

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

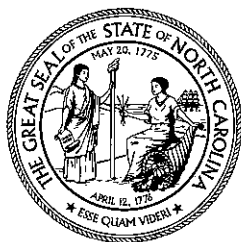
County McDowell Instrument Location McDowell Co. Jail

Instrument Serial No. 008888 Marion, NC

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

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

I certify that on the 31 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Date: 03/31/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925103

Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	4:33pm
AIR BLK	.00	4:33pm
ACCY CHK	.08	4:34pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 563
Test Date: 03/31/2011 Test Time: 4:39pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:40pm
FLO	Pass	4:40pm
FC	Pass	4:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:40pm
SRC	Pass	4:40pm
DET	Pass	4:40pm
BAR	Pass	4:40pm
BT	Pass	4:40pm

Blank Tests

Test	Status	Time
AIR	Pass	4:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:41pm

CRC Tests

Test	Status	Time
COMP	Pass	4:41pm
CAL	Pass	4:41pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

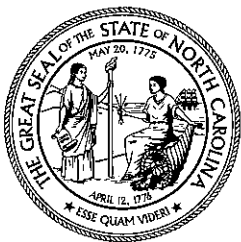
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County 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 30 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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: 03/30/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920401


Exp Date: 07/23/2011

Test	g/210L	Time
DIAG	Pass	1:51pm
AIR BLK	.00	1:52pm
ACCY CHK	.08	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm

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: 495
Test Date: 03/30/2011 Test Time: 1:58pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:58pm
FLO	Pass	1:58pm
FC	Pass	1:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:59pm
SRC	Pass	1:59pm
DET	Pass	1:59pm
BAR	Pass	1:59pm
BT	Pass	1:59pm

Blank Tests

Test	Status	Time
AIR	Pass	1:59pm

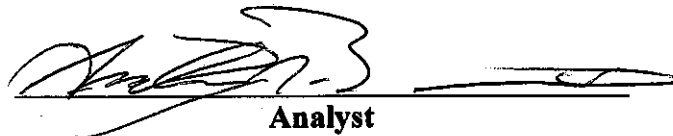
Printer Tests

Test	Status	Time
PRNT	Pass	1:59pm

CRC Tests

Test	Status	Time
COMP	Pass	2:00pm
CAL	Pass	2:00pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

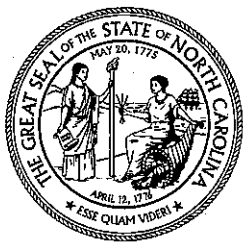
County DAVIDSON Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008647 LEXINGTON, NC

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

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

I certify that on the 31 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Bowers
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647
Test Date: 03/31/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703

Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	7:17pm
AIR BLK	.00	7:18pm
ACCY CHK	.08	7:18pm
AIR BLK	.00	7:19pm
SUB TEST	.00	7:20pm
AIR BLK	.00	7:21pm
SUB TEST	.00	7:22pm
AIR BLK	.00	7:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647 Test Record Number: 1041
Test Date: 03/31/2011 Test Time: 7:24pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:24pm
FLO	Pass	7:24pm
FC	Pass	7:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:24pm
SRC	Pass	7:24pm
DET	Pass	7:24pm
BAR	Pass	7:24pm
BT	Pass	7:24pm

Blank Tests

Test	Status	Time
AIR	Pass	7:25pm


Printer Tests

Test	Status	Time
PRNT	Pass	7:25pm

CRC Tests

Test	Status	Time
COMP	Pass	7:25pm
CAL	Pass	7:25pm

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**

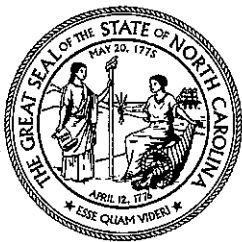
County DAVIDSON Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008910 LEXINGTON, NC

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

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

I certify that on the 31 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Clayton Ray Barnes

Signature of Certifying Official

648

Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008910
Test Date: 03/31/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703

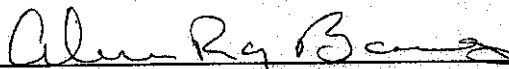
Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	7:20pm
AIR BLK	.00	7:21pm
ACCY CHK	.07	7:22pm
AIR BLK	.00	7:23pm
SUB TEST	.00	7:23pm
AIR BLK	.00	7:24pm
SUB TEST	.00	7:26pm
AIR BLK	.00	7:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008910 Test Record Number: 168
Test Date: 03/31/2011 Test Time: 7:29pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:29pm
FLO	Pass	7:29pm
FC	Pass	7:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:29pm
SRC	Pass	7:29pm
DET	Pass	7:29pm
BAR	Pass	7:29pm
BT	Pass	7:29pm

Blank Tests

Test	Status	Time
AIR	Pass	7:30pm

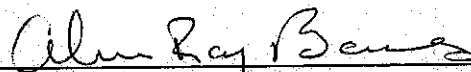
Printer Tests

Test	Status	Time
PRNT	Pass	7:30pm

CRC Tests

Test	Status	Time
COMP	Pass	7:30pm
CAL	Pass	7:30pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

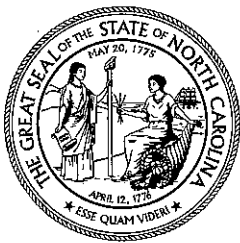
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Beaufort Instrument Location Beaufort Co. Courthouse
Instrument Serial No. 008588 102 E. 2nd Street, 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 31st day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
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: 008588
Test Date: 03/31/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG011703

Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	12:37pm
AIR BLK	.00	12:38pm
ACCY CHK	.08	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008588 Test Record Number: 556
Test Date: 03/31/2011 Test Time: 12:34pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO	Pass	12:34pm
FC	Pass	12:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
BT	Pass	12:35pm

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

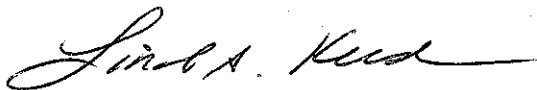
Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm

CRC Tests

Test	Status	Time
COMP	Pass	12:36pm
CAL	Pass	12:36pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

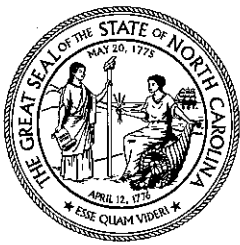
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Beaufort Instrument Location Beaufort Co. Courthouse
Instrument Serial No. 008909 102 E. 2nd Street, 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 31st day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Lois A. [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: 03/31/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

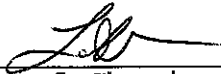
Test Type: Breath Test

Lot Number: AG920303

Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	11:48am
AIR BLK	.00	11:49am
ACCY CHK	.08	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008588 Test Record Number: 556
Test Date: 03/31/2011 Test Time: 12:34pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO	Pass	12:34pm
FC	Pass	12:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
BT	Pass	12:35pm

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

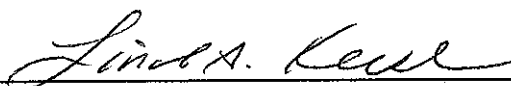
Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm

CRC Tests

Test	Status	Time
COMP	Pass	12:36pm
CAL	Pass	12:36pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

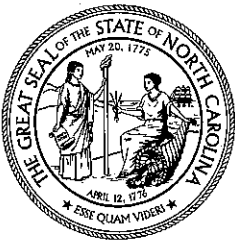
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County HOKE Instrument Location HOKE COUNTY
Instrument Serial No. 008852 DETENTION CENTER

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

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

I certify that on the 11 day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

578
Certificate Number

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: 03/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

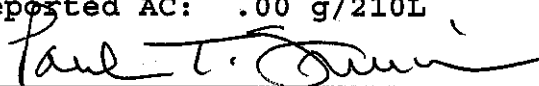
Test Type: Breath Test

Lot Number: AG002802

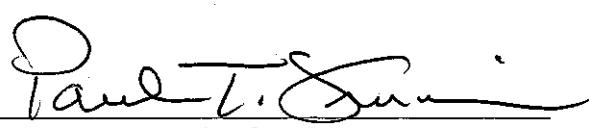
Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	2:45pm
AIR BLK	.00	2:45pm
ACCY CHK	.08	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm

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: 365
Test Date: 03/11/2011 Test Time: 2:53pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:53pm
FLO	Pass	2:53pm
FC	Pass	2:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:53pm
SRC	Pass	2:53pm
DET	Pass	2:53pm
BAR	Pass	2:53pm
BT	Pass	2:53pm

Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

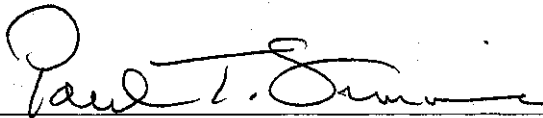
Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm

CRC Tests

Test	Status	Time
COMP	Pass	2:54pm
CAL	Pass	2:54pm

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 HOKE Instrument Location HOKE COUNTY
Instrument Serial No. 008855 DETENTION CENTER

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

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

I certify that on the 11 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Simpson
Signature of Certifying Official

578
Certificate Number

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

Intox EC/IR-II: Subject Test

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855

Test Date: 03/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG916602

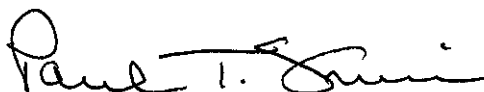
Exp Date: 06/15/2011

Test	g/210L	Time
DIAG	Pass	3:07pm
AIR BLK	.00	3:08pm
ACCY CHK	.08	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 511
Test Date: 03/11/2011 Test Time: 3:17pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
FLO	Pass	3:17pm
FC	Pass	3:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT	Pass	3:18pm

Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

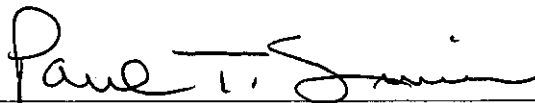
Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm

CRC Tests

Test	Status	Time
COMP	Pass	3:18pm
CAL	Pass	3:18pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

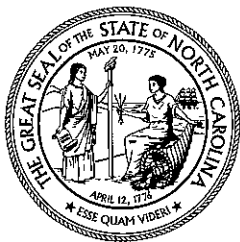
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County MOORE Instrument Location MOORE COUNTY
Instrument Serial No. 008735 JAIL, CARTHAGE, NC.

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

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

I certify that on the 30 day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the 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 T. Johnson
Signature of Certifying Official

578
Certificate Number

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

Intox EC/IR-II: Subject Test

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735
Test Date: 03/30/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

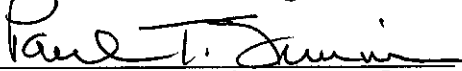
Test Type: Breath Test

Lot Number: AG002802

Exp Date: 01/28/2012

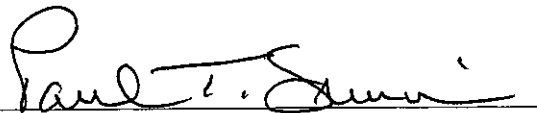
Test	g/210L	Time
DIAG	Pass	11:17am
AIR BLK	.00	11:18am
ACCY CHK	.07	11:19am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 806
Test Date: 03/30/2011 Test Time: 11:25am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:25am
FLO	Pass	11:25am
FC	Pass	11:25am

Temperature Tests

Test	Status	Time
FC1	Pass	11:25am
SRC	Pass	11:25am
DET	Pass	11:25am
BAR	Pass	11:25am
BT	Pass	11:25am

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

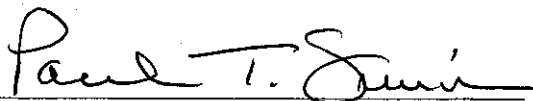
Printer Tests

Test	Status	Time
PRNT	Pass	11:26am

CRC Tests

Test	Status	Time
COMP	Pass	11:26am
CAL	Pass	11:26am

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 - Raleigh

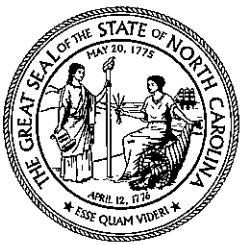
Instrument Location Bat Mobile Unit #2

Instrument Serial No 008601

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

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

I certify that on the 24 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601
Test Date: 03/24/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number:

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	9:48pm
AIR BLK	.00	9:49pm
ACCY CHK	.07	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Record Number: 543
Test Date: 03/24/2011 Test Time: 9:56pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:57pm
FLO	Pass	9:57pm
FC	Pass	9:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:57pm
SRC	Pass	9:57pm
DET	Pass	9:57pm
BAR	Pass	9:57pm
BT	Pass	9:57pm

Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm

CRC Tests

Test	Status	Time
COMP	Pass	9:58pm
CAL	Pass	9:58pm

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 Wake - Raleigh

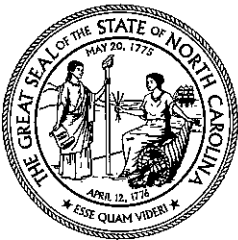
Instrument Location Wake - Bat Mobile Unit #2

Instrument Serial No 008734

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

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

I certify that on the 24 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donya B Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736
Test Date: 03/24/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Record Number: 269
Test Date: 03/24/2011 Test Time: 10:15pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

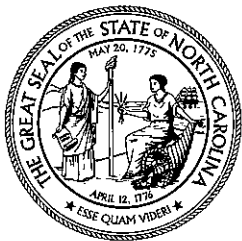
County Wake - Raleigh Instrument Location Bat Mobile Unit 2

Instrument Serial No 008929

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

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

I certify that on the 24 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B. Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929
Test Date: 03/24/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102602

Exp Date: 01/26/2013

Test	g/210L	Time
DIAG	Pass	10:24pm
AIR BLK	.00	10:25pm
ACCY CHK	.08	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Record Number: 276
Test Date: 03/24/2011 Test Time: 10:34pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:34pm
FLO	Pass	10:34pm
FC	Pass	10:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:34pm
SRC	Pass	10:34pm
DET	Pass	10:34pm
BAR	Pass	10:34pm
BT	Pass	10:34pm

Blank Tests

Test	Status	Time
AIR	Pass	10:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:35pm

CRC Tests

Test	Status	Time
COMP	Pass	10:35pm
CAL	Pass	10:35pm

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**

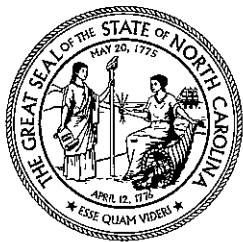
County Wayne - Goldsboro Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008929

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

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

I certify that on the 26 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donya B Skunmin
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

WAYNE COUNTY BATMOBILE UNIT 2 950

Serial Number: 008929

Test Date: 03/26/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102602

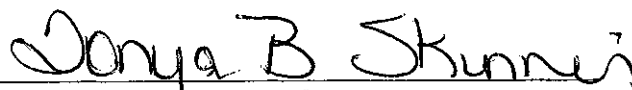
Exp Date: 01/26/2013

Test	g/210L	Time
DIAG	Pass	12:21am
AIR BLK	.00	12:22am
ACCY CHK	.08	12:22am
AIR BLK	.00	12:23am
SUB TEST	.00	12:25am
AIR BLK	.00	12:26am
SUB TEST	.00	12:28am
AIR BLK	.00	12:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.



Analyst

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BATMOBILE UNIT 2 950

Serial Number: 008929 Test Record Number: 279
Test Date: 03/26/2011 Test Time: 12:31am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:32am
FLO	Pass	12:32am
FC	Pass	12:32am

Temperature Tests

Test	Status	Time
FC1	Pass	12:32am
SRC	Pass	12:32am
DET	Pass	12:32am
BAR	Pass	12:32am
BT	Pass	12:32am

Blank Tests

Test	Status	Time
AIR	Pass	12:33am

Printer Tests

Test	Status	Time
PRNT	Pass	12:33am

CRC Tests

Test	Status	Time
COMP	Pass	12:33am
CAL	Pass	12:33am

Preventive Maintenance
Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

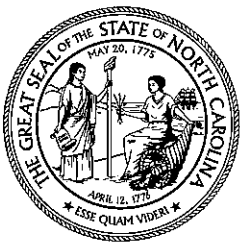
County Wayne Goldsboro Instrument Location Bot Mobile Unit 2

Instrument Serial No. 008736

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

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

I certify that on the 25 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donna B Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

WAYNE COUNTY BAT MOBILE UNIT 2 950

Serial Number: 008736
Test Date: 03/25/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701

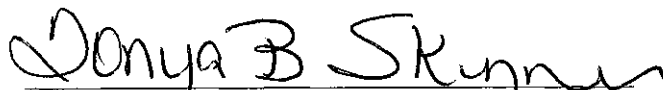
Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	11:11pm
AIR BLK	.00	11:12pm
ACCY CHK	.08	11:13pm
AIR BLK	.00	11:13pm
SUB TEST	.00	11:14pm
AIR BLK	.00	11:15pm
SUB TEST	.00	11:16pm
AIR BLK	.00	11:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 2 950

Serial Number: 008736 Test Record Number: 272
Test Date: 03/25/2011 Test Time: 11:18pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:19pm
FLO	Pass	11:19pm
FC	Pass	11:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:19pm
SRC	Pass	11:19pm
DET	Pass	11:19pm
BAR	Pass	11:19pm
BT	Pass	11:19pm

Blank Tests

Test	Status	Time
AIR	Pass	11:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:20pm

CRC Tests

Test	Status	Time
COMP	Pass	11:20pm
CAL	Pass	11:20pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

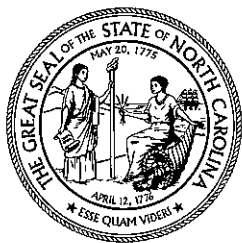
County Wayne - Goldsboro Instrument Location Bat Mobile Unit #2

Instrument Serial No. 008601

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

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

I certify that on the 25 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B Skinnies
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

WAYNE COUNTY BAT MOBILE UNIT 2 950

Serial Number: 008601
Test Date: 03/25/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number:

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	11:41pm
AIR BLK	.00	11:42pm
ACCY CHK	.07	11:42pm
AIR BLK	.00	11:43pm
SUB TEST	.00	11:44pm
AIR BLK	.00	11:44pm
SUB TEST	.00	11:46pm
AIR BLK	.00	11:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 2 950

Serial Number: 008601 Test Record Number: 548
Test Date: 03/25/2011 Test Time: 11:54pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:56pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

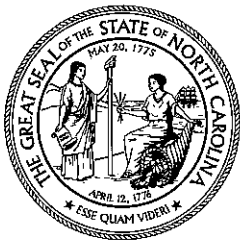
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County CHATHAM Instrument Location SILER CITY POLICE DEPT.
Instrument Serial No. 008629 SILER 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 30 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
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

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008629
Test Date: 03/30/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

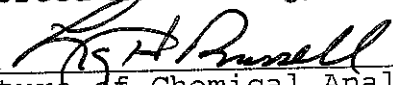
Test Type: Breath Test

Lot Number: AG925201

Exp Date: 09/09/2011

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

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: 008629 Test Record Number: 201
Test Date: 03/30/2011 Test Time: 10:06am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:06am
FLO	Pass	10:06am
FC	Pass	10:07am

Temperature Tests

Test	Status	Time
FC1	Pass	10:07am
SRC	Pass	10:07am
DET	Pass	10:07am
BAR	Pass	10:07am
BT	Pass	10:07am

Blank Tests

Test	Status	Time
AIR	Pass	10:07am

Printer Tests

Test	Status	Time
PRNT	Pass	10:07am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

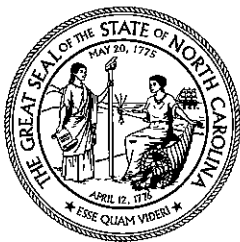
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County MONTGOMERY Instrument Location MONTGOMERY Co. JAIL
Instrument Serial No. 008721 TROY, NC

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

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

I certify that on the 30 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL
610

Serial Number: 008721
Test Date: 03/30/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

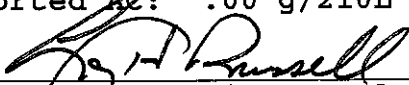
Test Type: Breath Test

Lot Number: AG104004

Exp Date: 02/09/2013

Test	g/210L	Time
DIAG	Pass	3:31pm
AIR BLK	.00	3:32pm
ACCY CHK	.08	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Record Number: 571
Test Date: 03/30/2011 Test Time: 3:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:40pm
FLO	Pass	3:40pm
FC	Pass	3:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:40pm
SRC	Pass	3:40pm
DET	Pass	3:40pm
BAR	Pass	3:40pm
BT	Pass	3:40pm

Blank Tests

Test	Status	Time
AIR	Pass	3:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:41pm

CRC Tests

Test	Status	Time
COMP	Pass	3:41pm
CAL	Pass	3:41pm

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 ORANGE Instrument Location HILLSBOROUGH P.D.

Instrument Serial No. 008799 127 N. CHURCH 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 24 day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799
Test Date: 03/24/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

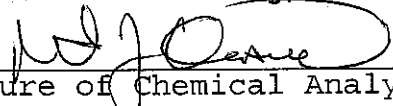
Test Type: Breath Test

Lot Number: AG102602

Exp Date: 01/26/2013

Test	g/210L	Time
DIAG	Pass	11:47am
AIR BLK	.00	11:48am
ACCY CHK	.07	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:51am
SUB TEST	.00	11:53am
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

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 793
Test Date: 03/24/2011 Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

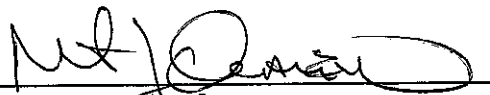
Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ALAMANCE Instrument Location ALAMANCE Co. JAIL

Instrument Serial No. 00 8913 109 S. MAPLE ST. GRAHAM, 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 MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Met J. Denton
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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913
Test Date: 03/22/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA


Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703
Exp Date: 04/27/2012

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 1025
Test Date: 03/22/2011 Test Time: 11:19am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:20am

Printer Tests

Test	Status	Time
PRNT	Pass	11:20am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

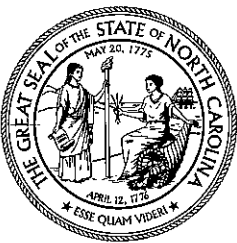
County ALAMANCE Instrument Location ALAMANCE CO JAIL

Instrument Serial No. 008853 109 S. MAPLE ST. GRATHAM, 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 MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



N. J. [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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853
Test Date: 03/22/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG016501

Exp Date: 06/14/2012

Test	g/210L	Time
DIAG	Pass	11:15am
AIR BLK	.00	11:15am
ACCY CHK	.08	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 658
Test Date: 03/22/2011 Test Time: 11:24am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:24am
FLO	Pass	11:24am
FC	Pass	11:24am

Temperature Tests

Test	Status	Time
FC1	Pass	11:24am
SRC	Pass	11:24am
DET	Pass	11:24am
BAR	Pass	11:24am
BT	Pass	11:24am

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

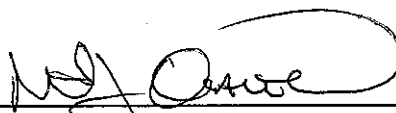
Printer Tests

Test	Status	Time
PRNT	Pass	11:25am

CRC Tests

Test	Status	Time
COMP	Pass	11:25am
CAL	Pass	11:25am

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**

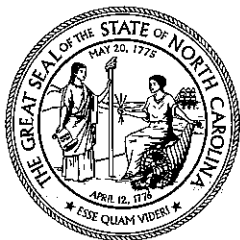
County ALAMANCE Instrument Location BURLINGTON P.A.

Instrument Serial No. 008907 267 W. FRONT ST. BURLINGTON, 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 MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907

Test Date: 03/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

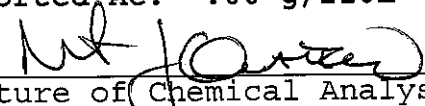
Test Type: Breath Test

Lot Number: AG002803


Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	10:31am
AIR BLK	.00	10:31am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 366
Test Date: 03/22/2011 Test Time: 10:39am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:40am


Printer Tests

Test	Status	Time
PRNT	Pass	10:40am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

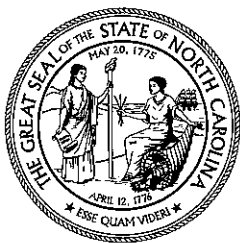
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ALAMANCE Instrument Location BURLINGTON P.D.
Instrument Serial No. 008812 267 W. Front St. Burlington, 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 MARCH, 2011 the forgoing preventive maintenance procedures were performed on the 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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812
Test Date: 03/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

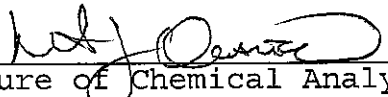
Test Type: Breath Test

Lot Number: AG002803

Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	10:34am
AIR BLK	.00	10:35am
ACCY CHK	.07	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Record Number: 852
Test Date: 03/22/2011 Test Time: 10:43am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:43am
FLO	Pass	10:43am
FC	Pass	10:43am

Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC	Pass	10:43am
DET	Pass	10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

Blank Tests

Test	Status	Time
AIR	Pass	10:44am


Printer Tests

Test	Status	Time
PRNT	Pass	10:44am

CRC Tests

Test	Status	Time
COMP	Pass	10:44am
CAL	Pass	10:44am

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**

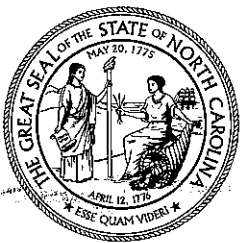
County WAKE Instrument Location APEX PSS #4

Instrument Serial No. 008621 1615 E WILLIAMS ST. APEX, 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 MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
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

APEX PD WAKE COUNTY

Serial Number: 008621

Test Date: 03/21/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

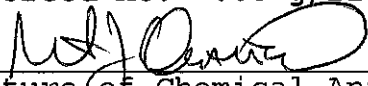
Test Type: Breath Test

Lot Number: AG016501

Exp Date: 06/14/2012

Test	g/210L	Time
DIAG	Pass	11:21am
AIR BLK	.00	11:22am
ACCY CHK	.08	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

APEX PD WAKE COUNTY

Serial Number: 008621 Test Record Number: 716

Test Date: 03/21/2011 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:29am
FLO	Pass	11:29am
FC	Pass	11:29am

Temperature Tests

Test	Status	Time
FC1	Pass	11:29am
SRC	Pass	11:29am
DET	Pass	11:29am
BAR	Pass	11:29am
BT	Pass	11:29am

Blank Tests

Test	Status	Time
AIR	Pass	11:29am

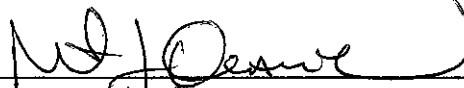
Printer Tests

Test	Status	Time
PRNT	Pass	11:29am

CRC Tests

Test	Status	Time
COMP	Pass	11:30am
CAL	Pass	11:30am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

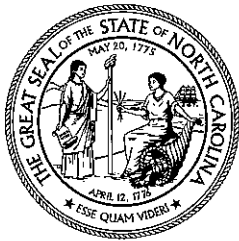
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Onslow Instrument Location BAT mobile unit
Instrument Serial No. 008869 Holly Ridge

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

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

I certify that on the 25 day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. [Signature]
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869
Test Date: 03/25/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803

Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	11:26pm
AIR BLK	.00	11:27pm
ACCY CHK	.08	11:27pm
AIR BLK	.00	11:28pm
SUB TEST	.00	11:29pm
AIR BLK	.00	11:30pm
SUB TEST	.00	11:31pm
AIR BLK	.00	11:32pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Record Number: 390
Test Date: 03/25/2011 Test Time: 11:48pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:49pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Onslow Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008939 Holly Ridge

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

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

I certify that on the 25 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. Proctor
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Record Number: 495
Test Date: 03/25/2011 Test Time: 11:36pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:38pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939
Test Date: 03/25/2011

Citation Number: M0000000-0

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

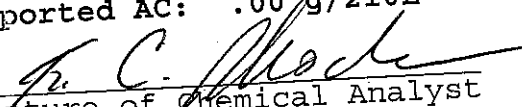
Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG002803
Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	11:22pm
AIR BLK	.00	11:23pm
ACCY CHK	.08	11:24pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:26pm
AIR BLK	.00	11:27pm
SUB TEST	.00	11:28pm
AIR BLK	.00	11:29pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

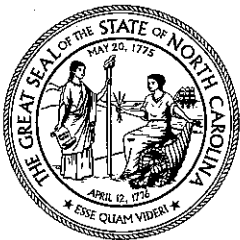
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Perquimans Instrument Location BAT Mobile unit 6
Instrument Serial No. 008939 Hertford

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

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

I certify that on the 19 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K.C. Moody
Signature of Certifying Official

601
Certificate Number

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 BAT MOBILE UNIT 6
710

Serial Number: 008939
Test Date: 03/19/2011

Citation Number: M0000000-0
Subject's Name:

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

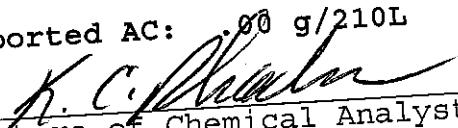
Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG002803
Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	8:06pm
AIR BLK	.00	8:07pm
ACCY CHK	.08	8:07pm
AIR BLK	.00	8:08pm
SUB TEST	.00	8:09pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

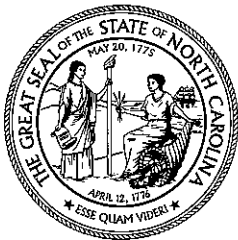
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Matthews PD
Instrument Serial No. 008699 1201 Crews Rd, Matthews
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 23rd day of March, 2011 the forgoing preventive maintenance procedures were performed on the 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 H. 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

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699
Test Date: 03/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

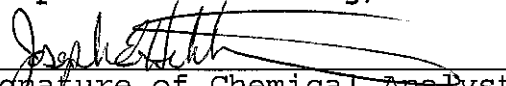
Test Type: Breath Test

Lot Number: AG023601

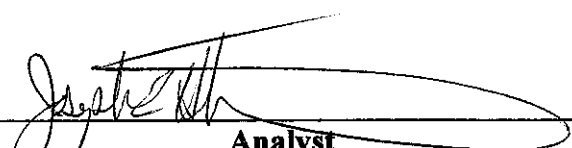
Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	1:41pm
AIR BLK	.00	1:42pm
ACCY CHK	.08	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 1342
Test Date: 03/23/2011 Test Time: 1:28pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
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

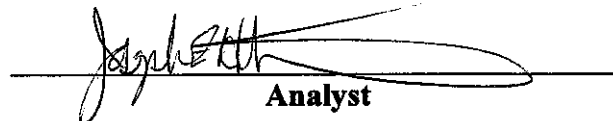
Printer Tests

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**

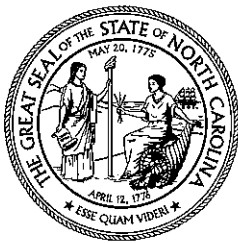
County Union Instrument Location Waxhaw PD

Instrument Serial No. 008598 703 W. South Main Street, Suite E, Waxhaw
704-843-0353

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

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

I certify that on the 23rd day of March, 2011 the forgoing preventive maintenance procedures were performed on the 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. Hutchens
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

UNION COUNTY WAXHAW PD 890

Serial Number: 008598
Test Date: 03/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

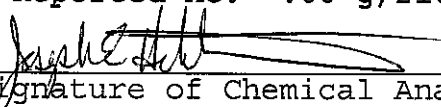
Test Type: Breath Test

Lot Number: AG920301

Exp Date: 07/22/2011

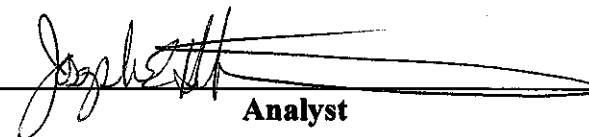
Test	g/210L	Time
DIAG	Pass	12:26pm
AIR BLK	.00	12:27pm
ACCY CHK	.08	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 319
Test Date: 03/23/2011 Test Time: 12:23pm

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location Mecklenburg County SD
Instrument Serial No. 008703 801 E. 4th Street, Charlotte
704-353-0180

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

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

I certify that on the 15th day of March, 2011 the forgoing preventive maintenance procedures were performed on the 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. Hatcher
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

MECKLENBURG COUNTY SD 590

Serial Number: 008703

Test Date: 03/15/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

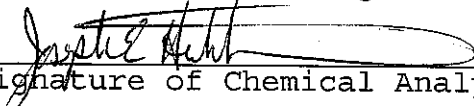
Test Type: Breath Test

Lot Number: AG003402

Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	1:42pm
AIR BLK	.00	1:43pm
ACCY CHK	.08	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Record Number: 3687
Test Date: 03/15/2011 Test Time: 1:52pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
BT	Pass	1:53pm

Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

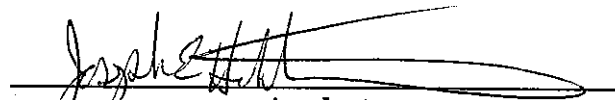
Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm

CRC Tests

Test	Status	Time
COMP	Pass	1:54pm
CAL	Pass	1:54pm

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 Mecklenburg County SD
Instrument Serial No. 008690 801 E. 4th Street, Charlotte
704-853-0180

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

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

I certify that on the 15th day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
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/TR-II: Subject Test

MECKLENBURG COUNTY SD 590

Serial Number: 008690

Test Date: 03/15/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

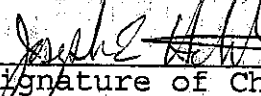
Lot Number: AG016501

Exp Date: 06/14/2012

Test g/210L Time

DIAG	Pass	1:44pm
AIR BLK	.00	1:45pm
ACGY CHK	.08	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

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

MECKLENBURG COUNTY SD 590

Serial Number: 008690 Test Record Number: 2520
Test Date: 03/15/2011 Test Time: 1:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:54pm
FLO	Pass	1:54pm
FC	Pass	1:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:54pm
SRC	Pass	1:54pm
DET	Pass	1:54pm
BAR	Pass	1:54pm
BT	Pass	1:54pm

Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

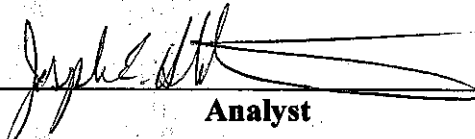
Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm

CRC Tests

Test	Status	Time
COMP	Pass	1:55pm
CAL	Pass	1:55pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

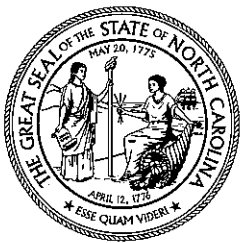
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD
Instrument Serial No. 008691 801 E. 4th Street, Charlotte
704-853-0180

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

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

I certify that on the 15th day of March, 2011 the forgoing preventive maintenance procedures were performed on the 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 H. Hutto
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

MECKLENBURG COUNTY SD 590

Serial Number: 008691

Test Date: 03/15/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

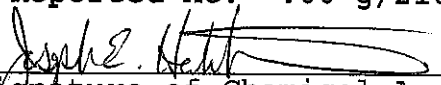
Test Type: Breath Test

Lot Number: AG016501

Exp Date: 06/14/2012


Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK	.00	1:44pm
ACCY CHK	.08	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD 590

Serial Number: 008691 Test Record Number: 2789
Test Date: 03/15/2011 Test Time: 1:53pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
BT	Pass	1:53pm

Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

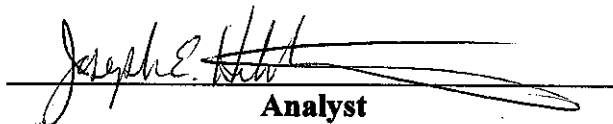
Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm

CRC Tests

Test	Status	Time
COMP	Pass	1:54pm
CAL	Pass	1:54pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

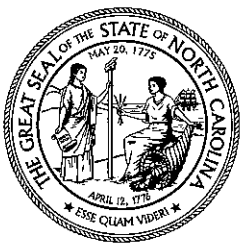
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD
Instrument Serial No. 008665 801 E. 4th Street, Charlotte
704-353-0180

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

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

I certify that on the 15th day of March, 2011 the forgoing preventive maintenance procedures were performed on the 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 H. Hutchinson
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

MECKLENBURG COUNTY SD 590

Serial Number: 008665
Test Date: 03/15/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

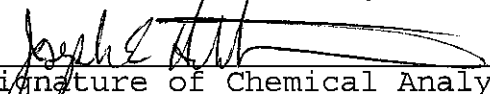
Test Type: Breath Test

Lot Number: AG003401

Exp Date: 02/03/2012

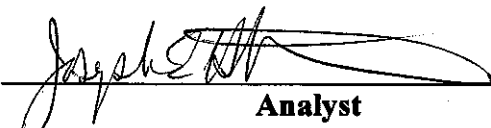
Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.08	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD 590

Serial Number: 008665 Test Record Number: 1610
Test Date: 03/15/2011 Test Time: 1:55pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

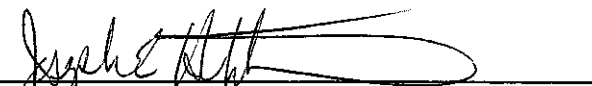
Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

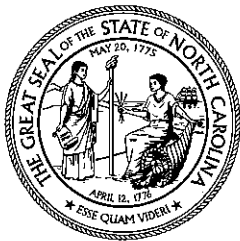
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Alexander Instrument Location Alexander County SD
Instrument Serial No. 008813 29 W. Main Avenue, Taylorsville
828-632-4658

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
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

ALEXANDER COUNTY ALEXANDER COUNTY SD
010

Serial Number: 008813
Test Date: 03/09/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

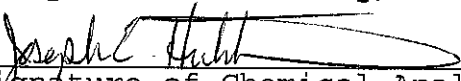
Test Type: Breath Test

Lot Number: AG023602

Exp Date: 08/24/2012

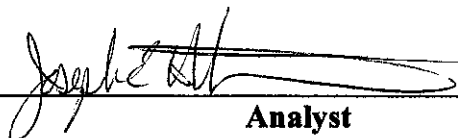
Test	g/210L	Time
DIAG	Pass	3:46pm
AIR BLK	.00	3:47pm
ACCY CHK	.07	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR.



Analyst

Intox EC/IR-II: Preventive Maintenance

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 722
Test Date: 03/09/2011 Test Time: 3:53pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:54pm
FLO	Pass	3:54pm
FC	Pass	3:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:54pm
SRC	Pass	3:54pm
DET	Pass	3:54pm
BAR	Pass	3:54pm
BT	Pass	3:54pm

Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

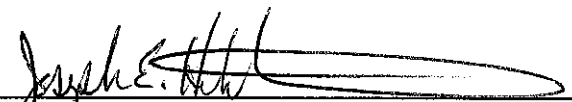
Printer Tests

Test	Status	Time
PRNT	Pass	3:55pm

CRC Tests

Test	Status	Time
COMP	Pass	3:55pm
CAL	Pass	3:55pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford

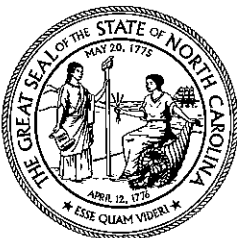
Instrument Location Greensboro Jail

Instrument Serial No. 008790

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

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

I certify that on the 25 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
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 JAIL 400

Serial Number: 008790
Test Date: 03/25/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG023602

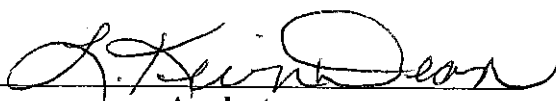
Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	1:04pm
AIR BLK	.00	1:05pm
ACCY CHK	.07	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:10pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 2381
Test Date: 03/25/2011 Test Time: 1:13pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:13pm
FLO	Pass	1:13pm
FC	Pass	1:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm

CRC Tests

Test	Status	Time
COMP	Pass	1:14pm
CAL	Pass	1:14pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

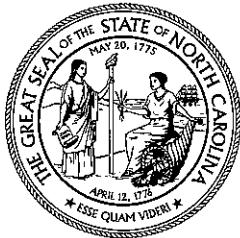
County Guilford Instrument Location Greensboro Jail

Instrument Serial No. 008794

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

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

I certify that on the 25 day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the 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. 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 GREENSBORO JAIL 400

Serial Number: 008794

Test Date: 03/25/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

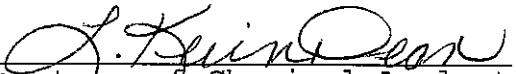
Test Type: Breath Test

Lot Number: AG023602

Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	12:48pm
AIR BLK	.00	12:48pm
ACCY CHK	.07	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:55pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 1499
Test Date: 03/25/2011 Test Time: 12:56pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:56pm
FLO	Pass	12:56pm
FC	Pass	12:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:56pm
SRC	Pass	12:56pm
DET	Pass	12:56pm
BAR	Pass	12:56pm
BT	Pass	12:56pm

Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm

CRC Tests

Test	Status	Time
COMP	Pass	12:57pm
CAL	Pass	12:57pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

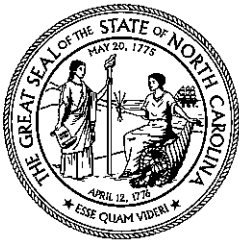
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cleveland Instrument Location Cleveland County S.D.
Instrument Serial No. 008893 100 Justice Pl., Shelby
704-484-4888

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

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

I certify that on the 25 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Booley E. Willis
Signature of Certifying Official

557
Certificate Number

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

Intox EC/IR-II: Subject Test

CLEVELAND COUNTY CLEVELAND COUNTY SD
220

Serial Number: 008893
Test Date: 03/25/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925103

Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	9:54am
AIR BLK	.00	9:54am
ACCY CHK	.08	9:55am
AIR BLK	.00	9:56am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

Intox EC/IR-II: Preventive Maintenance

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Record Number: 712
Test Date: 03/25/2011 Test Time: 10:01am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:02am

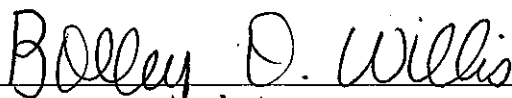
Printer Tests

Test	Status	Time
PRNT	Pass	10:02am

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Polk Instrument Location Polk County S.D.
Instrument Serial No. 008832 46 Ward St., Columbus
828-894-3001

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

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

I certify that on the 21 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bobby D. Willis
Signature of Certifying Official

557
Certificate Number

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

Intox EC/IR-II: Subject Test

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832
Test Date: 03/21/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925103

Exp Date: 09/08/2011

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

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

Intox EC/IR-II: Preventive Maintenance

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 446
Test Date: 03/21/2011 Test Time: 11:30am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:30am
FLO	Pass	11:30am
FC	Pass	11:30am

Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

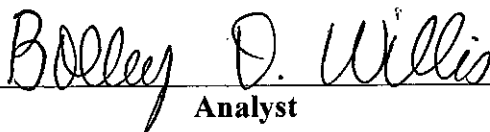
Printer Tests

Test	Status	Time
PRNT	Pass	11:31am

CRC Tests

Test	Status	Time
COMP	Pass	11:31am
CAL	Pass	11:31am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

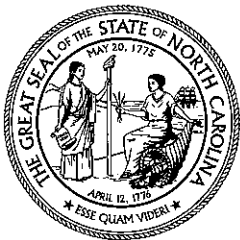
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Stanly Instrument Location Stanly Co. S.D.
Instrument Serial No. 008842 126 S. 3rd St., Albemarle
704-986-3734

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

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

I certify that on the 16 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Booley D. Willis
Signature of Certifying Official

557
Certificate Number

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

Intox EC/IR-II: Subject Test

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842
Test Date: 03/16/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG003401

Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:29am
ACCY CHK	.08	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Record Number: 833
Test Date: 03/16/2011 Test Time: 11:35am EDT

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	11:36am

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

Bolley D. Willis
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Stanly Instrument Location Stanly Co. S. D.
Instrument Serial No. 008824 126 S. 3rd St., Albemarle
704-986-3734

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

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

I certify that on the 16 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bolley O. Willis
Signature of Certifying Official

557
Certificate Number

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

Intox EC/IR-II: Subject Test

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824
Test Date: 03/16/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301

Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	10:57am
AIR BLK	.00	10:58am
ACCY CHK	.07	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Record Number: 546
Test Date: 03/16/2011 Test Time: 11:08am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:10am

Printer Tests

Test	Status	Time
PRNT	Pass	11:10am

CRC Tests

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

Preventive Maintenance
Status: Pass

Bolley D. Willis

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 P. D.
Instrument Serial No. 008694 21440 Columbia 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 day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bolley D. Willis
Signature of Certifying Official

557
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008694

Test Date: 03/15/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG003401

Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	11:05am
AIR BLK	.00	11:05am
ACCY CHK	.08	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008694 Test Record Number: 148
Test Date: 03/15/2011 Test Time: 11:12am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

Test	Status	Time
PRNT	Pass	11:13am

CRC Tests

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

Preventive Maintenance
Status: Pass

Bobby D. Willis
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 S.D.
Instrument Serial No. 008927 3344 Presson Rd., Monroe, N.C.
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 9 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bolley E. Willis
Signature of Certifying Official

557
Certificate Number

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

Intox EC/IR-II: Subject Test

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008927
Test Date: 03/09/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011701

Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	11:37am
AIR BLK	.00	11:38am
ACCY CHK	.08	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:43am
SUB TEST	.00	11:43am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008927 Test Record Number: 375
Test Date: 03/09/2011 Test Time: 11:46am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

Temperature Tests

Test	Status	Time
FC1	Pass	11:46am
SRC	Pass	11:46am
DET	Pass	11:46am
BAR	Pass	11:46am
BT	Pass	11:46am

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

Printer Tests

Test	Status	Time
PRNT	Pass	11:47am

CRC Tests

Test	Status	Time
COMP	Pass	11:47am
CAL	Pass	11:47am

Preventive Maintenance
Status: Pass

Bolley D. Willis
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

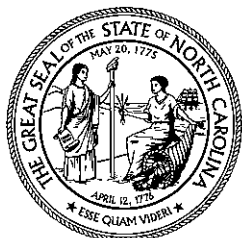
County Caldwell Instrument Location Caldwell Co. Jail

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 25 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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: 008719
Test Date: 03/25/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925102

Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	3:54pm
AIR BLK	.00	3:55pm
ACCY CHK	.08	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm

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: 008719 Test Record Number: 780
Test Date: 03/25/2011 Test Time: 4:01pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:01pm
FLO	Pass	4:01pm
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	4:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:02pm

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

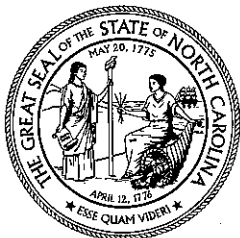
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Burke Instrument Location Morganton D.P.S.
Instrument Serial No. 008831 Morganton, NC

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

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

I certify that on the 10 day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
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

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831
Test Date: 03/10/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601

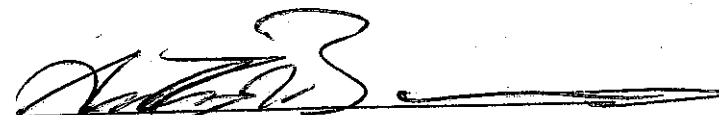
Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.08	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Record Number: 1036
Test Date: 03/10/2011 Test Time: 2:26pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:27pm
SRC	Pass	2:27pm
DET	Pass	2:27pm
BAR	Pass	2:27pm
BT	Pass	2:27pm

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

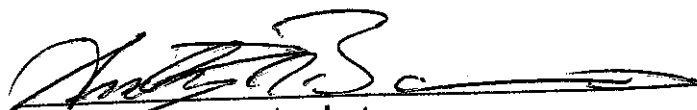
Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm

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

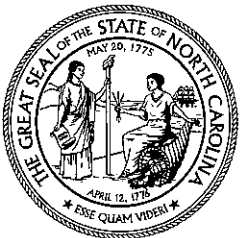
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Burke Instrument Location Morganton DPS
Instrument Serial No. 008904 Morganton, NC

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

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

I certify that on the 10 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904
Test Date: 03/10/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920401

Exp Date: 07/23/2011

Test	g/210L	Time
DIAG	Pass	2:17pm
AIR BLK	.00	2:18pm
ACCY CHK	.08	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.


Analyst

Intox EC/IR-II: Preventive Maintenance

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Record Number: 495
Test Date: 03/10/2011 Test Time: 2:26pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:27pm
SRC	Pass	2:27pm
DET	Pass	2:27pm
BAR	Pass	2:27pm
BT	Pass	2:27pm

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm

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

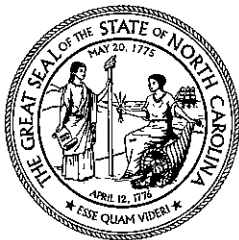
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Avery Instrument Location Banner Elk PD
Instrument Serial No. 008724 Banner Elk, 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 March, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724
Test Date: 03/09/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: *BURNETTE, ANTHONY J*

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: *Breath Test*

Lot Number: AG920401


Exp Date: 06/23/2011

Test	g/210L	Time
DIAG	Pass	6:01pm
AIR BLK	.00	6:03pm
ACCY CHK	.08	6:03pm
AIR BLK	.00	6:04pm
SUB TEST	.00	6:05pm
AIR BLK	.00	6:06pm
SUB TEST	.00	6:07pm
AIR BLK	.00	6:08pm

Reported AC: .00 g/210L.

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 220
Test Date: 03/09/2011 Test Time: 6:27pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:28pm
FLO	Pass	6:28pm
FC	Pass	6:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:28pm
SRC	Pass	6:28pm
DET	Pass	6:28pm
BAR	Pass	6:28pm
BT	Pass	6:28pm

Blank Tests

Test	Status	Time
AIR	Pass	6:29pm


Printer Tests

Test	Status	Time
PRNT	Pass	6:29pm

CRC Tests

Test	Status	Time
COMP	Pass	6:29pm
CAL	Pass	6:29pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

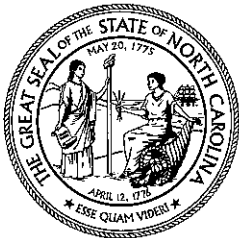
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Avery Instrument Location Avery Co. Jail
Instrument Serial No. 008664 Newland, 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 March, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664
Test Date: 03/08/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925103

Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	2:35pm
AIR BLK	.00	2:36pm
ACCY CHK	.08	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 389
Test Date: 03/08/2011 Test Time: 2:43pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:43pm
FLO	Pass	2:43pm
FC	Pass	2:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm

CRC Tests

Test	Status	Time
COMP	Pass	2:44pm
CAL	Pass	2:44pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

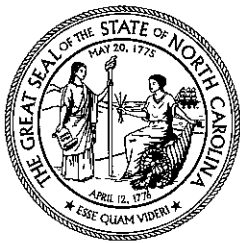
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Currituck Instrument Location Currituck Co. S.O.
Instrument Serial No. 009947 407-A Maple Rd., Maple, N.C.

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

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

I certify that on the 1st day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

CURRITUCK COUNTY CURRITUCK SO-MAPLE
260

Serial Number: 008947
Test Date: 03/01/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	12:47pm
AIR BLK	.00	12:49pm
ACCY CHK	.08	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 695
Test Date: 03/01/2011 Test Time: 12:56pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:57pm
FLO	Pass	12:57pm
FC	Pass	12:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:57pm
SRC	Pass	12:57pm
DET	Pass	12:57pm
BAR	Pass	12:57pm
BT	Pass	12:57pm

Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm

CRC Tests

Test	Status	Time
COMP	Pass	12:58pm
CAL	Pass	12:58pm

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 Wakeford Instrument Location Murfreesboro Police Dept.
Instrument Serial No. 008906 115 E. Broad St., Murfreesboro, 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 3rd day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906
Test Date: 03/03/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG925201

Exp Date: 09/09/2011

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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 286
Test Date: 03/03/2011 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	11:35am
SRC	Pass	11:35am
DET	Pass	11:35am
BAR	Pass	11:35am
BT	Pass	11:35am

Blank Tests

Test	Status	Time
AIR	Pass	11:36am

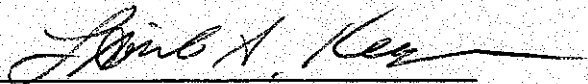
Printer Tests

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

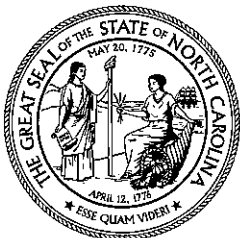
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Beaufort Instrument Location Belhaven Police Dept.
Instrument Serial No. 008928 Belhaven, N.C.

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

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

I certify that on the 18th day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



James A. Kessel
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928
Test Date: 03/18/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102701

Exp Date: 01/27/2013

Test	g/210L	Time
DIAG	Pass	11:47am
AIR BLK	.00	11:48am
ACCY CHK	.07	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:51am
AIR BLK	.00	11:51am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 142
Test Date: 03/18/2011 Test Time: 11:56am EDT

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	11:58am

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County 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 21st day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Tom A. Hesse
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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921
Test Date: 03/21/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011702

Exp Date: 04/27/2012

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 257
Test Date: 03/21/2011 Test Time: 11:33am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:34am

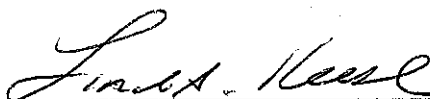
Printer Tests

Test	Status	Time
PRNT	Pass	11:34am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

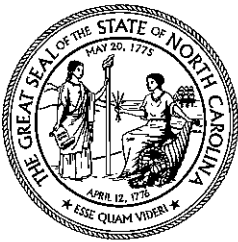
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Edgecombe Instrument Location Edgecombe Co. Magistrate's office
Instrument Serial No. 009603 300 S. Anabonda Rd., Tarboro, N.C.

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

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

I certify that on the 23rd day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Lucas S. Keese
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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008603
Test Date: 03/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

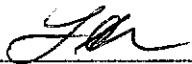
Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	11:32am
AIR BLK	.00	11:33am
ACCY CHK	.07	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 1047
Test Date: 03/23/2011 Test Time: 11:40am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
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	11:41am

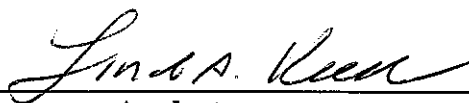
Printer Tests

Test	Status	Time
PRNT	Pass	11:41am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

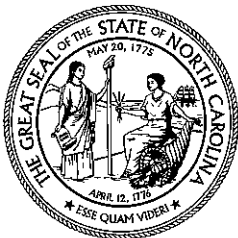
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Edgecombe Instrument Location Edgecombe Co. Magistrate's office
Instrument Serial No. DD8663 300 S. Anaconda Rd, TAYLOR, NC.

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

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

I certify that on the 23rd day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Linda A. Keese
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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008663

Test Date: 03/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	11:38am
AIR BLK	.00	11:39am
ACCY CHK	.08	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 1452
Test Date: 03/23/2011 Test Time: 11:46am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:47am

Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

Blank Tests

Test	Status	Time
AIR	Pass	11:48am

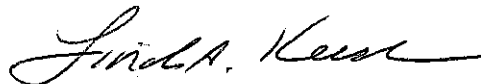
Printer Tests

Test	Status	Time
PRNT	Pass	11:48am

CRC Tests

Test	Status	Time
COMP	Pass	11:48am
CAL	Pass	11:48am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

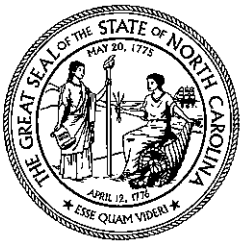
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Transylvania Instrument Location Transylvania Co. Jail
Instrument Serial No. 008820 Brevard, NC

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

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

I certify that on the 23 day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Cutler

Signature of Certifying Official

635

Certificate Number

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

Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA CO
JAIL 870

Serial Number: 008820
Test Date: 03/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102602

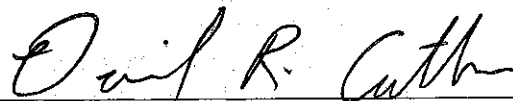
Exp Date: 01/26/2013

Test	g/210L	Time
DIAG	Pass	12:41pm
AIR BLK	.00	12:42pm
ACCY CHK	.08	12:43pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 414
Test Date: 03/23/2011 Test Time: 12:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	12:38pm

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm

CRC Tests

Test	Status	Time
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA CO
JAIL 870

Serial Number: 008609
Test Date: 03/23/2011

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG102602
Exp Date: 01/26/2013

Test	g/210L	Time
DIAG	Pass	12:43pm
AIR BLK	.00	12:44pm
ACCY CHK	.08	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

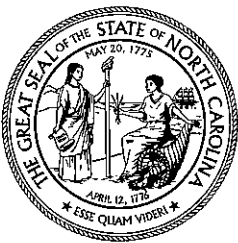
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Clay Instrument Location Clay Co. Jail
Instrument Serial No. 008608 Hayesville, NC

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

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

I certify that on the 22 day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Orin R. Cutler
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608
Test Date: 03/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG910501

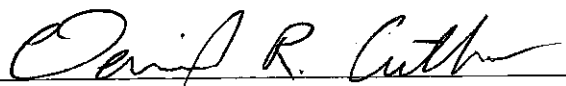
Exp Date: 04/15/2011

Test	g/210L	Time
DIAG	Pass	2:09pm
AIR BLK	.00	2:10pm
ACCY CHK	.07	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 749
Test Date: 03/22/2011 Test Time: 2:16pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:17pm
SRC	Pass	2:17pm
DET	Pass	2:17pm
BAR	Pass	2:17pm
BT	Pass	2:17pm

Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

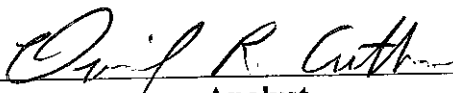
Printer Tests

Test	Status	Time
PRNT	Pass	2:17pm

CRC Tests

Test	Status	Time
COMP	Pass	2:18pm
CAL	Pass	2:18pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Macon Instrument Location Macon Co. Jail

Instrument Serial No. CO8789 Franklin, NC

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

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

I certify that on the 22 day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chris R. Carter
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789
Test Date: 03/22/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG910501

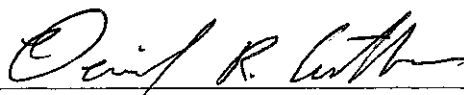
Exp Date: 04/15/2011

Test	g/210L	Time
DIAG	Pass	12:16pm
AIR BLK	.00	12:17pm
ACCY CHK	.07	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 216
Test Date: 03/22/2011 Test Time: 12:23pm EDT

System Check: *Passed*

Baseline Tests:

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:24pm

Temperature Tests:

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

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm

CRC Tests

Test	Status	Time
COMP	Pass	12:25pm
CAL	Pass	12:25pm

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**

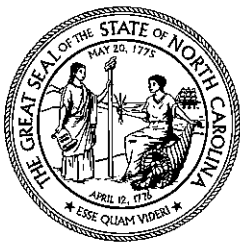
County Macon Instrument Location Macon Co. Jail

Instrument Serial No. 008618 Franklin, NC

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

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

I certify that on the 22 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Cuthbert
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618

Test Date: 03/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG910501


Exp Date: 04/15/2011

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.07	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 987
Test Date: 03/22/2011 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

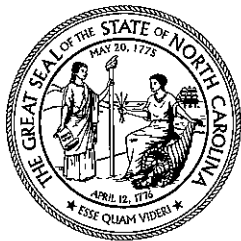
County Graham Instrument Location Graham Co. S.D.

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 10 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Cutler
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915
Test Date: 03/10/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	2:33pm
AIR BLK	.00	2:34pm
ACCY CHK	.08	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 436
Test Date: 03/10/2011 Test Time: 2:41pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:41pm
FLO	Pass	2:41pm
FC	Pass	2:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT	Pass	2:41pm

Blank Tests

Test	Status	Time
AIR	Pass	2:42pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:42pm

CRC Tests

Test	Status	Time
COMP	Pass	2:42pm
CAL	Pass	2:42pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

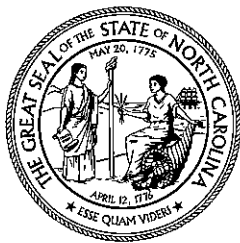
County Cherokee Instrument Location Cherokee Co. Jail

Instrument Serial No. 008711 Murphy, NC

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

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

I certify that on the 1st day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Arthur
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711
Test Date: 03/01/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG910501

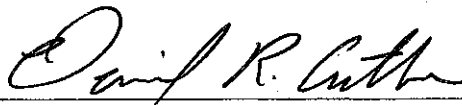
Exp Date: 04/15/2011

Test	g/210L	Time
DIAG	Pass	11:24am
AIR BLK	.00	11:25am
ACCY CHK	.07	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 358
Test Date: 03/01/2011 Test Time: 11:31am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:31am
FLO	Pass	11:31am
FC	Pass	11:32am

Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
BT	Pass	11:32am

Blank Tests

Test	Status	Time
AIR	Pass	11:32am

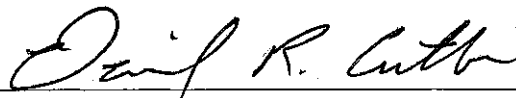
Printer Tests

Test	Status	Time
PRNT	Pass	11:32am

CRC Tests

Test	Status	Time
COMP	Pass	11:33am
CAL	Pass	11:33am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

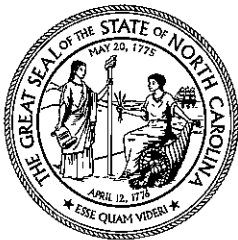
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Haywood Instrument Location Haywood Co. Jail
Instrument Serial No. 008714 Waynesville, NC

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

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

I certify that on the 7 day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Erin 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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714
Test Date: 03/07/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601

Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	12:08pm
AIR BLK	.00	12:09pm
ACCY CHK	.07	12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 583
Test Date: 03/07/2011 Test Time: 12:15pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:16pm
FLO	Pass	12:16pm
FC	Pass	12:16pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

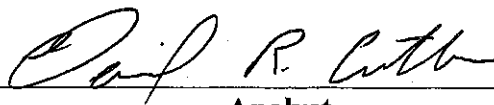
Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm

CRC Tests

Test	Status	Time
COMP	Pass	12:17pm
CAL	Pass	12:17pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

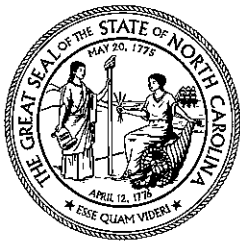
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Haywood Instrument Location Haywood Co. Jail
Instrument Serial No. 008712 Waynesville, NC

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

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

I certify that on the 7 day of March, 2011 the forgoing preventive maintenance procedures were performed on the 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. Arthur
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712
Test Date: 03/07/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925102

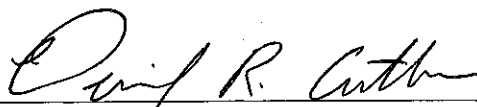
Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	12:37pm
AIR BLK	.00	12:37pm
ACCY CHK	.08	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.



Analyst

Intox EC/IR-II: Preventive Maintenance

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 907
Test Date: 03/07/2011 Test Time: 12:44pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
FC	Pass	12:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
BT	Pass	12:44pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

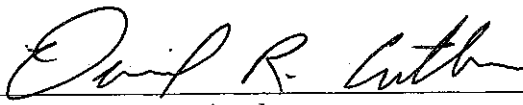
Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm

CRC Tests

Test	Status	Time
COMP	Pass	12:45pm
CAL	Pass	12:45pm

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**

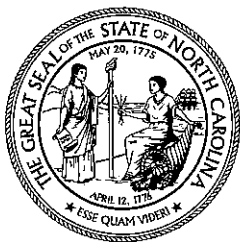
County Jackson Instrument Location Jackson Co. Jail

Instrument Serial No. 008708 Sylva, NC

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

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

I certify that on the 8 day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Eason
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708
Test Date: 03/08/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702

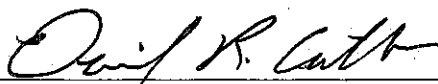
Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	12:35pm
AIR BLK	.00	12:36pm
ACCY CHK	.08	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 630
Test Date: 03/08/2011 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

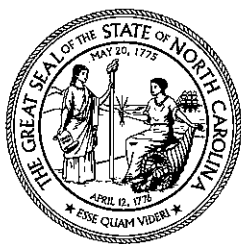
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Carteret Instrument Location Cape Carteret
Instrument Serial No. 8613 Town Hall Bldg.

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

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

I certify that on the 18 day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera 634
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

CARTERET COUNTY CAPE CART. TOWN HALL
150

Serial Number: 008613
Test Date: 03/18/2011

Citation Number: X0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG910601

Exp Date: 04/16/2011


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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY CAPE CART. TOWN HALL 150

Serial Number: 008613 Test Record Number: 553
Test Date: 03/18/2011 Test Time: 12:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO	Pass	12:15pm
FC	Pass	12:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
BT	Pass	12:15pm

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

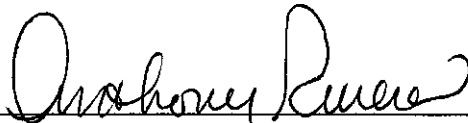
Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

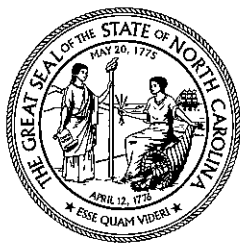
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Columbus Instrument Location Columbus County
Instrument Serial No. 8875 Sheriffs Dept.

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

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

I certify that on the 11 day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera
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: Subject Test

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875
Test Date: 03/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

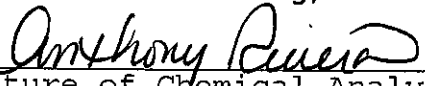
Test Type: Breath Test

Lot Number: AG002704

Exp Date: 01/27/2012

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Record Number: 603
Test Date: 03/11/2011 Test Time: 11:46am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:47am

Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

Blank Tests

Test	Status	Time
AIR	Pass	11:48am


Printer Tests

Test	Status	Time
PRNT	Pass	11:48am

CRC Tests

Test	Status	Time
COMP	Pass	11:48am
CAL	Pass	11:48am

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 PENDER Instrument Location PENDER County
Instrument Serial No. 8948 Sheriff's Dept. ANNEX.

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

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

I certify that on the 4 day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera
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: Subject Test

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948

Test Date: 03/04/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601

Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	10:46am
AIR BLK	.00	10:46am
ACCY CHK	.08	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:53am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 384
Test Date: 03/04/2011 Test Time: 10:54am EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:55am

Printer Tests

Test	Status	Time
PRNT	Pass	10:55am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

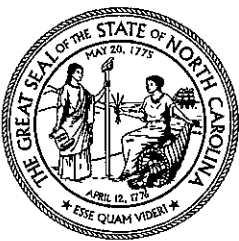
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

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 17 day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Bann
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: 03/17/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703

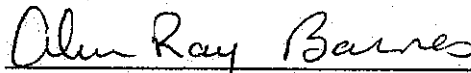
Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	8:41pm
AIR BLK	.00	8:42pm
ACCY CHK	.08	8:42pm
AIR BLK	.00	8:43pm
SUB TEST	.00	8:44pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:46pm
AIR BLK	.00	8:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 1027
Test Date: 03/17/2011 Test Time: 8:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:51pm
FLO	Pass	8:51pm
FC	Pass	8:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:52pm
SRC	Pass	8:52pm
DET	Pass	8:52pm
BAR	Pass	8:52pm
BT	Pass	8:52pm

Blank Tests

Test	Status	Time
AIR	Pass	8:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:52pm

CRC Tests

Test	Status	Time
COMP	Pass	8:52pm
CAL	Pass	8:52pm

Preventive Maintenance
Status: Pass

Allen Ray Barnes

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 17 day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

**MECKLENBURG COUNTY BAT MOBILE UNIT 3
590**

Serial Number: 008616
Test Date: 03/17/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601

Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	8:35pm
AIR BLK	.00	8:36pm
ACCY CHK	.08	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes

Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 529
Test Date: 03/17/2011 Test Time: 8:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:45pm
FLO	Pass	8:45pm
FC	Pass	8:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:46pm
SRC	Pass	8:46pm
DET	Pass	8:46pm
BAR	Pass	8:46pm
BT	Pass	8:46pm

Blank Tests

Test	Status	Time
AIR	Pass	8:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:46pm

CRC Tests

Test	Status	Time
COMP	Pass	8:46pm
CAL	Pass	8:46pm

Preventive Maintenance
Status: Pass

Allen Ray Barnes
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. 008910 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 17 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

**MECKLENBURG COUNTY BAT MOBILE UNIT 3
590**

Serial Number: 008910
Test Date: 03/17/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703

Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	8:36pm
AIR BLK	.00	8:38pm
ACCY CHK	.07	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:42pm
AIR BLK	.00	8:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes
Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008910 Test Record Number: 156
Test Date: 03/17/2011 Test Time: 8:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:47pm
FLO	Pass	8:47pm
FC	Pass	8:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:47pm
SRC	Pass	8:47pm
DET	Pass	8:47pm
BAR	Pass	8:47pm
BT	Pass	8:47pm

Blank Tests

Test	Status	Time
AIR	Pass	8:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:48pm

CRC Tests

Test	Status	Time
COMP	Pass	8:48pm
CAL	Pass	8:48pm

Preventive Maintenance
Status: Pass

Alan Ray Bantz
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

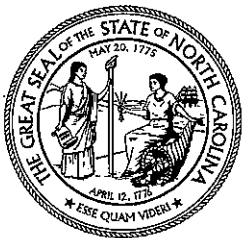
County DAVIDSON Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008910 LEXINGTON, NC

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

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

I certify that on the 19 day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008910

Test Date: 03/19/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703

Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.07	10:28pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm

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

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008910 Test Record Number: 162
Test Date: 03/19/2011 Test Time: 10:34pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:34pm
FLO	Pass	10:34pm
FC	Pass	10:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:34pm
SRC	Pass	10:34pm
DET	Pass	10:34pm
BAR	Pass	10:34pm
BT	Pass	10:34pm

Blank Tests

Test	Status	Time
AIR	Pass	10:35pm


Printer Tests

Test	Status	Time
PRNT	Pass	10:35pm

CRC Tests

Test	Status	Time
COMP	Pass	10:35pm
CAL	Pass	10:35pm

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 DAVIDSON Instrument Location BATMOBILE UNIT 3

Instrument Serial No. 008616 LEXINGTON, NC

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

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

I certify that on the 19 day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes

Signature of Certifying Official

648

Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616

Test Date: 03/19/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601


Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	10:24pm
AIR BLK	.00	10:25pm
ACCY CHK	.08	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616 Test Record Number: 539
Test Date: 03/19/2011 Test Time: 10:31pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:32pm
FLO	Pass	10:32pm
FC	Pass	10:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:32pm
SRC	Pass	10:32pm
DET	Pass	10:32pm
BAR	Pass	10:32pm
BT	Pass	10:32pm

Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

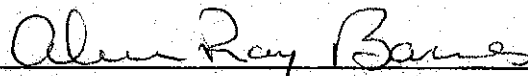
Printer Tests

Test	Status	Time
PRNT	Pass	10:33pm

CRC Tests

Test	Status	Time
COMP	Pass	10:33pm
CAL	Pass	10:33pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

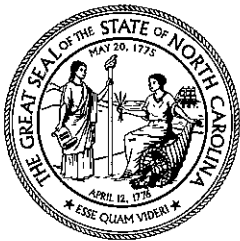
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake-Cary Instrument Location Bat Mobile Unit 2
Instrument Serial No. 008601

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

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

I certify that on the 18 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601
Test Date: 03/18/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number:

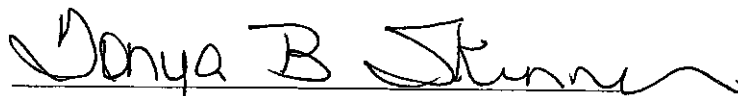
Exp Date: 08/25/2012

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

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Record Number: 540
Test Date: 03/18/2011 Test Time: 10:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:50pm
FLO	Pass	10:50pm
FC	Pass	10:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:50pm
SRC	Pass	10:50pm
DET	Pass	10:50pm
BAR	Pass	10:50pm
BT	Pass	10:50pm

Blank Tests

Test	Status	Time
AIR	Pass	10:51pm

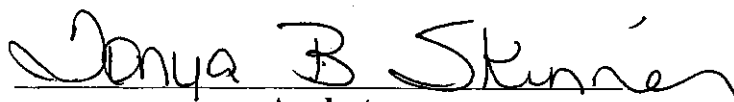
Printer Tests

Test	Status	Time
PRNT	Pass	10:51pm

CRC Tests

Test	Status	Time
COMP	Pass	10:51pm
CAL	Pass	10:51pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

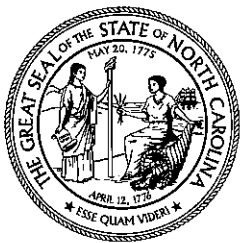
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake-Cary Instrument Location Bat Mobile Unit 2
Instrument Serial No. 008736

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

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

I certify that on the 18 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Sonya B Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736

Test Date: 03/18/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	10:37pm
AIR BLK	.00	10:38pm
ACCY CHK	.08	10:38pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:39pm
AIR BLK	.00	10:40pm
SUB TEST	.00	10:42pm
AIR BLK	.00	10:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Record Number: 267
Test Date: 03/18/2011 Test Time: 10:51pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:51pm
FLO	Pass	10:51pm
FC	Pass	10:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:52pm
SRC	Pass	10:52pm
DET	Pass	10:52pm
BAR	Pass	10:52pm
BT	Pass	10:52pm

Blank Tests

Test	Status	Time
AIR	Pass	10:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:52pm

CRC Tests

Test	Status	Time
COMP	Pass	10:52pm
CAL	Pass	10:52pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

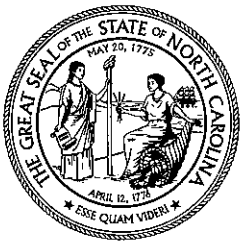
County Alamance - Graham Instrument Location Bat Mobile Unit #2

Instrument Serial No 008601

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

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

I certify that on the 17 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donna B Skennis
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008601
Test Date: 03/17/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number:

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	9:10pm
AIR BLK	.00	9:11pm
ACCY CHK	.07	9:12pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008601 Test Record Number: 537
Test Date: 03/17/2011 Test Time: 9:19pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:20pm

CRC Tests

Test	Status	Time
COMP	Pass	9:20pm
CAL	Pass	9:20pm

Preventive Maintenance
Status: *Pass*


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

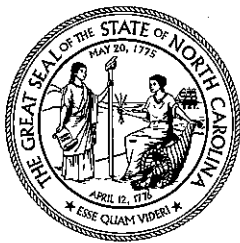
County Alamance - Graham Instrument Location Bot Mobile Unit

Instrument Serial No. 008736

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

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

I certify that on the 17 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donya B Skinner
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

ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008736

Test Date: 03/17/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.08	9:14pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 2 000

Serial Number: 008736 Test Record Number: 265
Test Date: 03/17/2011 Test Time: 9:22pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:22pm
SRC	Pass	9:22pm
DET	Pass	9:22pm
BAR	Pass	9:22pm
BT	Pass	9:22pm

Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm

CRC Tests

Test	Status	Time
COMP	Pass	9:23pm
CAL	Pass	9:23pm

Preventive Maintenance
Status: Pass

Donya B Skinner
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Durham-Durham Instrument Location Pat Mobile Unit 2

Instrument Serial No. 008601

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

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

I certify that on the 16 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donya B. Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008601

Test Date: 03/16/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number:

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	9:14pm
AIR BLK	.00	9:15pm
ACCY CHK	.07	9:16pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008601 Test Record Number: 534
Test Date: 03/16/2011 Test Time: 9:23pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:24pm
FLO	Pass	9:24pm
FC	Pass	9:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:24pm
SRC	Pass	9:24pm
DET	Pass	9:24pm
BAR	Pass	9:24pm
BT	Pass	9:24pm

Blank Tests

Test	Status	Time
AIR	Pass	9:24pm

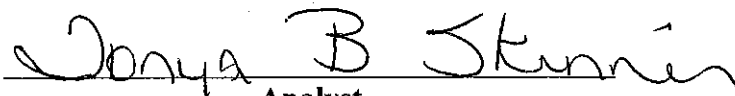
Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm

CRC Tests

Test	Status	Time
COMP	Pass	9:25pm
CAL	Pass	9:25pm

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**

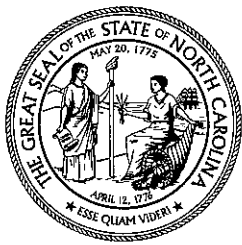
County Durham-Durham Instrument Location Bot Mobile Unit 2

Instrument Serial No. 008736

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

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

I certify that on the 16 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008736
Test Date: 03/16/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	9:23pm
AIR BLK	.00	9:24pm
ACCY CHK	.08	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 2 310

Serial Number: 008736 Test Record Number: 263
Test Date: 03/16/2011 Test Time: 9:34pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:35pm
SRC	Pass	9:35pm
DET	Pass	9:35pm
BAR	Pass	9:35pm
BT	Pass	9:35pm

Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wilson

Instrument Location BAT MOBILE UNIT #5

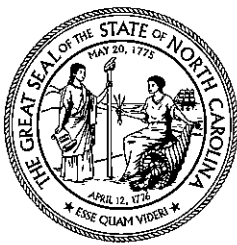
Instrument Serial No. 008600

Wilson

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

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

I certify that on the 19th day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stephen S. Tilford
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

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008600 Test Record Number: 763
Test Date: 03/19/2011 Test Time: 11:27pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:28pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test .

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008600
Test Date: 03/19/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

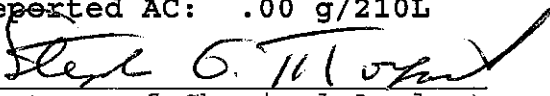
Test Type: Breath Test

Lot Number: AG920302

Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	11:18pm
AIR BLK	.00	11:19pm
ACCY CHK	.08	11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

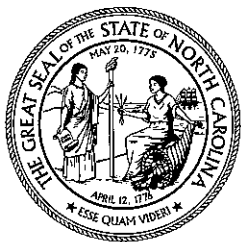
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wilson Instrument Location BAT MOBILE UNIT #5
Instrument Serial No. 008698 Wilson

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

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

I certify that on the 19th day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stephen O. III of
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

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008698 Test Record Number: 620
Test Date: 03/19/2011 Test Time: 11:30pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:31pm

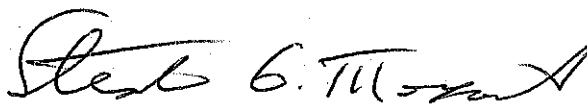
Printer Tests

Test	Status	Time
PRNT	Pass	11:31pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008698

Test Date: 03/19/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

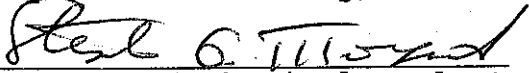
Test Type: Breath Test

Lot Number: AG920302

Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	11:20pm
AIR BLK	.00	11:21pm
ACCY CHK	.08	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm

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 Wilson Instrument Location BAT MOBILE UNIT #5
Instrument Serial No. 008788 Wilson

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

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

I certify that on the 19th day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the 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 G. Thoyard 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

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008788 Test Record Number: 514
Test Date: 03/19/2011 Test Time: 11:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:39pm
FLO	Pass	11:39pm
FC	Pass	11:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:39pm
SRC	Pass	11:39pm
DET	Pass	11:39pm
BAR	Pass	11:39pm
BT	Pass	11:39pm

Blank Tests

Test	Status	Time
AIR	Pass	11:40pm

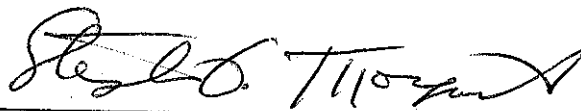
Printer Tests

Test	Status	Time
PRNT	Pass	11:40pm

CRC Tests

Test	Status	Time
COMP	Pass	11:40pm
CAL	Pass	11:40pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008788
Test Date: 03/19/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

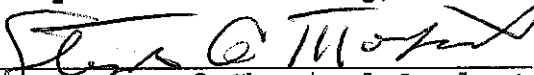
Test Type: Breath Test

Lot Number: AG003403

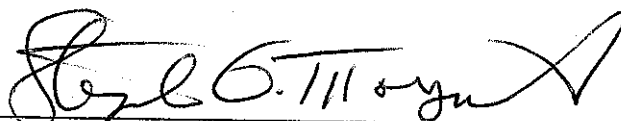
Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	11:29pm
AIR BLK	.00	11:30pm
ACCY CHK	.07	11:31pm
AIR BLK	.00	11:31pm
SUB TEST	.00	11:32pm
AIR BLK	.00	11:33pm
SUB TEST	.00	11:36pm
AIR BLK	.00	11:37pm

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 Hertford Instrument Location Ahoskie Police Dept.
Instrument Serial No. 008848 705 W. Main St., Ahoskie, 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 7th day of March, 2011 the forgoing preventive maintenance procedures were performed on the 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 L. O.
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 AHOSKIE PD 450

Serial Number: 008848
Test Date: 03/07/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

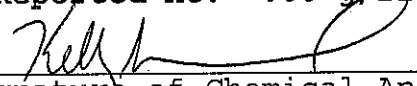
Test Type: Breath Test

Lot Number: AG916602

Exp Date: 06/15/2011

Test	g/210L	Time
DIAG	Pass	10:24am
AIR BLK	.00	10:25am
ACCY CHK	.08	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 520
Test Date: 03/07/2011 Test Time: 10:33am 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**

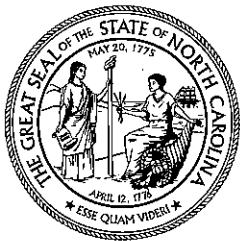
County Hyde Instrument Location Hyde Co. S.O. - Ocracoke

Instrument Serial No. 008797 NC 12, Ocracoke, N.C.

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

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

I certify that on the 14th day of March, 2011 the forgoing preventive maintenance procedures were performed on the 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 SH
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797
Test Date: 03/14/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602

Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	11:01am
AIR BLK	.00	11:02am
ACCY CHK	.08	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am

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: 219
Test Date: 03/14/2011 Test Time: 11:10am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:11am

Printer Tests

Test	Status	Time
PRNT	Pass	11:11am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

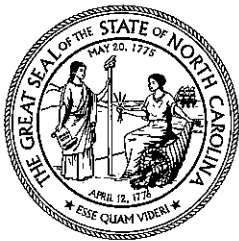
County Dare Instrument Location Dare Co. S.O. - Hatteras

Instrument Serial No. 008807 50346 NC Hwy 12, Frisio, NC

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

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

I certify that on the 14th day of March, 2011 the forgoing preventive maintenance procedures were performed on the 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
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

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807
Test Date: 03/14/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	1:09pm
AIR BLK	.00	1:10pm
ACCY CHK	.08	1:11pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:16pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 320
Test Date: 03/14/2011 Test Time: 1:17pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:17pm
FLO	Pass	1:17pm
FC	Pass	1:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm

CRC Tests

Test	Status	Time
COMP	Pass	1:18pm
CAL	Pass	1:18pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

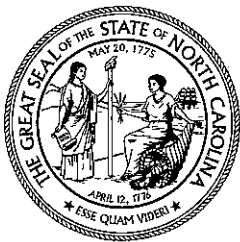
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Beaufort Instrument Location Beaufort Co. Courthouse
Instrument Serial No. 008847 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 16th day of March, 2011 the forgoing preventive maintenance procedures were performed on the 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
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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008847
Test Date: 03/16/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

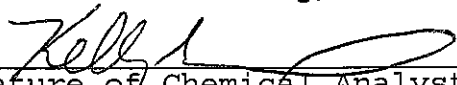
Test Type: Breath Test

Lot Number: AG920303

Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:26am
ACCY CHK	.08	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:31am
AIR BLK	.00	10:32am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008847 Test Record Number: 161
Test Date: 03/16/2011 Test Time: 10:33am EDT

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

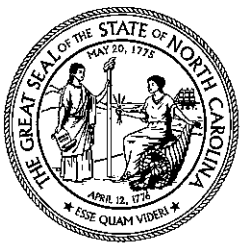
County JOHNSTON Instrument Location SELMA POLICE DEPT.

Instrument Serial No. 008595 SELMA NC

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

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

I certify that on the 16 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
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

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595

Test Date: 03/16/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG003403

Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	4:30pm
AIR BLK	.00	4:31pm
ACCY CHK	.07	4:32pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:33pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:37pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 497
Test Date: 03/16/2011 Test Time: 4:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:41pm
FLO	Pass	4:41pm
FC	Pass	4:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:41pm
SRC	Pass	4:41pm
DET	Pass	4:41pm
BAR	Pass	4:41pm
BT	Pass	4:41pm

Blank Tests

Test	Status	Time
AIR	Pass	4:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm

CRC Tests

Test	Status	Time
COMP	Pass	4:42pm
CAL	Pass	4:42pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

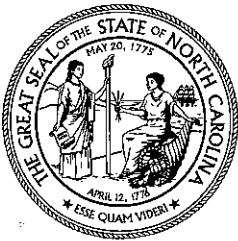
County HARNETT Instrument Location DUNN POLICE DEPT.

Instrument Serial No. 008644 DUNN, NC

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

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

I certify that on the 01 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
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

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644
Test Date: 03/01/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

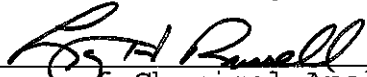
Test Type: Breath Test

Lot Number: AG002802

Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	3:52pm
AIR BLK	.00	3:53pm
ACCY CHK	.08	3:53pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:58pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 770
Test Date: 03/01/2011 Test Time: 3:59pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
FC	Pass	4:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:00pm
SRC	Pass	4:00pm
DET	Pass	4:00pm
BAR	Pass	4:00pm
BT	Pass	4:00pm

Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm

CRC Tests

Test	Status	Time
COMP	Pass	4:01pm
CAL	Pass	4:01pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Scotland

Instrument Location Bat mobile Unit 2

Instrument Serial No. 008736

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

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

I certify that on the 12 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jonya B Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736
Test Date: 03/12/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	9:26pm
AIR BLK	.00	9:27pm
ACCY CHK	.08	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736 Test Record Number: 260
Test Date: 03/12/2011 Test Time: 9:40pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pass	9:41pm

Blank Tests

Test	Status	Time
AIR	Pass	9:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:41pm

CRC Tests

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

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 Scotland

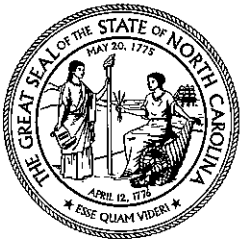
Instrument Location Batmobile Unit - Laurinburg

Instrument Serial No. 008601

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

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

I certify that on the 12 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jonya B Skinner
Signature of Certifying Official

6421
Certificate Number

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

Intox EC/IR-II: Subject Test

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008601
Test Date: 03/12/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number:

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	9:19pm
AIR BLK	.00	9:20pm
ACCY CHK	.07	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Intox EC/IR-II: Preventive Maintenance

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008601 Test Record Number: 529
Test Date: 03/12/2011 Test Time: 9:28pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:28pm
FLO	Pass	9:28pm
FC	Pass	9:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:28pm
SRC	Pass	9:28pm
DET	Pass	9:28pm
BAR	Pass	9:28pm
BT	Pass	9:28pm

Blank Tests

Test	Status	Time
AIR	Pass	9:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:29pm

CRC Tests

Test	Status	Time
COMP	Pass	9:29pm
CAL	Pass	9:29pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

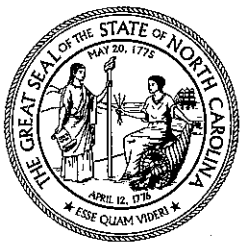
County DAVIE Instrument Location DAVIE CO JAIL

Instrument Serial No. 008905

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

632
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905
Test Date: 03/09/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

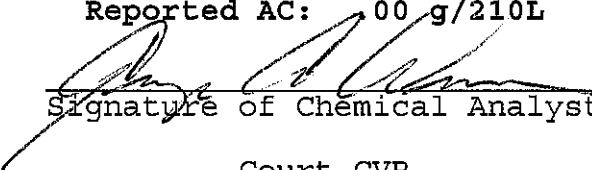
Test Type: Breath Test

Lot Number: AG925102

Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	4:01pm
AIR BLK	.00	4:02pm
ACCY CHK	.07	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:07pm

Reported AC: 00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 686
Test Date: 03/09/2011 Test Time: 4:08pm 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

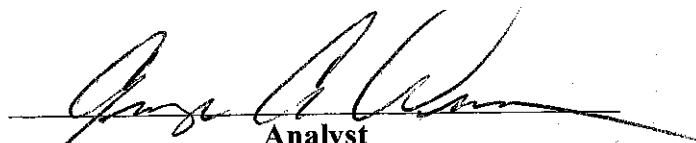
Printer Tests

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**

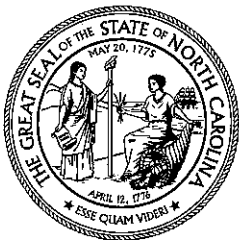
County Stokes Instrument Location King P.P.

Instrument Serial No. 008610

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

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

I certify that on the 9 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] Signature of Certifying Official 632 Certificate Number

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

Intox EC/IR-II: Subject Test

STOKES COUNTY KING PD 840

Serial Number: 008610
Test Date: 03/09/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

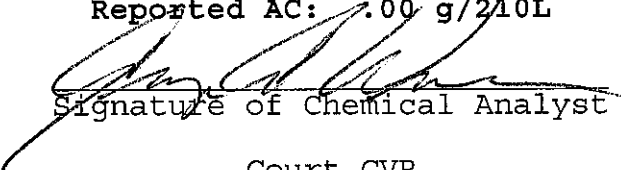
Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	2:35pm
AIR BLK	.00	2:36pm
ACCY CHK	.08	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR.


Analyst

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

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 889
Test Date: 03/09/2011 Test Time: 2:42pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:43pm
FLO	Pass	2:43pm
FC	Pass	2:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

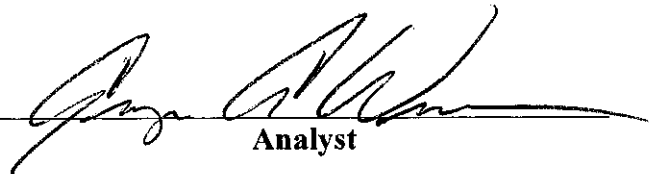
Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm

CRC Tests

Test	Status	Time
COMP	Pass	2:44pm
CAL	Pass	2:44pm

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 Stokes Instrument Location Stokes Co. Jail

Instrument Serial No. 008596

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

632
Certificate Number

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

Intox EC/IR-II: Subject Test

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596
Test Date: 03/09/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	1:20pm
AIR BLK	.00	1:21pm
ACCY CHK	.08	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR.


Analyst

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

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 461
Test Date: 03/09/2011 Test Time: 1:28pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
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	1:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm

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**

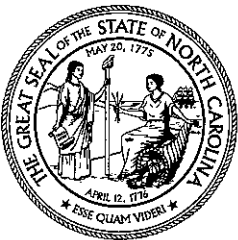
County Rockingham Instrument Location MADISON P.D.

Instrument Serial No. 008802

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

632
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802
Test Date: 03/09/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

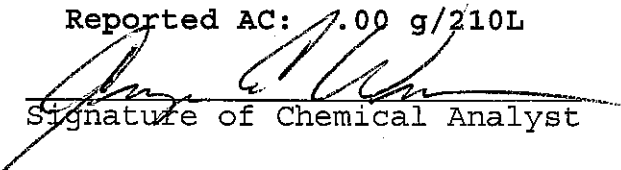
Test Type: Breath Test

Lot Number: AG102602

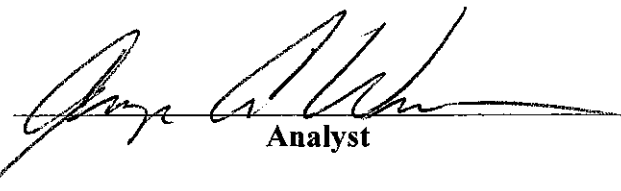
Exp Date: 01/26/2013

Test	g/210L	Time
DIAG	Pass	12:18pm
AIR BLK	.00	12:19pm
ACCY CHK	.07	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 330
Test Date: 03/09/2011 Test Time: 12:27pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

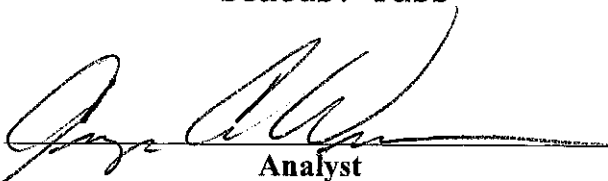
Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm

CRC Tests

Test	Status	Time
COMP	Pass	12:28pm
CAL	Pass	12:28pm

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 Yadkin Instrument Location Yadkinville P.D.

Instrument Serial No. 008925

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

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

I certify that on the 8 day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

632
Certificate Number

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

Intox EC/IR-II: Subject Test

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925
Test Date: 03/08/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

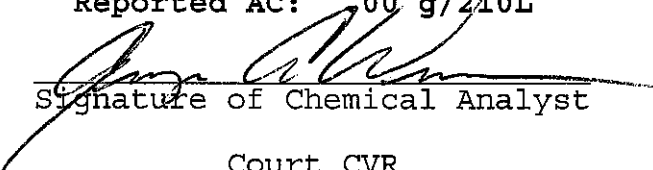
Test Type: Breath Test

Lot Number: AG023602

Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	12:46pm
AIR BLK	.00	12:47pm
ACCY CHK	.08	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:51pm
AIR BLK	.00	12:52pm

Reported AC: 00 g/210L


Signature of Chemical Analyst

Court CVR.


Analyst

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

Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Record Number: 206
Test Date: 03/08/2011 Test Time: 12:53pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO	Pass	12:54pm
FC	Pass	12:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:54pm
SRC	Pass	12:54pm
DET	Pass	12:54pm
BAR	Pass	12:54pm
BT	Pass	12:54pm

Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

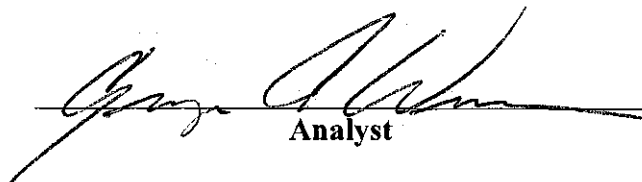
Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm

CRC Tests

Test	Status	Time
COMP	Pass	12:55pm
CAL	Pass	12:55pm

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**

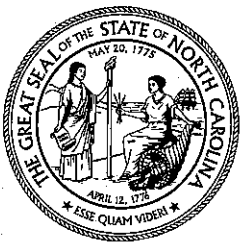
County SURRY Instrument Location ELKIN P.P.

Instrument Serial No. 008926

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

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

I certify that on the 10 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

632
Certificate Number

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

Intox EC/IR-II: Subject Test

SURRY COUNTY ELKIN PD 850

Serial Number: 008926
Test Date: 03/10/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: **WEAVER, GEORGE A**

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

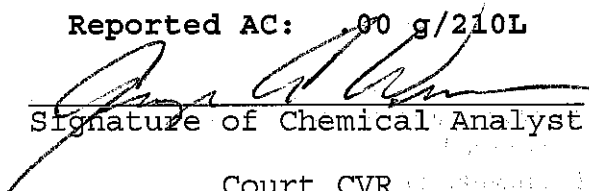
Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 407
Test Date: 03/10/2011 Test Time: 2:29pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

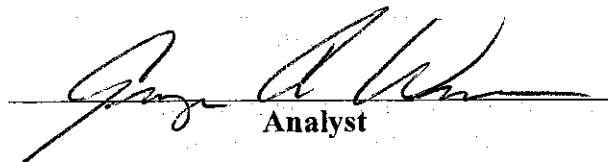
Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

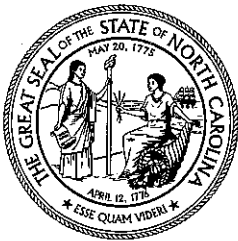
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Surry Instrument Location Surry Co Jail
Instrument Serial No. 008934

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

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

I certify that on the 10 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

632
Certificate Number

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

Intox EC/IR-II: Subject Test

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934
Test Date: 03/10/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

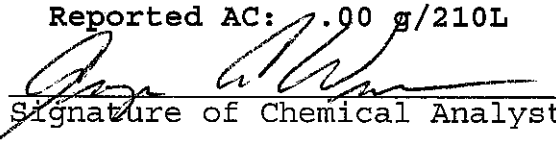
Test Type: Breath Test

Lot Number: AG102602

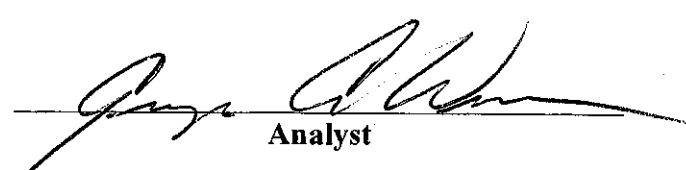
Exp Date: 01/26/2013

Test	g/210L	Time
DIAG	Pass	12:44pm
AIR BLK	.00	12:44pm
ACCY CHK	.07	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:48pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 685
Test Date: 03/10/2011 Test Time: 12:50pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:51pm
FLO	Pass	12:51pm
FC	Pass	12:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

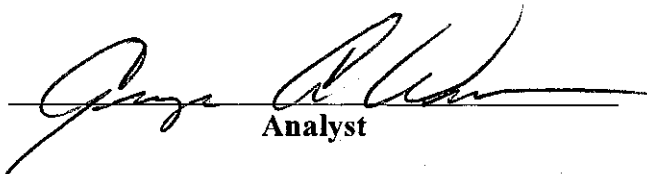
Printer Tests

Test	Status	Time
PRNT	Pass	12:52pm

CRC Tests

Test	Status	Time
COMP	Pass	12:52pm
CAL	Pass	12:52pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

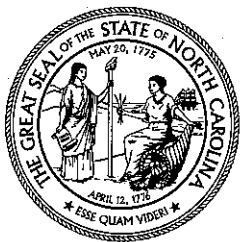
County SURRY Instrument Location MOUNT AIRY P.D.

Instrument Serial No. 008943

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

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

I certify that on the 10 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

032
Certificate Number

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

Intox EC/IR-II: Subject Test

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943
Test Date: 03/10/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

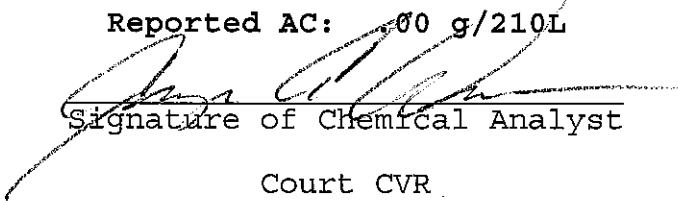
Test Type: Breath Test

Lot Number: AG925102

Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	11:59am
AIR BLK	.00	12:00pm
ACCY CHK	.08	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 853
Test Date: 03/10/2011 Test Time: 12:07pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
FC	Pass	12:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:08pm
SRC	Pass	12:08pm
DET	Pass	12:08pm
BAR	Pass	12:08pm
BT	Pass	12:08pm

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

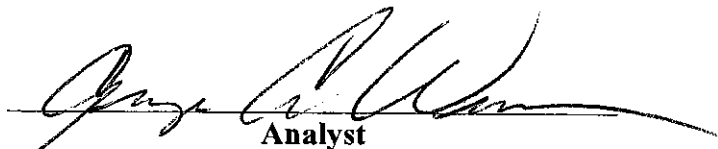
Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm

CRC Tests

Test	Status	Time
COMP	Pass	12:09pm
CAL	Pass	12:09pm

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**

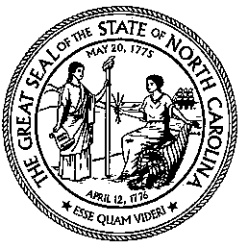
County SURRY Instrument Location Pilot Mountain P.D.

Instrument Serial No. 008938

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

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

I certify that on the 10 day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

632
Certificate Number

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

Intox EC/IR-II: Subject Test

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938
Test Date: 03/10/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

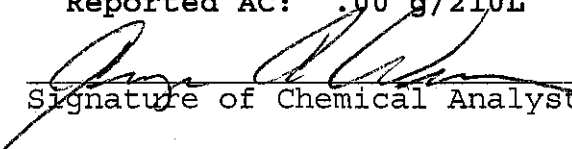
Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	11:13am
AIR BLK	.00	11:14am
ACCY CHK	.07	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
AIR BLK	.00	11:19am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR.


Analyst

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

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 264
Test Date: 03/10/2011 Test Time: 11:20am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:20am
FLO	Pass	11:20am
FC	Pass	11:21am

Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

Blank Tests

Test	Status	Time
AIR	Pass	11:21am

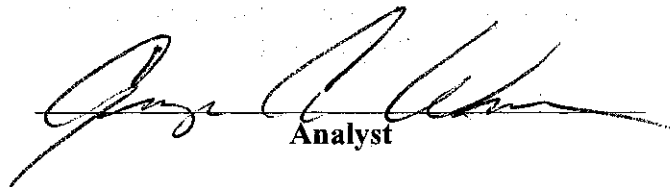
Printer Tests

Test	Status	Time
PRNT	Pass	11:21am

CRC Tests

Test	Status	Time
COMP	Pass	11:21am
CAL	Pass	11:21am

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

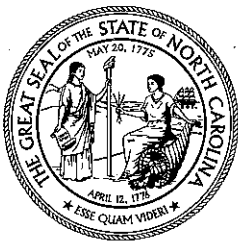
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location BAT MOBILE UNIT #5
Instrument Serial No. 008600 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 12th day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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 5 910

Serial Number: 008600 Test Record Number: 753
Test Date: 03/12/2011 Test Time: 10:59pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:00pm

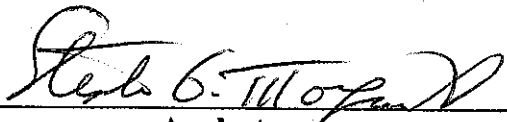
Printer Tests

Test	Status	Time
PRNT	Pass	11:00pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600
Test Date: 03/12/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

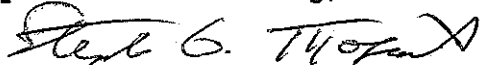
Test Type: Breath Test

Lot Number: AG920302

Exp Date: 07/22/2011

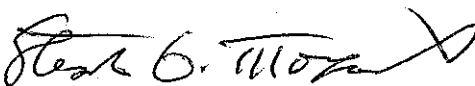
Test	g/210L	Time
DIAG	Pass	10:50pm
AIR BLK	.00	10:51pm
ACCY CHK	.08	10:51pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

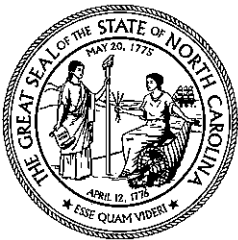
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wake Instrument Location BAT MOBILE UNIT #5
Instrument Serial No. 008698 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 12th day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Step G. Thoy
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 5 910

Serial Number: 008698 Test Record Number: 612
Test Date: 03/12/2011 Test Time: 11:00pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:00pm
FLO	Pass	11:00pm
FC	Pass	11:01pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:01pm

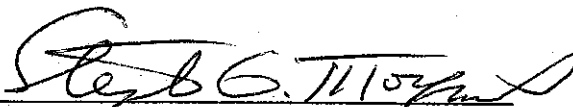
Printer Tests

Test	Status	Time
PRNT	Pass	11:01pm

CRC Tests

Test	Status	Time
COMP	Pass	11:01pm
CAL	Pass	11:01pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698
Test Date: 03/12/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

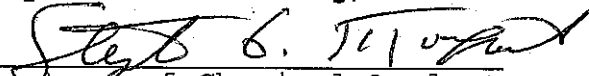
Test Type: Breath Test

Lot Number: AG920302

Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	10:52pm
AIR BLK	.00	10:53pm
ACCY CHK	.08	10:53pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

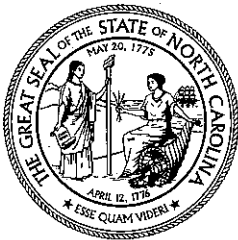
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wake Instrument Location RAF MOBILE UNIT #5
Instrument Serial No. 608758 RAVEIGH

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

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

I certify that on the 12TH day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
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 5 910

Serial Number: 008788 Test Record Number: 507
Test Date: 03/12/2011 Test Time: 11:03pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:03pm
FLO	Pass	11:03pm
FC	Pass	11:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:04pm
SRC	Pass	11:04pm
DET	Pass	11:04pm
BAR	Pass	11:04pm
BT	Pass	11:04pm

Blank Tests

Test	Status	Time
AIR	Pass	11:04pm

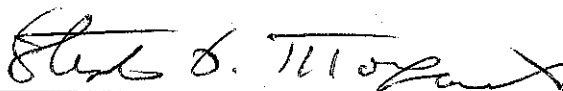
Printer Tests

Test	Status	Time
PRNT	Pass	11:04pm

CRC Tests

Test	Status	Time
COMP	Pass	11:04pm
CAL	Pass	11:04pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 03/12/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

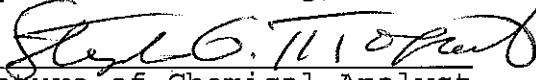
Test Type: Breath Test

Lot Number: AG003403

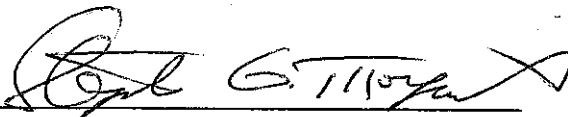
Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	10:55pm
AIR BLK	.00	10:56pm
ACCY CHK	.08	10:56pm
AIR BLK	.00	10:57pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:58pm
SUB TEST	.00	11:00pm
AIR BLK	.00	11:01pm

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**

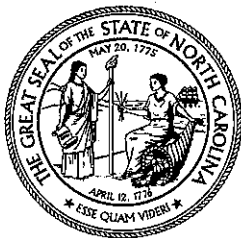
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

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 10 day of MARCH, 2016 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alexander Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616
Test Date: 03/10/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601

Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	11:13pm
AIR BLK	.00	11:14pm
ACCY CHK	.08	11:14pm
AIR BLK	.00	11:15pm
SUB TEST	.00	11:16pm
AIR BLK	.00	11:17pm
SUB TEST	.00	11:18pm
AIR BLK	.00	11:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes

Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 514
Test Date: 03/10/2011 Test Time: 11:19pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:20pm
FLO	Pass	11:20pm
FC	Pass	11:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:20pm
SRC	Pass	11:20pm
DET	Pass	11:20pm
BAR	Pass	11:20pm
BT	Pass	11:20pm

Blank Tests

Test	Status	Time
AIR	Pass	11:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:21pm

CRC Tests

Test	Status	Time
COMP	Pass	11:21pm
CAL	Pass	11:21pm

Preventive Maintenance
Status: Pass

Allen Ray Barnes
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

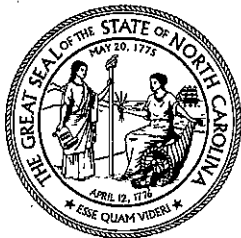
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008865 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 10 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alexis Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008865
Test Date: 03/10/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	9:58pm
AIR BLK	.00	10:00pm
ACCY CHK	.07	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes
Analyst

This form is used when 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: 008865 Test Record Number: 254
Test Date: 03/10/2011 Test Time: 10:10pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Alvin Ray Barnes
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

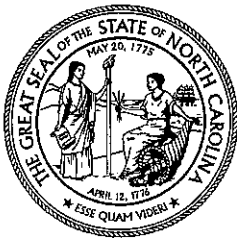
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

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 10 day of MARCH, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

**MECKLENBURG COUNTY BAT MOBILE UNIT 3
590**

Serial Number: 008647
Test Date: 03/10/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703

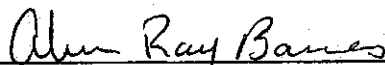
Exp Date: 04/27/2012

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

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: 008647 Test Record Number: 1013
Test Date: 03/10/2011 Test Time: 10:08pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:08pm
FLO	Pass	10:08pm
FC	Pass	10:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:08pm
SRC	Pass	10:08pm
DET	Pass	10:08pm
BAR	Pass	10:08pm
BT	Pass	10:08pm

Blank Tests

Test	Status	Time
AIR	Pass	10:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:09pm

CRC Tests

Test	Status	Time
COMP	Pass	10:09pm
CAL	Pass	10:09pm

Preventive Maintenance
Status: Pass

Alan Ray Barnes
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. 008869 Havelock

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

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

I certify that on the 12 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

601
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 6 240

Serial Number: 008869 Test Record Number: 381
Test Date: 03/12/2011 Test Time: 1:30am EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:31am
SRC	Pass	1:31am
DET	Pass	1:31am
BAR	Pass	1:31am
BT	Pass	1:31am

Blank Tests

Test	Status	Time
AIR	Pass	1:31am

Printer Tests

Test	Status	Time
PRNT	Pass	1:31am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869

Test Date: 03/12/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803

Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	1:21am
AIR BLK	.00	1:22am
ACCY CHK	.08	1:23am
AIR BLK	.00	1:24am
SUB TEST	.00	1:24am
AIR BLK	.00	1:25am
SUB TEST	.00	1:28am
AIR BLK	.00	1:29am

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 CRAVEN

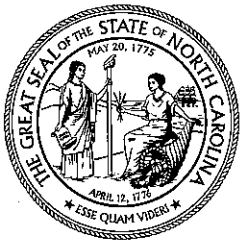
Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008939

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

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

I certify that on the 11 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

601
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 6 240

Serial Number: 008939 Test Record Number: 486
Test Date: 03/11/2011 Test Time: 7:30pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:31pm
FLO	Pass	7:31pm
FC	Pass	7:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:31pm
SRC	Pass	7:31pm
DET	Pass	7:31pm
BAR	Pass	7:31pm
BT	Pass	7:31pm

Blank Tests

Test	Status	Time
AIR	Pass	7:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:32pm

CRC Tests

Test	Status	Time
COMP	Pass	7:32pm
CAL	Pass	7:32pm

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939
Test Date: 03/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

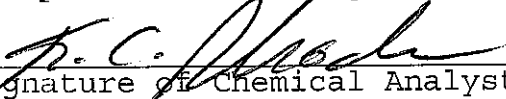
Test Type: Breath Test

Lot Number: AG002803

Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	7:22pm
AIR BLK	.00	7:23pm
ACCY CHK	.08	7:24pm
AIR BLK	.00	7:25pm
SUB TEST	.00	7:25pm
AIR BLK	.00	7:26pm
SUB TEST	.00	7:28pm
AIR BLK	.00	7:29pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

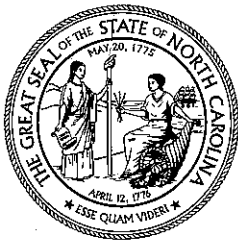
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Craven Instrument Location BAT Mobile unit 6
Instrument Serial No. 008898 Havelock

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

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

I certify that on the 11 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument 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

60
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 6 240

Serial Number: 008898 Test Record Number: 535
Test Date: 03/11/2011 Test Time: 7:29pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:29pm
FLO	Pass	7:29pm
FC	Pass	7:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:29pm
SRC	Pass	7:29pm
DET	Pass	7:29pm
BAR	Pass	7:29pm
BT	Pass	7:29pm

Blank Tests

Test	Status	Time
AIR	Pass	7:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:30pm

CRC Tests

Test	Status	Time
COMP	Pass	7:30pm
CAL	Pass	7:30pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898
Test Date: 03/11/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803

Exp.Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	7:20pm
AIR BLK	.00	7:21pm
ACCY CHK	.07	7:22pm
AIR BLK	.00	7:22pm
SUB TEST	.00	7:23pm
AIR BLK	.00	7:24pm
SUB TEST	.00	7:25pm
AIR BLK	.00	7:26pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

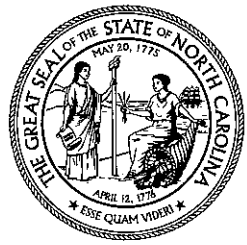
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location Bat Mobile Unit 2 - Holly Springs
Instrument Serial No. 008736

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

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

I certify that on the 4 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donya B. Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736
Test Date: 03/04/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701

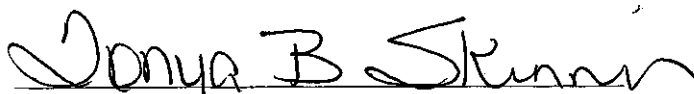
Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	7:48pm
AIR BLK	.00	7:49pm
ACCY CHK	.08	7:49pm
AIR BLK	.00	7:50pm
SUB TEST	.00	7:51pm
AIR BLK	.00	7:52pm
SUB TEST	.00	7:53pm
AIR BLK	.00	7:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Record Number: 25
Test Date: 03/04/2011 Test Time: 7:56pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:56pm
FLO	Pass	7:56pm
FC	Pass	7:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:57pm
SRC	Pass	7:57pm
DET	Pass	7:57pm
BAR	Pass	7:57pm
BT	Pass	7:57pm

Blank Tests

Test	Status	Time
AIR	Pass	7:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:57pm

CRC Tests

Test	Status	Time
COMP	Pass	7:57pm
CAL	Pass	7:57pm

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 Wake

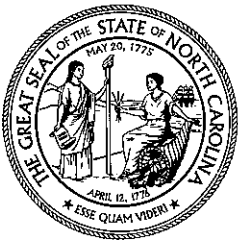
Instrument Location Bat Mobile Unit - Holly Springs

Instrument Serial No. DD8601

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

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

I certify that on the 4 day of March, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donya B. Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE CO BAT MOBILE UNIT 2 910

Serial Number: 008601
Test Date: 03/04/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number:

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	7:28pm
AIR BLK	.00	7:29pm
ACCY CHK	.07	7:29pm
AIR BLK	.00	7:30pm
SUB TEST	.00	7:32pm
AIR BLK	.00	7:33pm
SUB TEST	.00	7:35pm
AIR BLK	.00	7:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE CO BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Record Number: 519
Test Date: 03/04/2011 Test Time: 7:40pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:41pm
FLO	Pass	7:41pm
FC	Pass	7:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:41pm
SRC	Pass	7:41pm
DET	Pass	7:41pm
BAR	Pass	7:41pm
BT	Pass	7:41pm

Blank Tests

Test	Status	Time
AIR	Pass	7:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:42pm

CRC Tests

Test	Status	Time
COMP	Pass	7:42pm
CAL	Pass	7:42pm

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**

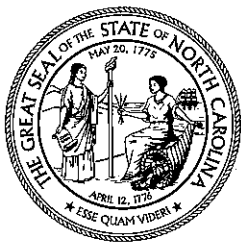
County Hoke Instrument Location BAT Mobile Unit 4

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 4th day of March, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Daniel T. Trumble, Sr.
Signature of Certifying Official

651
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

HOKE COUNTY BAT MOBILE UNIT 4 460

Serial Number: 008871 Test Record Number: 336
Test Date: 03/04/2011 Test Time: 9:55pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:55pm
FLO	Pass	9:55pm
FC	Pass	9:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:55pm
SRC	Pass	9:55pm
DET	Pass	9:55pm
BAR	Pass	9:55pm
BT	Pass	9:55pm

Blank Tests

Test	Status	Time
AIR	Pass	9:56pm

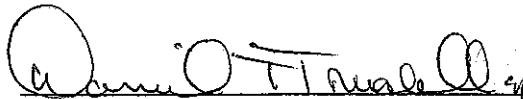
Printer Tests

Test	Status	Time
PRNT	Pass	9:56pm

CRC Tests

Test	Status	Time
COMP	Pass	9:56pm
CAL	Pass	9:56pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

HOKE COUNTY BAT MOBILE UNIT 4 460

Serial Number: 008871
Test Date: 03/04/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

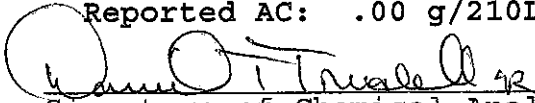
Test Type: Breath Test

Lot Number: AG011703

Exp Date: 10/02/2011

Test	g/210L	Time
DIAG	Pass	9:47pm
AIR BLK	.00	9:48pm
ACCY CHK	.08	9:49pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm
SUB TEST	.00	9:52pm
AIR BLK	.00	9:53pm

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**

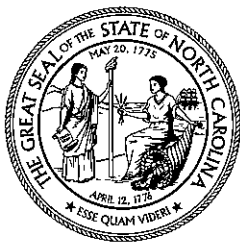
County Randolph Instrument Location BAT Mobile Unit 4

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 5th day of March, 2011 the forgoing preventive maintenance procedures were performed on the 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 T. Treadwell
Signature of Certifying Official

651
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

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008871 Test Record Number: 339
Test Date: 03/05/2011 Test Time: 8:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:14pm
FLO	Pass	8:15pm
FC	Pass	8:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:15pm
SRC	Pass	8:15pm
DET	Pass	8:15pm
BAR	Pass	8:15pm
BT	Pass	8:15pm

Blank Tests

Test	Status	Time
AIR	Pass	8:15pm

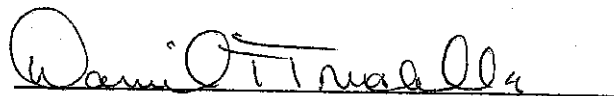
Printer Tests

Test	Status	Time
PRNT	Pass	8:15pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008871
Test Date: 03/05/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

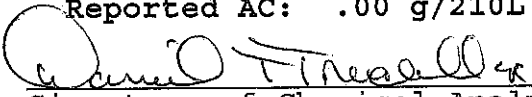
Test Type: Breath Test

Lot Number: AG011703

Exp Date: 10/02/2011

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

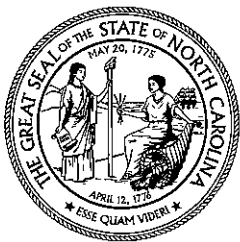
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County JOHNSTON Instrument Location JOHNSTON CO. JAIL
Instrument Serial No. 008810 SMITHFIELD, NC

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

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

I certify that on the 03 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Date: 03/03/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

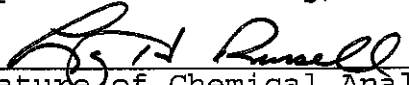
Test Type: Breath Test

Lot Number: AG023701

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	2:55pm
AIR BLK	.00	2:56pm
ACCY CHK	.08	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:03pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Record Number: 872
Test Date: 03/03/2011 Test Time: 3:03pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:03pm
FLO	Pass	3:03pm
FC	Pass	3:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm

CRC Tests

Test	Status	Time
COMP	Pass	3:05pm
CAL	Pass	3:05pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

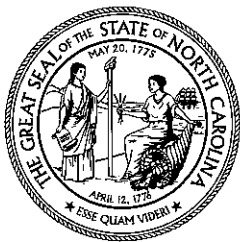
County LEE Instrument Location LEE Co. JAIL

Instrument Serial No. 008645 SANFORD, NC

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

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

I certify that on the 03 day of MARCH, 20 11 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
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

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Date: 03/03/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

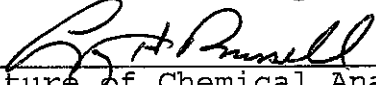
Test Type: Breath Test

Lot Number: AG104004

Exp Date: 02/09/2013

Test	g/210L	Time
DIAG	Pass	11:34am
AIR BLK	.00	11:34am
ACCY CHK	.08	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Record Number: 905
Test Date: 03/03/2011 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	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am

Blank Tests

Test	Status	Time
AIR	Pass	11:42am

Printer Tests

Test	Status	Time
PRNT	Pass	11:42am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst