Tests

Test	Status	Time
PRNT	Pass	4:49pm

CRC Tests

Test	Status	Time
COMP	Pass	4:49pm
CAL	Pass	4:49pm

Preventive Maintenance  
Status: *Pass*

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

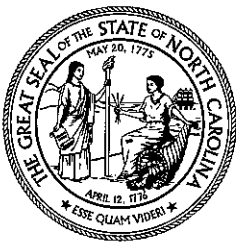
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cleveland Instrument Location Cleveland County SD  
Instrument Serial No. 008893 100 Justice Place, Shelby  
704-484-4888

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

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

I certify that on the 31st day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Stahl  
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

CLEVELAND COUNTY CLEVELAND COUNTY SD  
220

Serial Number: 008893  
Test Date: 01/31/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

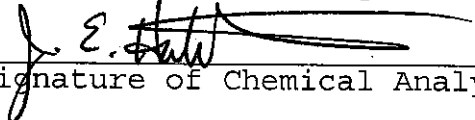
Test Type: Breath Test

Lot Number: AG320602

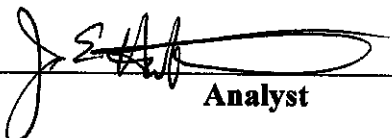
Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	1:37pm
AIR BLK	.00	1:38pm
ACCY CHK	.08	1:38pm
AIR BLK	.00	1:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:40pm</b>
AIR BLK	.00	1:41pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:42pm</b>
AIR BLK	.00	1:43pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Record Number: 1205  
Test Date: 01/31/2014 Test Time: 1:45pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:45pm
FLO	Pass	1:45pm
FC	Pass	1:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass	1:45pm
BT	Pass	1:45pm

Blank Tests

Test	Status	Time
AIR	Pass	1:46pm

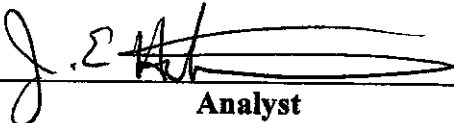
Printer Tests

Test	Status	Time
PRNT	Pass	1:46pm

CRC Tests

Test	Status	Time
COMP	Pass	1:46pm
CAL	Pass	1:46pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

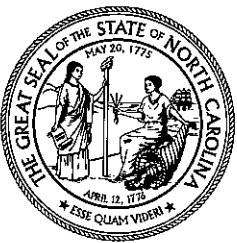
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cleveland Instrument Location Cleveland County SD - Annex  
Instrument Serial No. 008887 407 McBrayer Street, Shelby  
704-484-4888

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

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

I certify that on the 31st day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Stahl  
Signature of Certifying Official

6050  
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 SD-ANNEX  
220

Serial Number: 008887

Test Date: 01/31/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

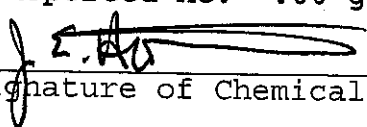
Test Type: Breath Test

Lot Number: AG206102

Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:02pm
ACCY CHK	.08	2:02pm
AIR BLK	.00	2:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:04pm</b>
AIR BLK	.00	2:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:07pm</b>
AIR BLK	.00	2:08pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887      Test Record Number: 1622  
Test Date: 01/31/2014      Test Time: 2:09pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:09pm
FLO	Pass	2:09pm
FC	Pass	2:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:09pm
SRC	Pass	2:09pm
DET	Pass	2:09pm
BAR	Pass	2:09pm
BT	Pass	2:09pm

Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

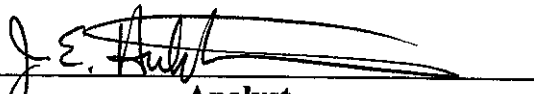
Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

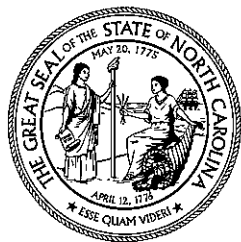
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Iredell Instrument Location Iredell County S.O.  
Instrument Serial No. 008809 221 E. Water St. Statesville  
704-878-3131

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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: Preventive Maintenance**

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809      Test Record Number: 2521  
Test Date: 01/27/2014      Test Time: 8:15am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:16am
FLO	Pass	8:16am
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	8:17am


Printer Tests

Test	Status	Time
PRNT	Pass	8:17am

CRC Tests

Test	Status	Time
COMP	Pass	8:17am
CAL	Pass	8:17am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809  
Test Date: 01/27/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

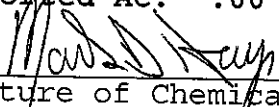
Test Type: Breath Test

Lot Number: AG204602

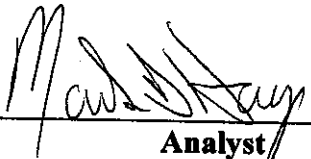
Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	8:19am
AIR BLK	.00	8:20am
ACCY CHK	.07	8:21am
AIR BLK	.00	8:21am
<b>SUB TEST</b>	<b>.00</b>	<b>8:22am</b>
AIR BLK	.00	8:24am
<b>SUB TEST</b>	<b>.00</b>	<b>8:25am</b>
AIR BLK	.00	8:26am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

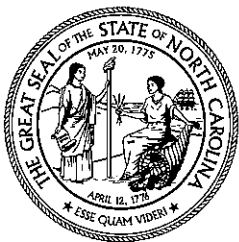
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Iredell Instrument Location Mooresville PD  
Instrument Serial No. 008685 750 W. Iredell Ave., Mooresville  
704-664-3311

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the 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. 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: Preventive Maintenance

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685      Test Record Number: 2070  
Test Date: 01/27/2014      Test Time: 9:03am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:04am
FLO	Pass	9:04am
FC	Pass	9:04am

Temperature Tests

Test	Status	Time
FC1	Pass	9:04am
SRC	Pass	9:04am
DET	Pass	9:04am
BAR	Pass	9:04am
BT	Pass	9:04am

Blank Tests

Test	Status	Time
AIR	Pass	9:05am

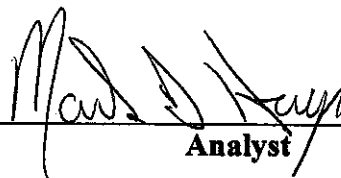
Printer Tests

Test	Status	Time
PRNT	Pass	9:05am

CRC Tests

Test	Status	Time
COMP	Pass	9:05am
CAL	Pass	9:05am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685  
Test Date: 01/27/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	9:07am
AIR BLK	.00	9:08am
ACCY CHK	.08	9:08am
AIR BLK	.00	9:10am
<b>SUB TEST</b>	<b>.00</b>	<b>9:10am</b>
AIR BLK	.00	9:11am
<b>SUB TEST</b>	<b>.00</b>	<b>9:12am</b>
AIR BLK	.00	9:13am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

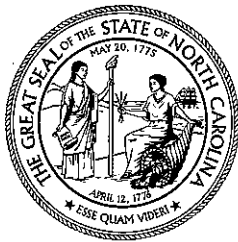
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD  
Instrument Serial No. 008690 801 E 4<sup>th</sup> St, Charlotte

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

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

I certify that on the 28<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the 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 D. King  
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: Preventive Maintenance**

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008690      Test Record Number: 4161  
Test Date: 01/28/2014      Test Time: 9:00am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:01am
FLO	Pass	9:01am
FC	Pass	9:01am

Temperature Tests

Test	Status	Time
FC1	Pass	9:01am
SRC	Pass	9:01am
DET	Pass	9:01am
BAR	Pass	9:01am
BT	Pass	9:01am

Blank Tests

Test	Status	Time
AIR	Pass	9:02am

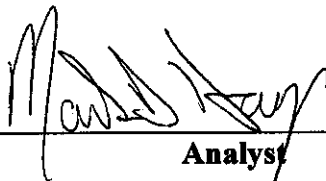
Printer Tests

Test	Status	Time
PRNT	Pass	9:02am

CRC Tests

Test	Status	Time
COMP	Pass	9:02am
CAL	Pass	9:02am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

MECKLENBURG COUNTY SHERIFFS DEPARTMENT  
590

Serial Number: 008690  
Test Date: 01/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG335201

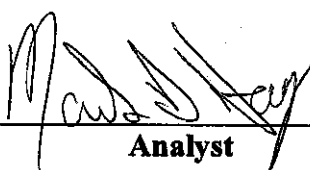
Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	9:12am
AIR BLK	.00	9:13am
ACCY CHK	.08	9:14am
AIR BLK	.00	9:15am
<b>SUB TEST</b>	<b>.00</b>	<b>9:16am</b>
AIR BLK	.00	9:16am
<b>SUB TEST</b>	<b>.00</b>	<b>9:18am</b>
AIR BLK	.00	9:19am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

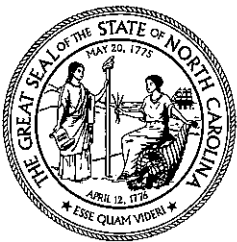
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location CMPD - LEC  
Instrument Serial No. 008594 601 E. Trade St., Charlotte

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

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

I certify that on the 28<sup>th</sup> day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten 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: Preventive Maintenance

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594      Test Record Number: 1685  
Test Date: 01/28/2014      Test Time: 9:53am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:53am
FLO	Pass	9:53am
FC	Pass	9:53am

Temperature Tests

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54am
DET	Pass	9:54am
BAR	Pass	9:54am
BT	Pass	9:54am

Blank Tests

Test	Status	Time
AIR	Pass	9:54am

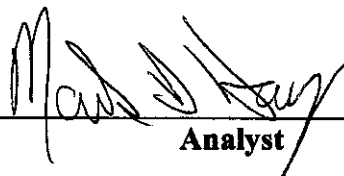
Printer Tests

Test	Status	Time
PRNT	Pass	9:54am

CRC Tests

Test	Status	Time
COMP	Pass	9:54am
CAL	Pass	9:54am

Preventive Maintenance  
Status: Pass

  
Analyst



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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594

Test Date: 01/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

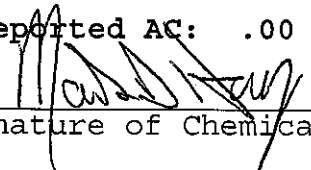
Test Type: Breath Test

Lot Number: AG320602

Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	9:57am
AIR BLK	.00	9:58am
ACCY CHK	.07	9:58am
AIR BLK	.00	9:59am
<b>SUB TEST</b>	<b>.00</b>	<b>10:00am</b>
AIR BLK	.00	10:01am
<b>SUB TEST</b>	<b>.00</b>	<b>10:02am</b>
AIR BLK	.00	10:03am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

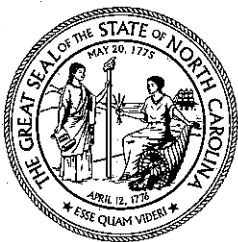
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location CPD-LEC  
Instrument Serial No. 008691 601 E. Trade St., Charlotte

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

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

I certify that on the 28<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the 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. 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: Preventive Maintenance**

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691      Test Record Number: 4487  
Test Date: 01/28/2014      Test Time: 10:19am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:20am
FLO	Pass	10:20am
FC	Pass	10:20am

Temperature Tests

Test	Status	Time
FC1	Pass	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
BT	Pass	10:20am

Blank Tests

Test	Status	Time
AIR	Pass	10:21am


Printer Tests

Test	Status	Time
PRNT	Pass	10:21am

CRC Tests

Test	Status	Time
COMP	Pass	10:21am
CAL	Pass	10:21am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691  
Test Date: 01/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

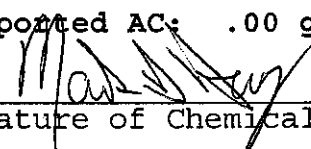
Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	10:23am
AIR BLK	.00	10:24am
ACCY CHK	.08	10:25am
AIR BLK	.00	10:26am
<b>SUB TEST</b>	<b>.00</b>	<b>10:26am</b>
AIR BLK	.00	10:27am
<b>SUB TEST</b>	<b>.00</b>	<b>10:29am</b>
AIR BLK	.00	10:30am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

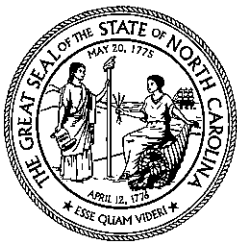
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Matthews PD  
Instrument Serial No. 008699 1201 Claus Rd, Matthews  
704-847-4069

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of January, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
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: Preventive Maintenance**

**MECKLENBURG COUNTY MATTHEWS PD 590**

Serial Number: 008699      Test Record Number: 2078  
Test Date: 01/28/2014      Test Time: 11:09am EST

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:10am
SRC	Pass	11:10am
DET	Pass	11:10am
BAR	Pass	11:10am
BT	Pass	11:10am

**Blank Tests**

Test	Status	Time
AIR	Pass	11:10am

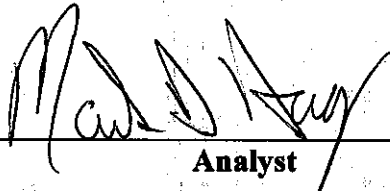
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:10am

**CRC Tests**

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

Preventive Maintenance  
Status: *Pass*

  
\_\_\_\_\_  
**Analyst**

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

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Date: 01/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

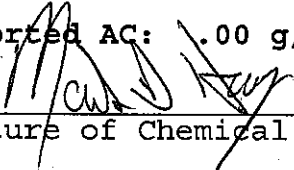
Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

Test	g/210L	Time
DIAG	Pass	11:13am
AIR BLK	.00	11:13am
ACCY CHK	.08	11:14am
AIR BLK	.00	11:15am
<b>SUB TEST</b>	<b>.00</b>	<b>11:16am</b>
AIR BLK	.00	11:17am
<b>SUB TEST</b>	<b>.00</b>	<b>11:18am</b>
AIR BLK	.00	11:19am

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 Mecklenburg Instrument Location Pineville PD  
Instrument Serial No. 008703 427 Main St, Pineville  
704-889-2231

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of January, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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: Preventive Maintenance**

**MECKLENBURG COUNTY PINEVILLE PD 590**

Serial Number: 008703      Test Record Number: 5177  
Test Date: 01/28/2014      Test Time: 12:18pm EST

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	12:18pm
SRC	Pass	12:18pm
DET	Pass	12:18pm
BAR	Pass	12:18pm
BT	Pass	12:18pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:19pm


**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

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

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703

Test Date: 01/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201

Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	12:22pm
AIR BLK	.00	12:23pm
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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

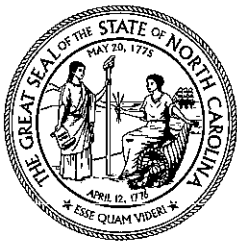
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mitchell Instrument Location Spivee Pine PD  
Instrument Serial No. 008726 Spivee Pine NC

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

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

I certify that on the 29 day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726  
Test Date: 01/29/2014

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

Analyst's Name: BURNETTE, ANTHONY J  
Permit Number: 11304E  
Effective:  
06/01/2013-06/01/2015

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

Lot Number: AG309105  
Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	2:59pm
AIR BLK	.00	3:00pm
ACCY CHK	.08	3:01pm
AIR BLK	.00	3:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:02pm</b>
AIR BLK	.00	3:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:05pm</b>
AIR BLK	.00	3:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726      Test Record Number: 649  
Test Date: 01/29/2014      Test Time: 3:08pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:08pm
FLO	Pass	3:08pm
FC	Pass	3:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:08pm
SRC	Pass	3:08pm
DET	Pass	3:08pm
BAR	Pass	3:08pm
BT	Pass	3:08pm

Blank Tests

Test	Status	Time
AIR	Pass	3:09pm


Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm

CRC Tests

Test	Status	Time
COMP	Pass	3:09pm
CAL	Pass	3:09pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

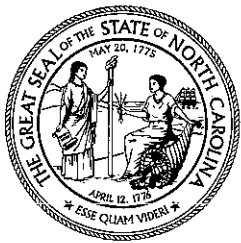
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Watauga Instrument Location Boone, PD  
Instrument Serial No. 008716 Boone, NC

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

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

I certify that on the 23 day of January, 20 14 the forgoing preventive maintenance procedures were performed on the instrument 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

649  
Certificate Number

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

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

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716

Test Date: 01/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG309105

Exp Date: 04/01/2015

Test	g/210L	Time
DIAG	Pass	4:38pm
AIR BLK	.00	4:39pm
ACCY CHK	.08	4:39pm
AIR BLK	.00	4:40pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:42pm
SUB TEST	.00	4:43pm
AIR BLK	.00	4:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716      Test Record Number: 1504  
Test Date: 01/23/2014      Test Time: 4:45pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:46pm
FLO	Pass	4:46pm
FC	Pass	4:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:46pm
SRC	Pass	4:46pm
DET	Pass	4:46pm
BAR	Pass	4:46pm
BT	Pass	4:46pm

Blank Tests

Test	Status	Time
AIR	Pass	4:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:47pm

CRC Tests

Test	Status	Time
COMP	Pass	4:47pm
CAL	Pass	4:47pm

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**

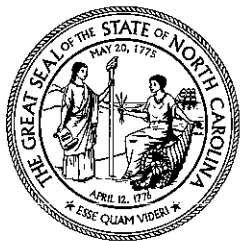
County Marlison Instrument Location Mars Hill PD

Instrument Serial No. 008582 Mars Hill, NC

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

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

I certify that on the 17 day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

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

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582  
Test Date: 01/17/2014

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303502

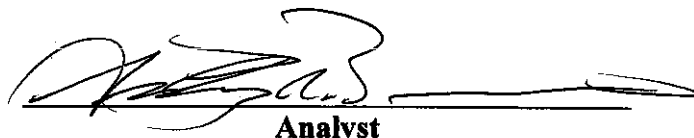
Exp Date: 02/04/2015

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

Reported AC: .00 g/210L

\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582      Test Record Number: 976  
Test Date: 01/17/2014      Test Time: 2:11pm EST

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	2:12pm

**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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

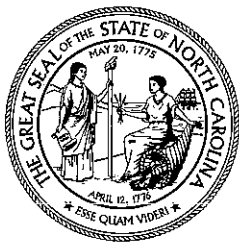
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Watauga Instrument Location Watauga Co. Jail  
Instrument Serial No. 008715 Boone, NC

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

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

I certify that on the 14 day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715  
Test Date: 01/14/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG300202


Exp Date: 01/02/2015

Test	g/210L	Time
DIAG	Pass	2:15pm
AIR BLK	.00	2:16pm
ACCY CHK	.07	2:16pm
AIR BLK	.00	2:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:18pm</b>
AIR BLK	.00	2:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:20pm</b>
AIR BLK	.00	2:21pm

Reported AC: .00 g/210L

\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715      Test Record Number: 1319  
Test Date: 01/14/2014      Test Time: 2:25pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:25pm
FLO	Pass	2:25pm
FC	Pass	2:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm

CRC Tests

Test	Status	Time
COMP	Pass	2:27pm
CAL	Pass	2:27pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

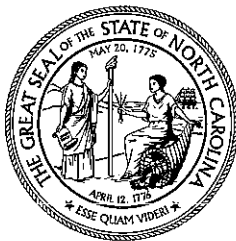
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Caldwell Instrument Location Caldwell Co. Jail  
Instrument Serial No. 008803 Lenoir, 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 9 day of January, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

Intox EC/IR-II: Subject Test

CALDWELL COUNTY CALDWELL COUNTY JAIL  
130

Serial Number: 008803  
Test Date: 01/09/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602


Exp Date: 07/25/2015

Test	g/210L	Time
DIAG	Pass	4:47pm
AIR BLK	.00	4:48pm
ACCY CHK	.07	4:49pm
AIR BLK	.00	4:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:50pm</b>
AIR BLK	.00	4:51pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:53pm</b>
AIR BLK	.00	4:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst



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

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803      Test Record Number: 329  
Test Date: 01/09/2014      Test Time: 4:54pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	4:55pm
FLO	Pass	4:55pm
FC	Pass	4:55pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	4:55pm
SRC	Pass	4:55pm
DET	Pass	4:55pm
BAR	Pass	4:55pm
BT	Pass	4:55pm

**Blank Tests**

Test	Status	Time
AIR	Pass	4:55pm

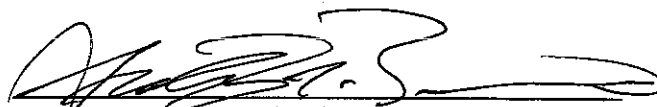
**Printer Tests**

Test	Status	Time
PRNT	Pass	4:55pm

**CRC Tests**

Test	Status	Time
COMP	Pass	4:56pm
CAL	Pass	4:56pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

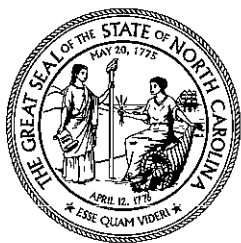
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

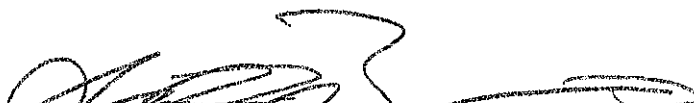
County Caldwell Instrument Location Caldwell Co. Jail  
Instrument Serial No. 008719 Lenoir, NC

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 9 day of January, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
Signature of Certifying Official

649  
Certificate Number

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

Intox EC/IR-II: Subject Test

CALDWELL COUNTY CALDWELL COUNTY JAIL  
130

Serial Number: 008719  
Test Date: 01/09/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

Test	g/210L	Time
DIAG	Pass	4:37pm
AIR BLK	.00	4:38pm
ACCY CHK	.07	4:38pm
AIR BLK	.00	4:39pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:40pm</b>
AIR BLK	.00	4:41pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:42pm</b>
AIR BLK	.00	4:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

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

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719      Test Record Number: 1519  
Test Date: 01/09/2014      Test Time: 4:44pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:44pm
FLO	Pass	4:44pm
FC	Pass	4:44pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:45pm

CRC Tests

Test	Status	Time
COMP	Pass	4:45pm
CAL	Pass	4:45pm

Preventive Maintenance  
Status: Pass



**Analyst**