

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

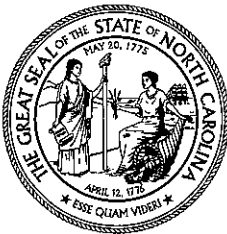
County ALAMANCE Instrument Location ALAMANCE CO JAIL

Instrument Serial No. 008853 109 S. Maple St  
GRAHAM, NC

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

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

I certify that on the 31 day of May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alex Barcus  
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**

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853  
Test Date: 05/31/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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, SIMON S  
Permit Number: 11434E  
Effective:  
05/01/2017-05/01/2019

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

Lot Number: AG607501  
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	11:00am
AIR BLK	.00	11:01am
ACCY CHK	.08	11:01am
AIR BLK	.00	11:03am
<b>SUB TEST</b>	<b>.00</b>	<b>11:03am</b>
AIR BLK	.00	11:04am
<b>SUB TEST</b>	<b>.00</b>	<b>11:06am</b>
AIR BLK	.00	11:07am

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: 2193  
Test Date: 05/31/2017      Test Time: 11:08am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:08am
FLO	Pass	11:08am
FC	Pass	11:08am

Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
BT	Pass	11:08am

Blank Tests

Test	Status	Time
AIR	Pass	11:09am

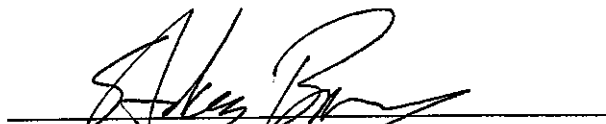
Printer Tests

Test	Status	Time
PRNT	Pass	11:09am

CRC Tests

Test	Status	Time
COMP	Pass	11:09am
CAL	Pass	11:09am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ALAMANCE Instrument Location ALAMANCE Co JAIL

Instrument Serial No. 008913 109 S. Maple St  
GRAHAM, NC

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

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

I certify that on the 31 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

442  
Certificate Number

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: 05/31/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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, SIMON S  
Permit Number: 11434E  
Effective:  
05/01/2017-05/01/2019

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

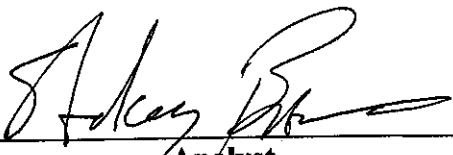
Lot Number: AG710701  
Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	10:41am
AIR BLK	.00	10:42am
ACCY CHK	.08	10:43am
AIR BLK	.00	10:44am
<b>SUB TEST</b>	<b>.00</b>	<b>10:45am</b>
AIR BLK	.00	10:46am
<b>SUB TEST</b>	<b>.00</b>	<b>10:47am</b>
AIR BLK	.00	10:48am

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: 2847  
Test Date: 05/31/2017      Test Time: 10:49am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:51am

Printer Tests

Test	Status	Time
PRNT	Pass	10:51am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

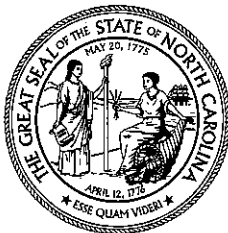
County ALAMANCE Instrument Location Burlington PD

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

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

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

I certify that on the 26 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alex B...

Signature of Certifying Official

662

Certificate Number

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

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907  
Test Date: 05/26/2017

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

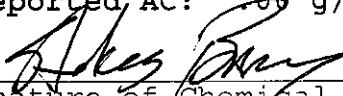
Analyst's Name: BARNES, SIMON S  
Permit Number: 11434E  
Effective:  
05/01/2017-05/01/2019

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

Lot Number: AG702401  
Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	8:46am
AIR BLK	.00	8:47am
ACCY CHK	.08	8:48am
AIR BLK	.00	8:49am
<b>SUB TEST</b>	<b>.00</b>	<b>8:50am</b>
AIR BLK	.00	8:51am
<b>SUB TEST</b>	<b>.00</b>	<b>8:52am</b>
AIR BLK	.00	8:53am

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: 835  
Test Date: 05/26/2017      Test Time: 8:55am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:55am
FLO	Pass	8:55am
FC	Pass	8:55am

Temperature Tests

Test	Status	Time
FC1	Pass	8:55am
SRC	Pass	8:55am
DET	Pass	8:55am
BAR	Pass	8:55am
BT	Pass	8:55am

Blank Tests

Test	Status	Time
AIR	Pass	8:56am

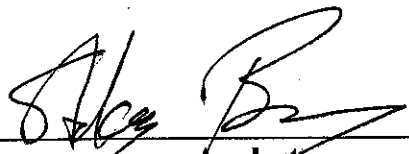
Printer Tests

Test	Status	Time
PRNT	Pass	8:56am

CRC Tests

Test	Status	Time
COMP	Pass	8:56am
CAL	Pass	8:56am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

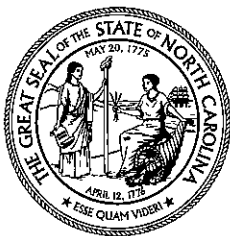
County ALAMANCE Instrument Location BURLINGTON PD

Instrument Serial No. 008812 267 W. FRONT ST  
Burlington, NC

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

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

I certify that on the 26 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

462  
Certificate Number

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: 05/26/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

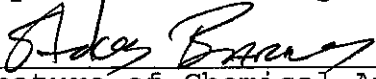
Test Type: Breath Test

Lot Number: AG702401

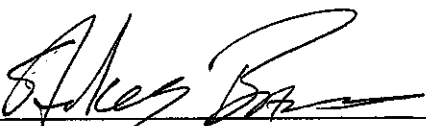
Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	8:30am
AIR BLK	.00	8:31am
ACCY CHK	.08	8:31am
AIR BLK	.00	8:32am
SUB TEST	.00	8:33am
AIR BLK	.00	8:34am
SUB TEST	.00	8:35am
AIR BLK	.00	8:36am

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: 2951  
Test Date: 05/26/2017      Test Time: 8:37am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:37am
FLO	Pass	8:37am
FC	Pass	8:38am

Temperature Tests

Test	Status	Time
FC1	Pass	8:38am
SRC	Pass	8:38am
DET	Pass	8:38am
BAR	Pass	8:38am
BT	Pass	8:38am

Blank Tests

Test	Status	Time
AIR	Pass	8:38am

Printer Tests

Test	Status	Time
PRNT	Pass	8:38am

CRC Tests

Test	Status	Time
COMP	Pass	8:39am
CAL	Pass	8:39am

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

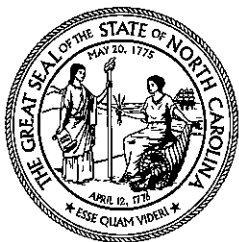
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Alexander Instrument Location Alexander County SD  
Instrument Serial No. 008813 91 Commercial Park Ave. Taylorsville

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

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



Maria J. [Signature]  
Signature of Certifying Official

656  
Certificate Number

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

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

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813      Test Record Number: 1611  
Test Date: 05/19/2017      Test Time: 4:33pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:34pm
FLO	Pass	4:34pm
FC	Pass	4:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:34pm
SRC	Pass	4:34pm
DET	Pass	4:34pm
BAR	Pass	4:34pm
BT	Pass	4:34pm

Blank Tests

Test	Status	Time
AIR	Pass	4:35pm

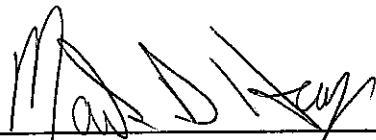
Printer Tests

Test	Status	Time
PRNT	Pass	4:35pm

CRC Tests

Test	Status	Time
COMP	Pass	4:35pm
CAL	Pass	4:35pm

Preventive Maintenance  
Status: Pass

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

Intox EC/IR-II: Subject Test

ALEXANDER COUNTY ALEXANDER COUNTY SD  
010

Serial Number: 008813  
Test Date: 05/19/2017

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

Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
01/01/2016-01/01/2018

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

Lot Number: AG517501  
Exp Date: 06/24/2017

Test	g/210L	Time
DIAG	Pass	4:45pm
AIR BLK	.00	4:46pm
ACCY CHK	.07	4:47pm
AIR BLK	.00	4:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:49pm</b>
AIR BLK	.00	4:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:51pm</b>
AIR BLK	.00	4:52pm

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

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 EIK PD

Instrument Serial No. 008724

Banner EIK, 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 May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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: 05/22/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401

Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	6:02pm
AIR BLK	.00	6:03pm
ACCY CHK	.07	6:04pm
AIR BLK	.00	6:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:06pm</b>
AIR BLK	.00	6:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:08pm</b>
AIR BLK	.00	6:09pm

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: 500  
Test Date: 05/22/2017      Test Time: 6:10pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:10pm
FLO	Pass	6:10pm
FC	Pass	6:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:10pm
SRC	Pass	6:10pm
DET	Pass	6:10pm
BAR	Pass	6:10pm
BT	Pass	6:10pm

Blank Tests

Test	Status	Time
AIR	Pass	6:11pm

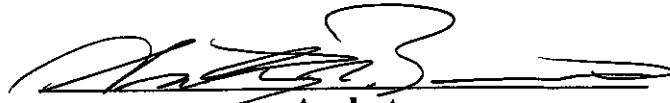
Printer Tests

Test	Status	Time
PRNT	Pass	6:11pm

CRC Tests

Test	Status	Time
COMP	Pass	6:11pm
CAL	Pass	6:11pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

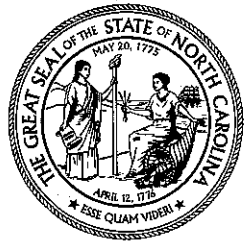
County Avery Instrument Location Avery Co. Jail

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 2 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

049  
Certificate Number

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: 05/02/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101

Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	3:16pm
AIR BLK	.00	3:17pm
ACCY CHK	.08	3:18pm
AIR BLK	.00	3:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:19pm</b>
AIR BLK	.00	3:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:22pm</b>
AIR BLK	.00	3:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664      Test Record Number: 848  
Test Date: 05/02/2017      Test Time: 3:29pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:29pm
FLO	Pass	3:29pm
FC	Pass	3:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:30pm
SRC	Pass	3:30pm
DET	Pass	3:30pm
BAR	Pass	3:30pm
BT	Pass	3:30pm

Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

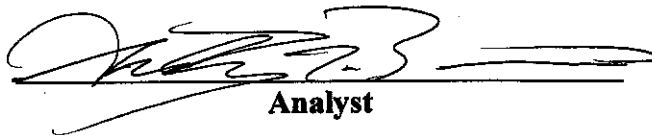
Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm

CRC Tests

Test	Status	Time
COMP	Pass	3:30pm
CAL	Pass	3:30pm

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**

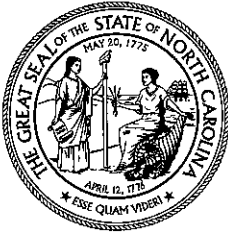
County Buncombe Instrument Location Buncombe Co. Jail

Instrument Serial No. 008631 Asheville, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL  
100

Serial Number: 008631  
Test Date: 05/18/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
05/01/2017-05/01/2019

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

Lot Number: AG621501  
Exp Date: 08/02/2018

Test	g/210L	Time
DIAG	Pass	5:02pm
AIR BLK	.00	5:03pm
ACCY CHK	.07	5:03pm
AIR BLK	.00	5:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:05pm</b>
AIR BLK	.00	5:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:07pm</b>
AIR BLK	.00	5:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631      Test Record Number: 4801  
Test Date: 05/18/2017      Test Time: 5:09pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	5:09pm
FLO	Pass	5:09pm
FC	Pass	5:09pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	5:10pm
SRC	Pass	5:10pm
DET	Pass	5:10pm
BAR	Pass	5:10pm
BT	Pass	5:10pm

**Blank Tests**

Test	Status	Time
AIR	Pass	5:10pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	5:10pm

**CRC Tests**

Test	Status	Time
COMP	Pass	5:10pm
CAL	Pass	5:10pm

Preventive Maintenance  
Status: Pass

  
**Analyst**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

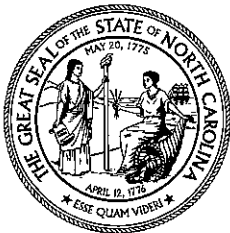
County Buncombe Instrument Location Buncombe Co Jail

Instrument Serial No. 008798 Asheville, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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**

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL  
100

Serial Number: 008798  
Test Date: 05/18/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
05/01/2017-05/01/2019

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

Lot Number: AG621501  
Exp Date: 08/02/2018

Test	g/210L	Time
DIAG	Pass	5:02pm
AIR BLK	.00	5:03pm
ACCY CHK	.08	5:04pm
AIR BLK	.00	5:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:06pm</b>
AIR BLK	.00	5:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:08pm</b>
AIR BLK	.00	5:09pm

Reported AC: .00 g/210L

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

Court CVR

  
Analyst

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

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798      Test Record Number: 4077  
Test Date: 05/18/2017      Test Time: 5:10pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:11pm
FLO	Pass	5:11pm
FC	Pass	5:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:11pm
SRC	Pass	5:11pm
DET	Pass	5:11pm
BAR	Pass	5:11pm
BT	Pass	5:11pm

Blank Tests

Test	Status	Time
AIR	Pass	5:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:11pm

CRC Tests

Test	Status	Time
COMP	Pass	5:12pm
CAL	Pass	5:12pm

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

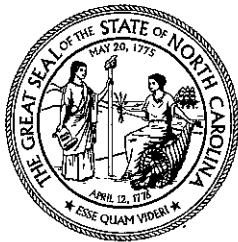
County Buncombe Instrument Location Best Mobile Unit II

Instrument Serial No. 008973

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

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

I certify that on the 26 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Cheryl Jones

Signature of Certifying Official

658

Certificate Number

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

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

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008973  
Test Date: 05/26/2017

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

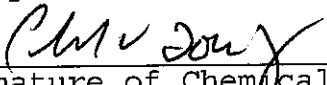
Analyst's Name: TOWERY, CHAD V  
Permit Number: 26632E  
Effective:  
08/01/2015-08/01/2017

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

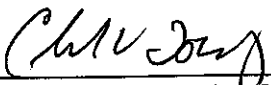
Lot Number: AG607501  
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	8:03pm
AIR BLK	.00	8:04pm
ACCY CHK	.08	8:05pm
AIR BLK	.00	8:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:06pm</b>
AIR BLK	.00	8:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:09pm</b>
AIR BLK	.00	8:09pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*BUNCOMBE BAT MOBILE UNIT 11 100*

Serial Number: 008973      Test Record Number: 316  
Test Date: 05/26/2017      Test Time: 8:10pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:11pm
FLO	Pass	8:11pm
FC	Pass	8:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:11pm
SRC	Pass	8:11pm
DET	Pass	8:11pm
BAR	Pass	8:11pm
BT	Pass	8:11pm

Blank Tests

Test	Status	Time
AIR	Pass	8:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:11pm

CRC Tests

Test	Status	Time
COMP	Pass	8:12pm
CAL	Pass	8:12pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

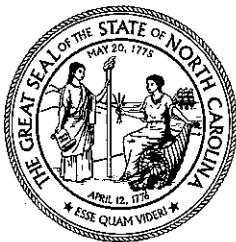
County Buncombe Instrument Location But mobile Unit 11

Instrument Serial No. 00 8970

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Phil V. Jones  
Signature of Certifying Official

658

Certificate Number

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

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

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970      Test Record Number: 308  
Test Date: 05/26/2017      Test Time: 8:20pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:20pm
FLO	Pass	8:20pm
FC	Pass	8:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:20pm
SRC	Pass	8:20pm
DET	Pass	8:20pm
BAR	Pass	8:20pm
BT	Pass	8:20pm

Blank Tests

Test	Status	Time
AIR	Pass	8:21pm

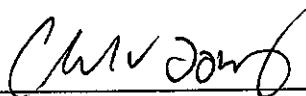
Printer Tests

Test	Status	Time
PRNT	Pass	8:21pm

CRC Tests

Test	Status	Time
COMP	Pass	8:21pm
CAL	Pass	8:21pm

Preventive Maintenance  
Status: Pass



Analyst



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

BUNCOMBE BAT MOBILE UNIT 11 100

Serial Number: 008970  
Test Date: 05/26/2017

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

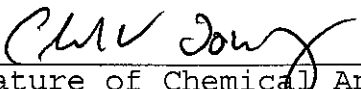
Analyst's Name: TOWERY, CHAD V  
Permit Number: 26632E  
Effective:  
08/01/2015-08/01/2017

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

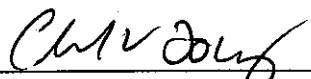
Lot Number: AG607501  
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	8:12pm
AIR BLK	.00	8:13pm
ACCY CHK	.08	8:14pm
AIR BLK	.00	8:15pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:15pm</b>
AIR BLK	.00	8:16pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:18pm</b>
AIR BLK	.00	8:19pm

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**

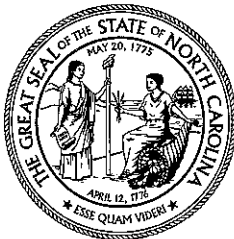
County Bertie Instrument Location Bertie Co. S.O.

Instrument Serial No. 008897 222 County Farm Rd., Windsor, 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 18<sup>th</sup> day of May, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly S. 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**

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897  
Test Date: 05/18/2017

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

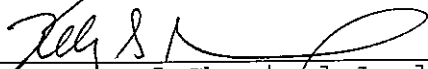
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
07/01/2015-07/01/2017

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


Lot Number: AG525303  
Exp Date: 09/10/2017

Test	g/210L	Time
DIAG	Pass	9:59am
AIR BLK	.00	10:00am
ACCY CHK	.07	10:00am
AIR BLK	.00	10:01am
<b>SUB TEST</b>	<b>.00</b>	<b>10:02am</b>
AIR BLK	.00	10:03am
<b>SUB TEST</b>	<b>.00</b>	<b>10:04am</b>
AIR BLK	.00	10:05am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897      Test Record Number: 1065  
Test Date: 05/18/2017      Test Time: 10:06am EDT

System Check: *Passed*

Baseline Tests

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

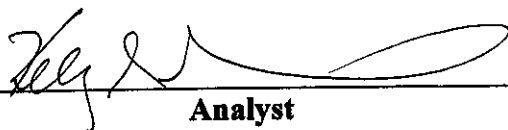
Printer Tests

Test	Status	Time
PRNT	Pass	10:08am

CRC Tests

Test	Status	Time
COMP	Pass	10:08am
CAL	Pass	10:08am

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

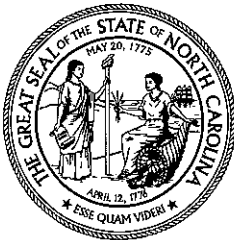
County Beaufort Instrument Location Belhaven P.D.

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 23<sup>rd</sup> day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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 BELHAVEN PD 060

Serial Number: 008928  
Test Date: 05/23/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
07/01/2015-07/01/2017

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

Lot Number: AG526401  
Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	10:55am
AIR BLK	.00	10:56am
ACCY CHK	.08	10:57am
AIR BLK	.00	10:58am
<b>SUB TEST</b>	<b>.00</b>	<b>10:59am</b>
AIR BLK	.00	10:59am
<b>SUB TEST</b>	<b>.00</b>	<b>11:01am</b>
AIR BLK	.00	11:02am

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: 322  
Test Date: 05/23/2017      Test Time: 11:03am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

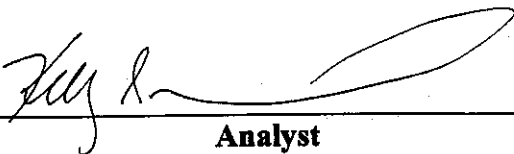
Printer Tests

Test	Status	Time
PRNT	Pass	11:04am

CRC Tests

Test	Status	Time
COMP	Pass	11:04am
CAL	Pass	11:04am

Preventive Maintenance  
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 Burke - Catawba Jail

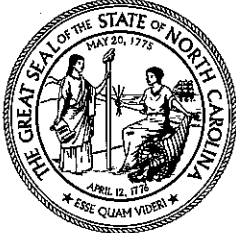
Instrument Serial No. 008904

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 May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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 BURKE-CATAWBA JAIL 110**

Serial Number: 008904  
Test Date: 05/10/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
05/01/2017-05/01/2019

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

Lot Number: AG621403  
Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	7:41pm
AIR BLK	.00	7:42pm
ACCY CHK	.08	7:43pm
AIR BLK	.00	7:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>7:45pm</b>
AIR BLK	.00	7:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>7:47pm</b>
AIR BLK	.00	7:48pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

**BURKE COUNTY BURKE-CATAWBA JAIL 110**

Serial Number: 008904      Test Record Number: 2038  
Test Date: 05/10/2017      Test Time: 7:50pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	7:50pm
FLO	Pass	7:50pm
FC	Pass	7:50pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	7:50pm
SRC	Pass	7:50pm
DET	Pass	7:50pm
BAR	Pass	7:50pm
BT	Pass	7:50pm

**Blank Tests**

Test	Status	Time
AIR	Pass	7:51pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	7:51pm

**CRC Tests**

Test	Status	Time
COMP	Pass	7:51pm
CAL	Pass	7:51pm

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 Burke

Instrument Location Burke-Catawba Jail

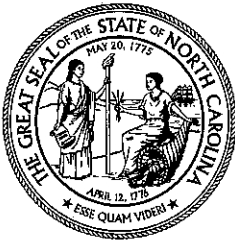
Instrument Serial No. 008831

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 May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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 BURKE-CATAWBA JAIL 110

Serial Number: 008831  
Test Date: 05/10/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE  
Subject'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:  
05/01/2017-05/01/2019

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


Lot Number: AG607501  
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	8:05pm
AIR BLK	.00	8:05pm
ACCY CHK	.08	8:06pm
AIR BLK	.00	8:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:07pm</b>
AIR BLK	.00	8:08pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:10pm</b>
AIR BLK	.00	8:11pm

Reported AC: .00 g/210L

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

Court CVR

  
Analyst

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

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831      Test Record Number: 1792  
Test Date: 05/10/2017      Test Time: 8:11pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:11pm
FLO	Pass	8:11pm
FC	Pass	8:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:12pm
SRC	Pass	8:12pm
DET	Pass	8:12pm
BAR	Pass	8:12pm
BT	Pass	8:12pm

Blank Tests

Test	Status	Time
AIR	Pass	8:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:12pm

CRC Tests

Test	Status	Time
COMP	Pass	8:12pm
CAL	Pass	8:12pm

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

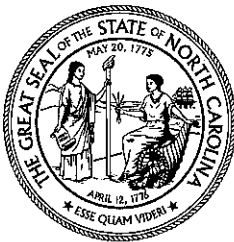
County Burke Instrument Location \_\_\_\_\_

Instrument Serial No. 008970 \_\_\_\_\_

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

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

I certify that on the 27 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chris Jones  
Signature of Certifying Official

658  
Certificate Number

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

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

BURKE BAT MOBILE UNIT 11 110

Serial Number: 008970  
Test Date: 05/27/2017

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

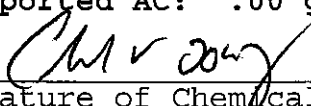
Analyst's Name: TOWERY, CHAD V  
Permit Number: 26632E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG607501  
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	9:02pm
AIR BLK	.00	9:03pm
ACCY CHK	.08	9:04pm
AIR BLK	.00	9:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:05pm</b>
AIR BLK	.00	9:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:07pm</b>
AIR BLK	.00	9:08pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

BURKE BAT MOBILE UNIT 11 110

Serial Number: 008970      Test Record Number: 313  
Test Date: 05/27/2017      Test Time: 9:09pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:09pm
FLO	Pass	9:09pm
FC	Pass	9:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:10pm
SRC	Pass	9:10pm
DET	Pass	9:10pm
BAR	Pass	9:10pm
BT	Pass	9:10pm

Blank Tests

Test	Status	Time
AIR	Pass	9:10pm


Printer Tests

Test	Status	Time
PRNT	Pass	9:10pm

CRC Tests

Test	Status	Time
COMP	Pass	9:10pm
CAL	Pass	9:10pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

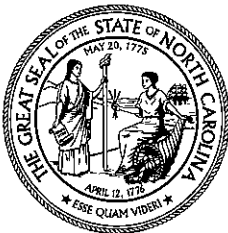
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Caldwell Instrument Location Caldwell Co. Jail  
Instrument Serial No. 008803 Lenoir, NC

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

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

I certify that on the 24 day of May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

Intox EC/IR-II: Subject Test

CALDWELL COUNTY CALDWELL COUNTY JAIL  
130

Serial Number: 008803  
Test Date: 05/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621403

Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	3:42pm
AIR BLK	.00	3:43pm
ACCY CHK	.07	3:44pm
AIR BLK	.00	3:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:45pm</b>
AIR BLK	.00	3:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:47pm</b>
AIR BLK	.00	3:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803      Test Record Number: 482  
Test Date: 05/24/2017      Test Time: 3:49pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:50pm
SRC	Pass	3:50pm
DET	Pass	3:50pm
BAR	Pass	3:50pm
BT	Pass	3:50pm

Blank Tests

Test	Status	Time
AIR	Pass	3:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm

CRC Tests

Test	Status	Time
COMP	Pass	3:51pm
CAL	Pass	3:51pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County 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 24 day of May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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: 05/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621403

Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	3:41pm
AIR BLK	.00	3:42pm
ACCY CHK	.07	3:43pm
AIR BLK	.00	3:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:45pm</b>
AIR BLK	.00	3:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:47pm</b>
AIR BLK	.00	3:48pm

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: 2172  
Test Date: 05/24/2017      Test Time: 3:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:50pm
SRC	Pass	3:50pm
DET	Pass	3:50pm
BAR	Pass	3:50pm
BT	Pass	3:50pm

Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm

CRC Tests

Test	Status	Time
COMP	Pass	3:51pm
CAL	Pass	3:51pm

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

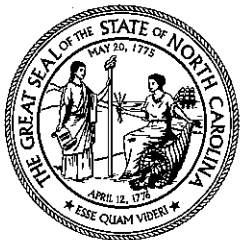
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 31<sup>st</sup> day of May, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]  
Signature of Certifying Official

656  
Certificate Number

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

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

**CLEVELAND COUNTY KINGS MOUNTAIN PD 220**

Serial Number: 008900      Test Record Number: 653  
Test Date: 05/31/2017      Test Time: 9:46am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	9:47am
FLO	Pass	9:47am
FC	Pass	9:47am

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:47am
SRC	Pass	9:47am
DET	Pass	9:47am
BAR	Pass	9:47am
BT	Pass	9:47am

**Blank Tests**

Test	Status	Time
AIR	Pass	9:48am

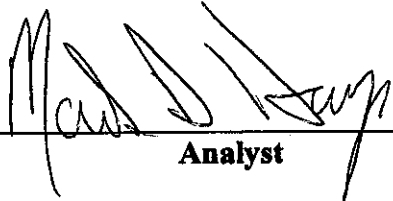
**Printer Tests**

Test	Status	Time
PRNT	Pass	9:48am

**CRC Tests**

Test	Status	Time
COMP	Pass	9:48am
CAL	Pass	9:48am

Preventive Maintenance  
Status: Pass

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



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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900  
Test Date: 05/31/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702302

Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	9:51am
AIR BLK	.00	9:52am
ACCY CHK	.08	9:53am
AIR BLK	.00	9:54am
<b>SUB TEST</b>	<b>.00</b>	<b>9:54am</b>
AIR BLK	.00	9:55am
<b>SUB TEST</b>	<b>.00</b>	<b>9:57am</b>
AIR BLK	.00	9:58am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

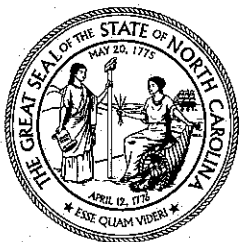
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CUMBERLAND Instrument Location FT. BRAGG  
Instrument Serial No. 008903 P.M.O.

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

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

I certify that on the 19 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903  
Test Date: 05/19/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG702302

Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	1:20pm
AIR BLK	.00	1:21pm
ACCY CHK	.08	1:21pm
AIR BLK	.00	1:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:24pm</b>
AIR BLK	.00	1:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:26pm</b>
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903      Test Record Number: 1878  
Test Date: 05/19/2017      Test Time: 1:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:30pm
FLO	Pass	1:30pm
FC	Pass	1:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:31pm
SRC	Pass	1:31pm
DET	Pass	1:31pm
BAR	Pass	1:31pm
BT	Pass	1:31pm

Blank Tests

Test	Status	Time
AIR	Pass	1:31pm

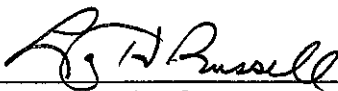
Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

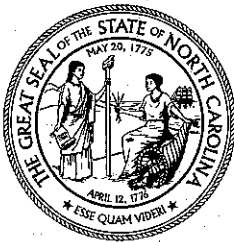
County CUMBERLAND Instrument Location FT. BRASS

Instrument Serial No. 008787 P.M.O.

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

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

I certify that on the 19 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787  
Test Date: 05/19/2017

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

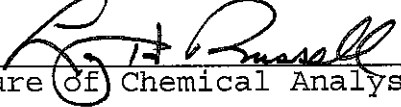
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2015-08/01/2017

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

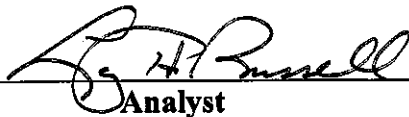
Lot Number: AG702302  
Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK	.00	1:01pm
ACCY CHK	.08	1:01pm
AIR BLK	.00	1:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:03pm</b>
AIR BLK	.00	1:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:05pm</b>
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787      Test Record Number: 695  
Test Date: 05/19/2017      Test Time: 1:07pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

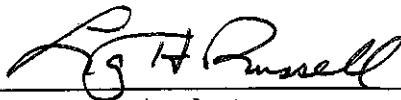
Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm

CRC Tests

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

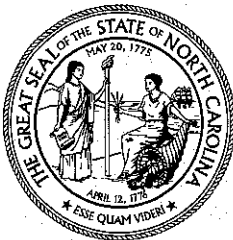
County CUMBERLAND Instrument Location CUMBERLAND Co. Det. Center

Instrument Serial No. 008633 Fayetteville, NC

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

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

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



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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



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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633  
Test Date: 05/17/2017

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

Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG710701  
Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	2:56pm
AIR BLK	.00	2:56pm
ACCY CHK	.07	2:57pm
AIR BLK	.00	2:58pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:00pm</b>
AIR BLK	.00	3:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:02pm</b>
AIR BLK	.00	3:03pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633      Test Record Number: 4280  
Test Date: 05/17/2017      Test Time: 3:13pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:13pm
FLO	Pass	3:13pm
FC	Pass	3:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
BT	Pass	3:14pm

Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

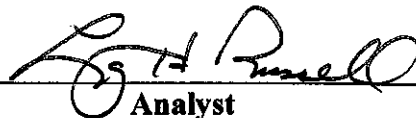
Printer Tests

Test	Status	Time
PRNT	Pass	3:14pm

CRC Tests

Test	Status	Time
COMP	Pass	3:15pm
CAL	Pass	3:15pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County CUMBERLAND Instrument Location Cumberland Co. Det. Center

Instrument Serial No. 008614 FAYETTEVILLE, NC

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

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

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



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614  
Test Date: 05/17/2017

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


Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG621501  
Exp Date: 08/02/2018

Test	g/210L	Time
DIAG	Pass	2:16pm
AIR BLK	.00	2:17pm
ACCY CHK	.08	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 3739  
Test Date: 05/17/2017 Test Time: 2:28pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
DET	Pass	2:29pm
BAR	Pass	2:29pm
BT	Pass	2:29pm

Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

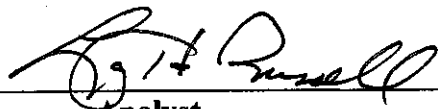
Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm

CRC Tests

Test	Status	Time
COMP	Pass	2:29pm
CAL	Pass	2:29pm

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**

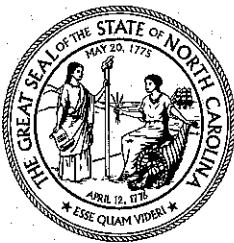
County CUMBERLAND Instrument Location CUMBERLAND Co. Det. Center

Instrument Serial No. 008632 Fayetteville, NC

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

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

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



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632  
Test Date: 05/17/2017

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

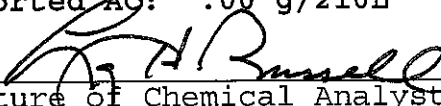
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG607601  
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	.07	2:06pm
AIR BLK	.00	2:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:09pm</b>
AIR BLK	.00	2:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:12pm</b>
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632      Test Record Number: 3877  
Test Date: 05/17/2017      Test Time: 2:13pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:15pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

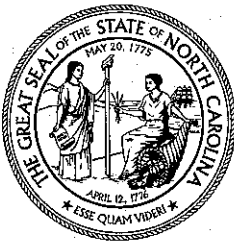
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CUMBERLAND Instrument Location CUMBERLAND Co. Det. Center  
Instrument Serial No. 008672 Fayetteville NC

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

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

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



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672  
Test Date: 05/17/2017

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

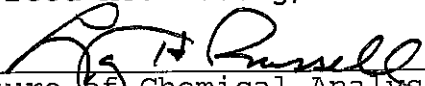
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG621501  
Exp Date: 08/02/2018

Test	g/210L	Time
DIAG	Pass	1:44pm
AIR BLK	.00	1:45pm
ACCY CHK	.08	1:45pm
AIR BLK	.00	1:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:48pm</b>
AIR BLK	.00	1:49pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:51pm</b>
AIR BLK	.00	1:51pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672      Test Record Number: 5598  
Test Date: 05/17/2017      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

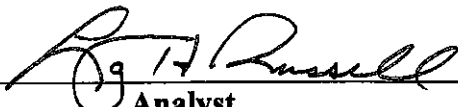
Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm

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

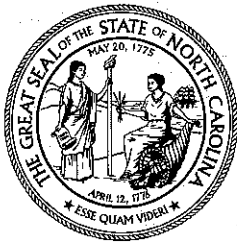
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CHATHAM Instrument Location CHATHAM CO JAIL  
Instrument Serial No. 008591 PITTSBORO, NC

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

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

I certify that on the 05 day of May, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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 JAIL 180

Serial Number: 008591  
Test Date: 05/05/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG621404

Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	3:19pm
AIR BLK	.00	3:20pm
ACCY CHK	.07	3:21pm
AIR BLK	.00	3:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:22pm</b>
AIR BLK	.00	3:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:25pm</b>
AIR BLK	.00	3:26pm

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**

CHATHAM COUNTY JAIL 180

Serial Number: 008591      Test Record Number: 1845  
Test Date: 05/05/2017      Test Time: 3:27pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:27pm
FLO	Pass	3:27pm
FC	Pass	3:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:27pm
SRC	Pass	3:27pm
DET	Pass	3:27pm
BAR	Pass	3:27pm
BT	Pass	3:27pm

Blank Tests

Test	Status	Time
AIR	Pass	3:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:28pm

CRC Tests

Test	Status	Time
COMP	Pass	3:28pm
CAL	Pass	3:28pm

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 Catawba Instrument Location Bar Mobile 7

Instrument Serial No. 008968

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

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



[Handwritten Signature]

Signature of Certifying Official

656

Certificate Number

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

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

CATAWBA BAT MOBILE UNIT 7 170

Serial Number: 008968      Test Record Number: 212  
Test Date: 05/19/2017      Test Time: 9:12pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	9:12pm
FLO	Pass	9:12pm
FC	Pass	9:12pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:12pm
SRC	Pass	9:12pm
DET	Pass	9:12pm
BAR	Pass	9:12pm
BT	Pass	9:12pm

**Blank Tests**

Test	Status	Time
AIR	Pass	9:13pm


**Printer Tests**

Test	Status	Time
PRNT	Pass	9:13pm

**CRC Tests**

Test	Status	Time
COMP	Pass	9:13pm
CAL	Pass	9:13pm

Preventive Maintenance  
Status: Pass

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



Intox EC/IR-II: Subject Test

CATAWBA BAT MOBILE UNIT 7 170

Serial Number: 008968  
Test Date: 05/19/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

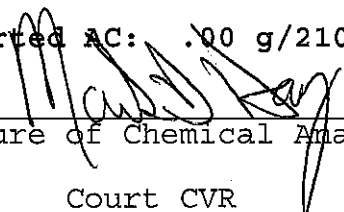
Test Type: Breath Test

Lot Number: AG621404

Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	9:22pm
AIR BLK	.00	9:23pm
ACCY CHK	.07	9:23pm
AIR BLK	.00	9:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:25pm</b>
AIR BLK	.00	9:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:27pm</b>
AIR BLK	.00	9:28pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location BAT MOBILE UNIT 9  
Instrument Serial No. 008616 NEWPORT, 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 5 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alex R. B...  
Signature of Certifying Official

648  
Certificate Number

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

Intox EC/IR-II: Subject Test

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008616  
Test Date: 05/05/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
08/01/2015-08/01/2017

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


Lot Number: AG517403  
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.07	9:42pm
AIR BLK	.00	9:43pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:44pm</b>
AIR BLK	.00	9:45pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:47pm</b>
AIR BLK	.00	9:47pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008616      Test Record Number: 2305  
Test Date: 05/05/2017      Test Time: 9:48pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:48pm
FLO	Pass	9:48pm
FC	Pass	9:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:49pm
SRC	Pass	9:49pm
DET	Pass	9:49pm
BAR	Pass	9:49pm
BT	Pass	9:49pm

Blank Tests

Test	Status	Time
AIR	Pass	9:49pm

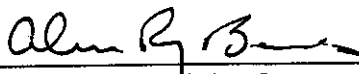
Printer Tests

Test	Status	Time
PRNT	Pass	9:49pm

CRC Tests

Test	Status	Time
COMP	Pass	9:49pm
CAL	Pass	9:49pm

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**

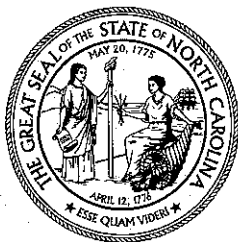
County CARTERET Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008707 NEWPORT, 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 5 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Barnes  
Signature of Certifying Official

648  
Certificate Number

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

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

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008707  
Test Date: 05/05/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE  
Subject'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:  
08/01/2015-08/01/2017

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

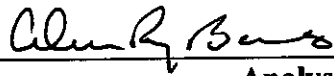
Lot Number: AG534901  
Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	9:42pm
AIR BLK	.00	9:44pm
ACCY CHK	.07	9:44pm
AIR BLK	.00	9:45pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:46pm</b>
AIR BLK	.00	9:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:48pm</b>
AIR BLK	.00	9:49pm

Reported AC: .00 g/210L

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

Court CVR



\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: 008707      Test Record Number: 2395  
Test Date: 05/05/2017      Test Time: 9:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:50pm
FLO	Pass	9:50pm
FC	Pass	9:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:50pm
SRC	Pass	9:50pm
DET	Pass	9:50pm
BAR	Pass	9:50pm
BT	Pass	9:50pm

Blank Tests

Test	Status	Time
AIR	Pass	9:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm

CRC Tests

Test	Status	Time
COMP	Pass	9:51pm
CAL	Pass	9:51pm

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 Dare

Instrument Location Dare co. s.o. - Hatteras

Instrument Serial No. DD4807

50346 N.C. Hwy 12., Frisco, N.C.

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

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

I certify that on the 24<sup>th</sup> day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jinda A. Reese  
Signature of Certifying Official

697  
Certificate Number

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



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

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807  
Test Date: 05/24/2017

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


Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
08/01/2015-08/01/2017

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


Lot Number: AG702302  
Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.08	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807      Test Record Number: 834  
Test Date: 05/24/2017      Test Time: 11:37am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:37am
FLO	Pass	11:37am
FC	Pass	11:38am

Temperature Tests

Test	Status	Time
FC1	Pass	11:38am
SRC	Pass	11:38am
DET	Pass	11:38am
BAR	Pass	11:38am
BT	Pass	11:38am

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

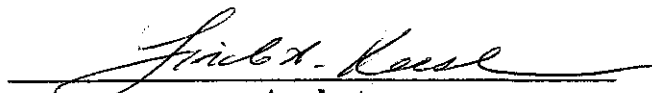
Printer Tests

Test	Status	Time
PRNT	Pass	11:38am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

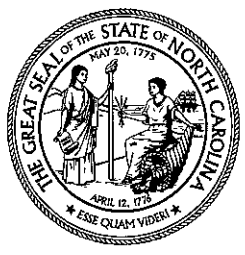
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Davie Instrument Location Davie County Jail  
Instrument Serial No. 008905 Mocksville, 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 5 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

657  
Certificate Number

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: 05/05/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

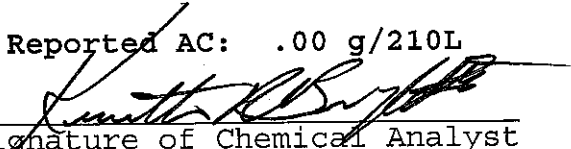
Test Type: Breath Test

Lot Number: AG702401

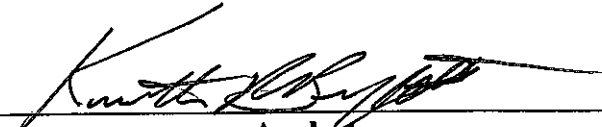
Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	3:55pm
AIR BLK	.00	3:55pm
ACCY CHK	.08	3:56pm
AIR BLK	.00	3:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:58pm</b>
AIR BLK	.00	3:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:00pm</b>
AIR BLK	.00	4:01pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905      Test Record Number: 2018  
Test Date: 05/05/2017      Test Time: 4:02pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:03pm
SRC	Pass	4:03pm
DET	Pass	4:03pm
BAR	Pass	4:03pm
BT	Pass	4:03pm

Blank Tests

Test	Status	Time
AIR	Pass	4:03pm

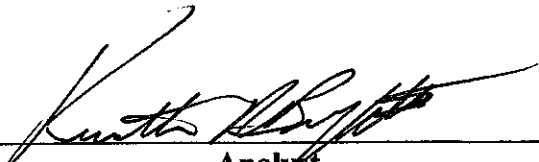
Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

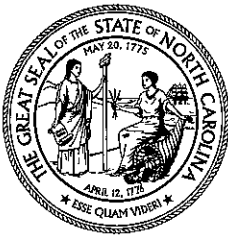
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County DAVIDSON Instrument Location LEXINGTON  
Instrument Serial No. 008883 POLICE DEPARTMENT

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

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

I certify that on the 2 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean  
Signature of Certifying Official

642  
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883  
Test Date: 05/02/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
04/01/2017-04/01/2019

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

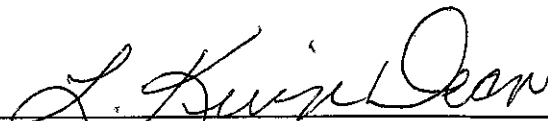
Lot Number: AG702401  
Exp Date: 01/24/2019

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883      Test Record Number: 1773  
Test Date: 05/02/2017      Test Time: 3:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
BT	Pass	3:15pm

Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

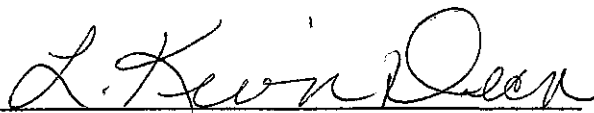
Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm

CRC Tests

Test	Status	Time
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance  
Status: Pass



Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

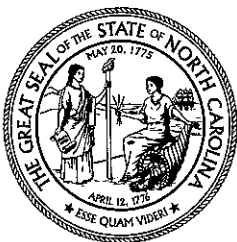
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Edgecombe Instrument Location Edgecombe Co. Magistrate's  
Instrument Serial No. 008603 office, 300 S. Anacanda 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 4th day of May, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



J. A. Keel  
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: 05/04/2017

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

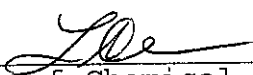
Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG702402  
Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	11:03am
AIR BLK	.00	11:04am
ACCY CHK	.08	11:04am
AIR BLK	.00	11:05am
<b>SUB TEST</b>	<b>.00</b>	<b>11:06am</b>
AIR BLK	.00	11:07am
<b>SUB TEST</b>	<b>.00</b>	<b>11:09am</b>
AIR BLK	.00	11:09am

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: 1578  
Test Date: 05/04/2017      Test Time: 11:14am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Printer Tests

Test	Status	Time
PRNT	Pass	11:16am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

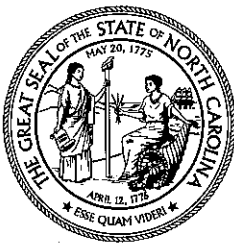
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Edgecombe Instrument Location Edgecombe Co. Magistrate's  
Instrument Serial No. 008663 Office, 300 S. Annapolis 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 15<sup>th</sup> day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jacob Kuehl  
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: 05/18/2017

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


Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG607501  
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	1:08pm
AIR BLK	.00	1:09pm
ACCY CHK	.07	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm

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: 2698  
Test Date: 05/18/2017      Test Time: 1:16pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:16pm
FLO	Pass	1:16pm
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	1:17pm

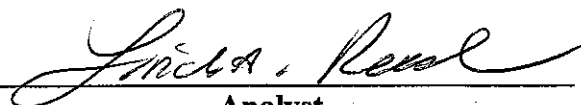
Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm

CRC Tests

Test	Status	Time
COMP	Pass	1:17pm
CAL	Pass	1:17pm

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 Edgecombe Instrument Location Edgecombe Co. Magistrate's  
Instrument Serial No. 008588 office, 300 S. Anacanda 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 4th day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Linda A. Keel  
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: 008588  
Test Date: 05/04/2017

Citation Number: M0000000-0  
Subject's Name:

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

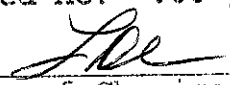
Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG607501  
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	11:19am
AIR BLK	.00	11:20am
ACCY CHK	.08	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008588 Test Record Number: 914  
Test Date: 05/04/2017 Test Time: 11:27am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:28am
FLO	Pass	11:28am
FC	Pass	11:28am

Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

Blank Tests

Test	Status	Time
AIR	Pass	11:28am

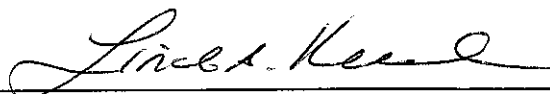
Printer Tests

Test	Status	Time
PRNT	Pass	11:29am

CRC Tests

Test	Status	Time
COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

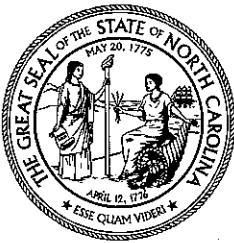
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Edgecombe Instrument Location Edgecombe Co. Magistrates  
Instrument Serial No. 008603 office, 300 S. Annandale,  
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 18<sup>th</sup> day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Lucas Reed  
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: 05/18/2017

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


Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG702402  
Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	1:10pm
AIR BLK	.00	1:11pm
ACCY CHK	.08	1:12pm
AIR BLK	.00	1:13pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:13pm</b>
AIR BLK	.00	1:14pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:16pm</b>
AIR BLK	.00	1:17pm

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603      Test Record Number: 1582  
Test Date: 05/18/2017      Test Time: 1:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:18pm
FLO	Pass	1:18pm
FC	Pass	1:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:18pm
SRC	Pass	1:18pm
DET	Pass	1:18pm
BAR	Pass	1:18pm
BT	Pass	1:18pm

Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm

CRC Tests

Test	Status	Time
COMP	Pass	1:19pm
CAL	Pass	1:19pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

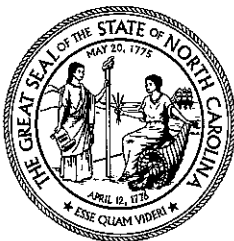
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County FORSYTH Instrument Location KORNERSVILLE POLICE  
Instrument Serial No. 008650 Department

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

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

I certify that on the 4 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

657  
Certificate Number

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

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

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650  
Test Date: 05/04/2017

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

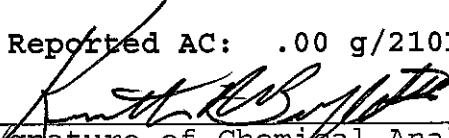
Analyst's Name: BENFIELD II, KENNETH R  
Permit Number: 22067E  
Effective:  
07/01/2016-07/01/2018

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

Lot Number: AG621403  
Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	11:23am
AIR BLK	.00	11:24am
ACCY CHK	.07	11:24am
AIR BLK	.00	11:25am
<b>SUB TEST</b>	<b>.00</b>	<b>11:26am</b>
AIR BLK	.00	11:27am
<b>SUB TEST</b>	<b>.00</b>	<b>11:29am</b>
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650      Test Record Number: 1322  
Test Date: 05/04/2017      Test Time: 11:31am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
BT	Pass	11:31am

Blank Tests

Test	Status	Time
AIR	Pass	11:32am

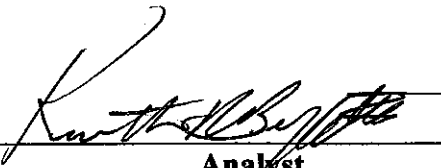
Printer Tests

Test	Status	Time
PRNT	Pass	11:32am

CRC Tests

Test	Status	Time
COMP	Pass	11:32am
CAL	Pass	11:32am

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

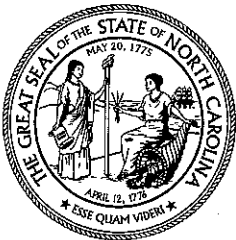
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County FORSYTH Instrument Location FORSYTH COUNTY DETENTION  
Instrument Serial No. 008925 WINSTON-SALEM, N.C.

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

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

I certify that on the 4 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

657  
Certificate Number

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



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

FORSYTH COUNTY FORSYTH CO DETENTION  
330

Serial Number: 008925  
Test Date: 05/04/2017

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

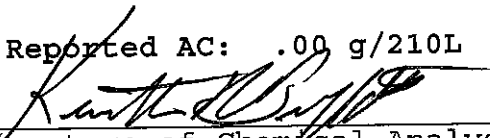
Analyst's Name: BENFIELD II, KENNETH R  
Permit Number: 22067E  
Effective:  
07/01/2016-07/01/2018

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

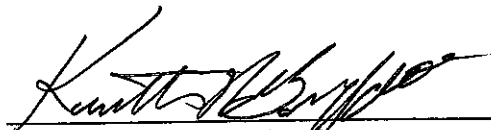
Lot Number: AG607602  
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	10:23am
AIR BLK	.00	10:24am
ACCY CHK	.07	10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925      Test Record Number: 1761  
Test Date: 05/04/2017      Test Time: 10:31am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:32am

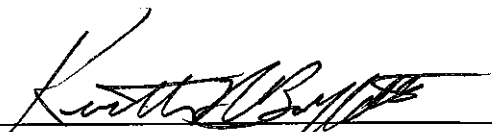
Printer Tests

Test	Status	Time
PRNT	Pass	10:33am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

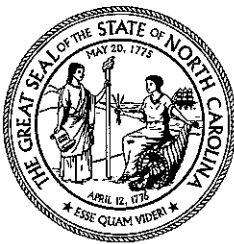
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County FORSYTH Instrument Location FORSYTH COUNTY DETENTIONS  
Instrument Serial No. 008583 WINSTON-SALEM, N.C.

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

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

I certify that on the 4 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

657  
Certificate Number

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

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

FORSYTH COUNTY FORSYTH CO DETENTION  
330

Serial Number: 008583  
Test Date: 05/04/2017

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

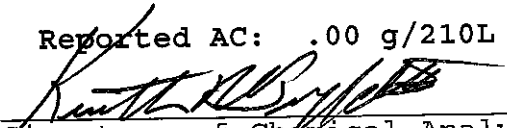
Analyst's Name: BENFIELD II, KENNETH R  
Permit Number: 22067E  
Effective:  
07/01/2016-07/01/2018

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

Lot Number: AG607602  
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	10:24am
AIR BLK	.00	10:25am
ACCY CHK	.08	10:26am
AIR BLK	.00	10:27am
<b>SUB TEST</b>	<b>.00</b>	<b>10:28am</b>
AIR BLK	.00	10:29am
<b>SUB TEST</b>	<b>.00</b>	<b>10:30am</b>
AIR BLK	.00	10:31am

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**

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583      Test Record Number: 6698  
Test Date: 05/04/2017      Test Time: 10:32am 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 Forsyth

Instrument Location Forsyth County Detention

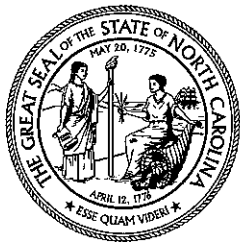
Instrument Serial No 008659

Winston-Salem, N.C.

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

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

I certify that on the 4 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

657  
Certificate Number

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

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

FORSYTH COUNTY FORSYTH CO DETENTION  
330

Serial Number: 008659  
Test Date: 05/04/2017

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

Analyst's Name: BENFIELD II, KENNETH R  
Permit Number: 22067E  
Effective:  
07/01/2016-07/01/2018

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

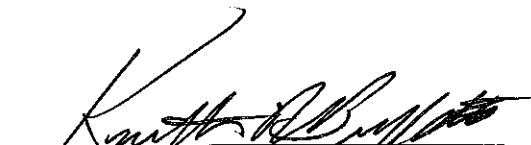
Lot Number: AG607602  
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	10:22am
AIR BLK	.00	10:22am
ACCY CHK	.07	10:23am
AIR BLK	.00	10:24am
<b>SUB TEST</b>	<b>.00</b>	<b>10:25am</b>
AIR BLK	.00	10:26am
<b>SUB TEST</b>	<b>.00</b>	<b>10:27am</b>
AIR BLK	.00	10:28am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659      Test Record Number: 4352

Test Date: 05/04/2017      Test Time: 10:29am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:29am
FLO	Pass	10:29am
FC	Pass	10:30am

Temperature Tests

Test	Status	Time
FC1	Pass	10:30am
SRC	Pass	10:30am
DET	Pass	10:30am
BAR	Pass	10:30am
BT	Pass	10:30am

Blank Tests

Test	Status	Time
AIR	Pass	10:30am

Printer Tests

Test	Status	Time
PRNT	Pass	10:30am

CRC Tests

Test	Status	Time
COMP	Pass	10:30am
CAL	Pass	10:30am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

FTA

JUN 15 2017

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

RECEIVED

County Gates Instrument Location Gates Co. S.O.

Instrument Serial No. 008884 202 Court St., Gatesville, NC

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

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

I certify that on the 26<sup>th</sup> day of May, 20 17, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

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**

GATES COUNTY GATES CO SO 360

Serial Number: 008884  
Test Date: 05/26/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

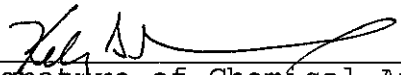
Test Type: Breath Test

Lot Number: AG710701


Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	10:58am
AIR BLK	.00	10:58am
ACCY CHK	.07	10:59am
AIR BLK	.00	11:00am
<b>SUB TEST</b>	<b>.00</b>	<b>11:00am</b>
AIR BLK	.00	11:01am
<b>SUB TEST</b>	<b>.00</b>	<b>11:03am</b>
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

GATES COUNTY GATES CO SO 360

Serial Number: 008884      Test Record Number: 784  
Test Date: 05/26/2017      Test Time: 11:05am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:06am

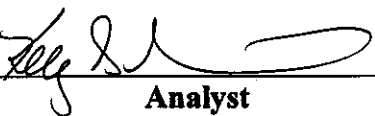
Printer Tests

Test	Status	Time
PRNT	Pass	11:06am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

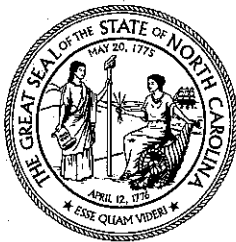
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Graham Instrument Location Graham Co. SO  
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 4 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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**

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915  
Test Date: 05/04/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501

Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	12:23pm
AIR BLK	.00	12:24pm
ACCY CHK	.08	12:24pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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**Analyst**

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

Intox EC/IR-II: Preventive Maintenance

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 704  
Test Date: 05/04/2017 Test Time: 12:31pm

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

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**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location Bat Mobile Unit 8  
Instrument Serial No. 008601 Gins Airport PD / SHP

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

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

I certify that on the 5 day of May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B. Stein  
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**

GREENSBORO BATMOBILE UNIT 8 400

Serial Number: 008601  
Test Date: 05/05/2017

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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402

Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:42pm
AIR BLK	.00	10:43pm
ACCY CHK	.07	10:44pm
AIR BLK	.00	10:45pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:45pm</b>
AIR BLK	.00	10:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:48pm</b>
AIR BLK	.00	10:49pm

Reported AC: .00 g/210L

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

Court CVR



\_\_\_\_\_  
Analyst



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

GREENSBORO BATMOBILE UNIT 8 400

Serial Number: 008601      Test Record Number: 1217  
Test Date: 05/05/2017      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

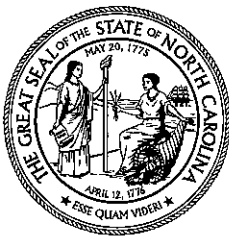
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Guilford Instrument Location Bat mobile Unit 8  
Instrument Serial No. 208615 Gins Airport PD / SHP

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

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

I certify that on the 5 day of May, 20 17, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B Skinner 644  
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**

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615

Test Date: 05/05/2017

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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403

Exp Date: 06/23/2017

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

GREENSBORO BAT MOBILE UNIT 8 400

Serial Number: 008615      Test Record Number: 5437  
Test Date: 05/05/2017      Test Time: 10:46pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:47pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

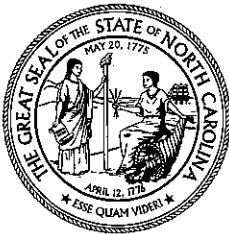
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Guilford Instrument Location UNC-Greensboro  
Instrument Serial No. 008604 Police Department

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

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

I certify that on the 15<sup>th</sup> day of May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Z. K. 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 UNC-G POLICE DEPT 400

Serial Number: 008604

Test Date: 05/01/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

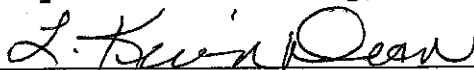
Test Type: Breath Test

Lot Number: AG621404

Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	2:16pm
AIR BLK	.00	2:17pm
ACCY CHK	.08	2:17pm
AIR BLK	.00	2:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:20pm</b>
AIR BLK	.00	2:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:22pm</b>
AIR BLK	.00	2:23pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

**GUILFORD COUNTY UNC-G POLICE DEPT 400**

Serial Number: 008604      Test Record Number: 1524  
Test Date: 05/01/2017      Test Time: 2:25pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	2:26pm

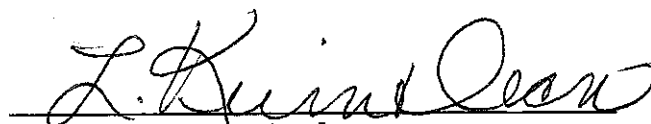
**Printer Tests**

Test	Status	Time
PRNT	Pass	2:26pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

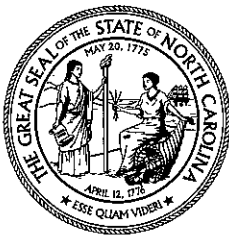
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Guilford Instrument Location Greensboro PD  
Instrument Serial No. 008725 100 Police Plaza, Greensboro NC

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

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

I certify that on the 1st day of May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Deon  
Signature of Certifying Official

642  
Certificate Number

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



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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725

Test Date: 05/01/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG621404

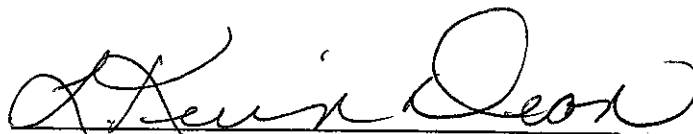
Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:59pm
ACCY CHK	.07	12:59pm
AIR BLK	.00	1:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:01pm</b>
AIR BLK	.00	1:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:03pm</b>
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725      Test Record Number: 3866  
Test Date: 05/01/2017      Test Time: 1:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:05pm
SRC	Pass	1:05pm
DET	Pass	1:05pm
BAR	Pass	1:05pm
BT	Pass	1:05pm

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

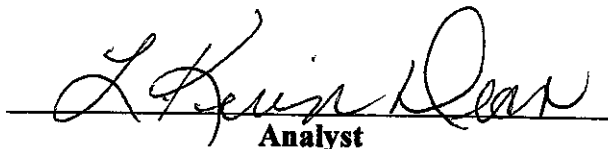
Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm

CRC Tests

Test	Status	Time
COMP	Pass	1:06pm
CAL	Pass	1:06pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

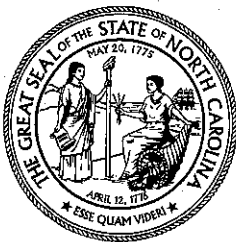
County GRANVILLE Instrument Location OXFORD PD

Instrument Serial No. 008738 204 E. McCLANAHAN ST. OXFORD NC

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

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

I certify that on the 24 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bruce D. Smith  
Signature of Certifying Official

637  
Certificate Number

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

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008738

Test Date: 05/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

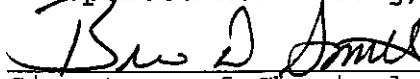
Test Type: Breath Test

Lot Number: AG525303


Exp Date: 09/10/2017

Test	g/210L	Time
DIAG	Pass	2:56pm
AIR BLK	.00	2:57pm
ACCY CHK	.08	2:57pm
AIR BLK	.00	2:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:59pm</b>
AIR BLK	.00	3:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:02pm</b>
AIR BLK	.00	3:03pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008738      Test Record Number: 672  
Test Date: 05/24/2017      Test Time: 3:04pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:04pm
FLO	Pass	3:04pm
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	3:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm

CRC Tests

Test	Status	Time
COMP	Pass	3:05pm
CAL	Pass	3:05pm

Preventive Maintenance  
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

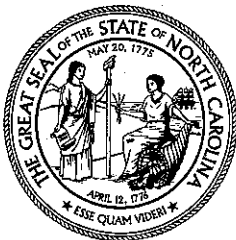
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County GRANVILLE Instrument Location CREEDMOOR PD  
Instrument Serial No. 008641 111 MASONIC ST. CREEDMOOR, NC

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

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

I certify that on the 24 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



B. D. Smith  
Signature of Certifying Official

637  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641      Test Record Number: 936  
Test Date: 05/24/2017      Test Time: 1:06pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



**Analyst**

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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641  
Test Date: 05/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG621403


Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:59pm
ACCY CHK	.07	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

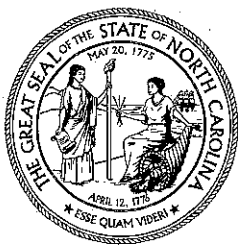
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Waywood Instrument Location Waywood 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 4 day of May, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chad R. Cather  
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: 05/04/2017

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

Analyst's Name: CUTLER, DANIEL R  
Permit Number: 8457E  
Effective:  
09/01/2015-09/01/2017

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

Lot Number: AG621501  
Exp Date: 08/02/2018

Test	g/210L	Time
DIAG	Pass	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.07	2:53pm
AIR BLK	.00	2:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:54pm</b>
AIR BLK	.00	2:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:57pm</b>
AIR BLK	.00	2:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

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

Intox EC/IR-II: Preventive Maintenance

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714      Test Record Number: 1418  
Test Date: 05/04/2017      Test Time: 2:59pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:59pm
FLO	Pass	2:59pm
FC	Pass	2:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm

CRC Tests

Test	Status	Time
COMP	Pass	3:00pm
CAL	Pass	3:00pm

Preventive Maintenance  
Status: Pass

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**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

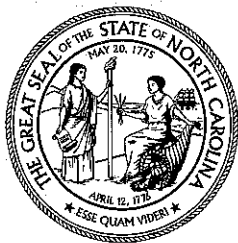
County Haywood Instrument Location Haywood Co. Jail

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 4 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chris R. Cuth  
Signature of Certifying Official

635  
Certificate Number

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

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712  
Test Date: 05/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401

Exp Date: 02/24/2019

Test	g/210L	Time
DIAG	Pass	2:48pm
AIR BLK	.00	2:49pm
ACCY CHK	.08	2:50pm
AIR BLK	.00	2:51pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:51pm</b>
AIR BLK	.00	2:52pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:54pm</b>
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

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

Court CVR

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

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

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712      Test Record Number: 1877  
Test Date: 05/04/2017      Test Time: 2:55pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

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**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

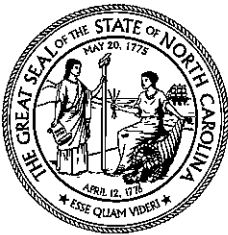
County Henderson Instrument Location Henderson Co. Detention

Instrument Serial No. 008806 Hendersonville, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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**

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806  
Test Date: 05/17/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
05/01/2017-05/01/2019

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

Lot Number: AG607601  
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.08	2:53pm
AIR BLK	.00	2:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:54pm</b>
AIR BLK	.00	2:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:57pm</b>
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806      Test Record Number: 2119  
Test Date: 05/17/2017      Test Time: 2:58pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:58pm
FLO	Pass	2:58pm
FC	Pass	2:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:59pm

CRC Tests

Test	Status	Time
COMP	Pass	2:59pm
CAL	Pass	2:59pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

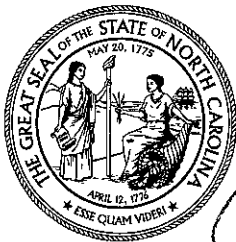
County HARNETT Co. Instrument Location DUNN Police Dept.

Instrument Serial No. 0056644 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 16<sup>th</sup> day of MAY, 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

654  
Certificate Number

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

Intox EC/IR-II: Subject Test

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644  
Test Date: 05/16/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2016-02/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621403

Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	12:52pm
AIR BLK	.00	12:53pm
ACCY CHK	.08	12:53pm
AIR BLK	.00	12:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:55pm</b>
AIR BLK	.00	12:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:57pm</b>
AIR BLK	.00	12:58pm

Reported AC: 100 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644      Test Record Number: 1242  
Test Date: 05/16/2017      Test Time: 12:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:59pm
FLO	Pass	12:59pm
FC	Pass	12:59pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

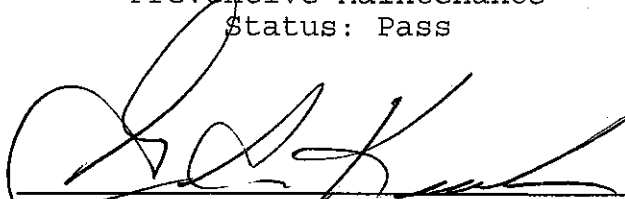
Printer Tests

Test	Status	Time
PRNT	Pass	1:00pm

CRC Tests

Test	Status	Time
COMP	Pass	1:00pm
CAL	Pass	1:00pm

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 Hertford Instrument Location Ahoskie P.D.  
Instrument Serial No. 008848 705 W. Main St., Ahoskie, NC

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

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

I certify that on the 17<sup>th</sup> day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly H. D.  
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: 05/17/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

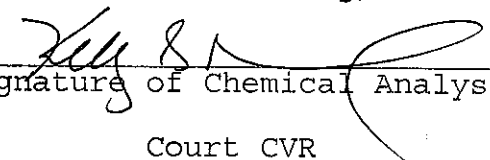
Test Type: Breath Test

Lot Number: AG702402

Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	10:55am
AIR BLK	.00	10:56am
ACCY CHK	.07	10:56am
AIR BLK	.00	10:57am
<b>SUB TEST</b>	<b>.00</b>	<b>10:58am</b>
AIR BLK	.00	10:59am
<b>SUB TEST</b>	<b>.00</b>	<b>11:00am</b>
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848      Test Record Number: 1258  
Test Date: 05/17/2017      Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

Blank Tests

Test	Status	Time
AIR	Pass	11:04am


Printer Tests

Test	Status	Time
PRNT	Pass	11:04am

CRC Tests

Test	Status	Time
COMP	Pass	11:04am
CAL	Pass	11:04am

Preventive Maintenance  
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 C.O.S.O. - Beracoke  
Instrument Serial No. 008797 NC 12, Beracoke, N.C.

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

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

I certify that on the 24<sup>th</sup> day of may, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Linda A. Kueh  
Signature of Certifying Official

647  
Certificate Number

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



Intox EC/IR-II: Subject Test

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797

Test Date: 05/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501

Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.07	1:42pm
AIR BLK	.00	1:42pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:43pm</b>
AIR BLK	.00	1:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:46pm</b>
AIR BLK	.00	1:46pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797      Test Record Number: 484  
Test Date: 05/24/2017      Test Time: 1:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:50pm
FLO	Pass	1:50pm
FC	Pass	1:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:50pm
SRC	Pass	1:50pm
DET	Pass	1:50pm
BAR	Pass	1:50pm
BT	Pass	1:50pm

Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:51pm

CRC Tests

Test	Status	Time
COMP	Pass	1:51pm
CAL	Pass	1:51pm

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**

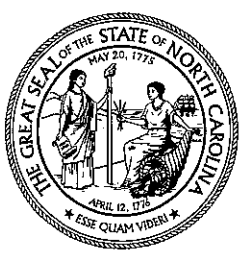
County Iredell Instrument Location But Mobile Unit II

Instrument Serial No. 008973

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

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

I certify that on the 28 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ch... ..  
Signature of Certifying Official

658  
Certificate Number

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

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

IREDELL BAT MOBILE UNIT 11 480

Serial Number: 008973  
Test Date: 05/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

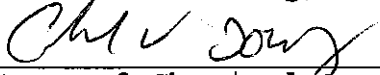
Test Type: Breath Test

Lot Number: AG607501

Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:20pm
AIR BLK	.00	2:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:21pm</b>
AIR BLK	.00	2:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:24pm</b>
AIR BLK	.00	2:25pm

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

IREDELL BAT MOBILE UNIT 11 480

Serial Number: 008973      Test Record Number: 320  
Test Date: 05/28/2017      Test Time: 2:26pm EDT

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

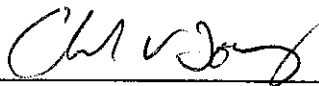
Printer Tests

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**

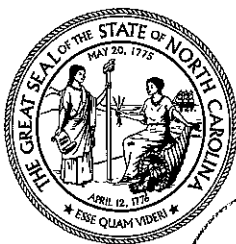
County Johnson Co. Instrument Location Benson Police Dept

Instrument Serial No. 008885 Benson, NC

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

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

I certify that on the 16<sup>th</sup> day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

654  
Certificate Number

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

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY BENSON POLICE DEPT.  
500

Serial Number: 008885  
Test Date: 05/16/2017

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

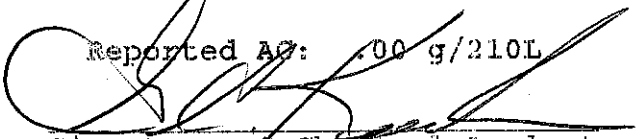
Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2016-02/01/2018

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

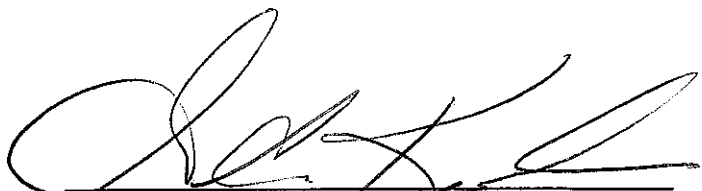
Lot Number: AG621501  
Exp Date: 08/02/2018

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:21pm
ACCY CHK	.07	12:22pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported as: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885      Test Record Number: 481  
Test Date: 05/16/2017      Test Time: 12:29pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	12:29pm

Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

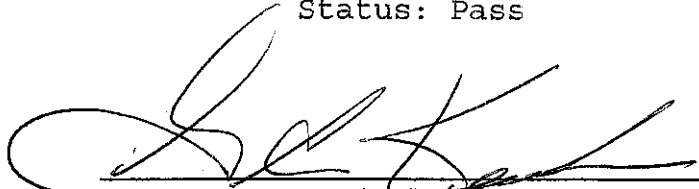
Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm

CRC Tests

Test	Status	Time
COMP	Pass	12:30pm
CAL	Pass	12:30pm

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**

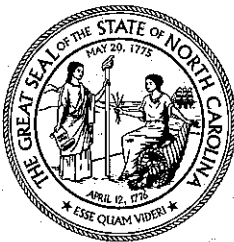
County LEE Instrument Location LEE Co JAIL

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 MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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: 05/03/2017

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

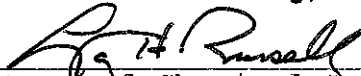
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG534901  
Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	2:42pm
AIR BLK	.00	2:42pm
ACCY CHK	.07	2:43pm
AIR BLK	.00	2:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:45pm</b>
AIR BLK	.00	2:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:48pm</b>
AIR BLK	.00	2:49pm

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: 1710  
Test Date: 05/03/2017      Test Time: 2:51pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:51pm
FLO	Pass	2:51pm
FC	Pass	2:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:51pm
SRC	Pass	2:51pm
DET	Pass	2:51pm
BAR	Pass	2:51pm
BT	Pass	2:51pm

Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:52pm

CRC Tests

Test	Status	Time
COMP	Pass	2:52pm
CAL	Pass	2:52pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

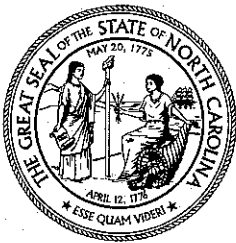
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County LEE Instrument Location SANFORD POLICE DEPT  
Instrument Serial No. 008867 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 MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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 SANFORD POLICE DEPT 520

Serial Number: 008867  
Test Date: 05/03/2017

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

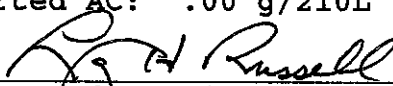
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG621404  
Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	3:23pm
AIR BLK	.00	3:23pm
ACCY CHK	.07	3:24pm
AIR BLK	.00	3:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:26pm</b>
AIR BLK	.00	3:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:28pm</b>
AIR BLK	.00	3:29pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867      Test Record Number: 989  
Test Date: 05/03/2017      Test Time: 3:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:30pm
FLO	Pass	3:30pm
FC	Pass	3:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:30pm
SRC	Pass	3:30pm
DET	Pass	3:30pm
BAR	Pass	3:30pm
BT	Pass	3:30pm

Blank Tests

Test	Status	Time
AIR	Pass	3:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:31pm

CRC Tests

Test	Status	Time
COMP	Pass	3:31pm
CAL	Pass	3:31pm

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**

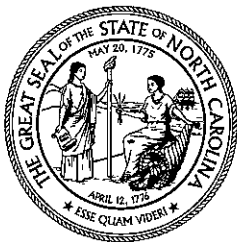
County Lenoir Instrument Location Kinston P.D.

Instrument Serial No. 008624 205 E. King St, Kinston, NC.

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

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

I certify that on the 9<sup>th</sup> day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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**

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Date: 05/09/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

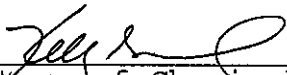
Test Type: Breath Test

Lot Number: AG621404

Exp. Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	11:04am
AIR BLK	.00	11:04am
ACCY CHK	.08	11:05am
AIR BLK	.00	11:06am
<b>SUB TEST</b>	<b>.00</b>	<b>11:07am</b>
AIR BLK	.00	11:08am
<b>SUB TEST</b>	<b>.00</b>	<b>11:09am</b>
AIR BLK	.00	11:10am

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**

**LENOIR COUNTY KINSTON PD 530**

Serial Number: 008624      Test Record Number: 1609  
Test Date: 05/09/2017      Test Time: 11:11am 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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

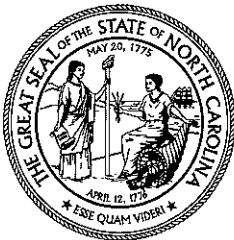
County Lenoir Instrument Location Lenoir Co. S.O.

Instrument Serial No. 008639 130 Queen St., Kinston, N.C.

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

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

I certify that on the 9<sup>th</sup> day of May, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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**

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639  
Test Date: 05/09/2017

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

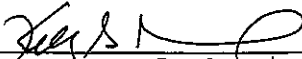
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
07/01/2015-07/01/2017

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

Lot Number: AG607501  
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:38am
ACCY CHK	.07	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639      Test Record Number: 2996  
Test Date: 05/09/2017      Test Time: 10:45am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:47am

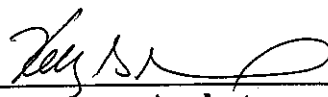
Printer Tests

Test	Status	Time
PRNT	Pass	10:47am

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County 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 14 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David 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: 008618  
Test Date: 05/04/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802

Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	10:24am
AIR BLK	.00	10:25am
ACCY CHK	.07	10:26am
AIR BLK	.00	10:27am
<b>SUB TEST</b>	<b>.00</b>	<b>10:27am</b>
AIR BLK	.00	10:28am
<b>SUB TEST</b>	<b>.00</b>	<b>10:30am</b>
AIR BLK	.00	10:31am

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: 1726  
Test Date: 05/04/2017      Test Time: 10:32am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Test	Status	Time
PRNT	Pass	10:33am

CRC Tests

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

Preventive Maintenance  
Status: Pass

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Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

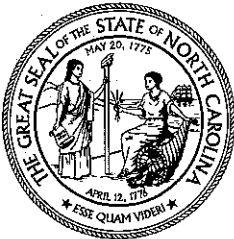
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Macon Instrument Location Macon Co. Jail  
Instrument Serial No. 008789 Franklin, NC

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

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

I certify that on the 21 day of May, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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: 008789  
Test Date: 05/04/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403

Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:26am
ACCY CHK	.07	10:27am
AIR BLK	.00	10:28am
<b>SUB TEST</b>	<b>.00</b>	<b>10:28am</b>
AIR BLK	.00	10:29am
<b>SUB TEST</b>	<b>.00</b>	<b>10:31am</b>
AIR BLK	.00	10:32am

Reported AC: .00 g/210L

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

Court CVR

\_\_\_\_\_  
Analyst

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

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 595  
Test Date: 05/04/2017 Test Time: 10:35am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:35am
FLO	Pass	10:35am
FC	Pass	10:35am

Temperature Tests

Test	Status	Time
FC1	Pass	10:35am
SRC	Pass	10:35am
DET	Pass	10:35am
BAR	Pass	10:35am
BT	Pass	10:35am

Blank Tests

Test	Status	Time
AIR	Pass	10:36am

Printer Tests

Test	Status	Time
PRNT	Pass	10:36am

CRC Tests

Test	Status	Time
COMP	Pass	10:36am
CAL	Pass	10:36am

Preventive Maintenance  
Status: Pass

---

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

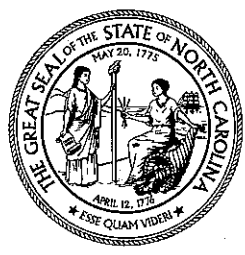
County Mecklenburg Instrument Location BIAT Mobile Unit 11

Instrument Serial No. 008970

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

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

I certify that on the 12 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Phil Jones Signature of Certifying Official 658 Certificate Number

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

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

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008970  
Test Date: 05/12/2017

Citation Number: M0000000-0  
Subject's Name:

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

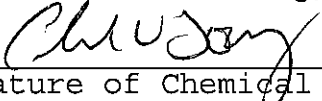
Analyst's Name: TOWERY, CHAD V  
Permit Number: 26632E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG607501  
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	8:20pm
AIR BLK	.00	8:21pm
ACCY CHK	.08	8:22pm
AIR BLK	.00	8:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:23pm</b>
AIR BLK	.00	8:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:26pm</b>
AIR BLK	.00	8:26pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*MECKLENBURG BAT MOBILE UNIT 11 590*

Serial Number: 008970      Test Record Number: 303  
Test Date: 05/12/2017      Test Time: 8:27pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	8:28pm
FLO	Pass	8:28pm
FC	Pass	8:28pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	8:28pm
SRC	Pass	8:28pm
DET	Pass	8:28pm
BAR	Pass	8:28pm
BT	Pass	8:28pm

**Blank Tests**

Test	Status	Time
AIR	Pass	8:28pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	8:28pm

**CRC Tests**

Test	Status	Time
COMP	Pass	8:29pm
CAL	Pass	8:29pm

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 Mecklenburg

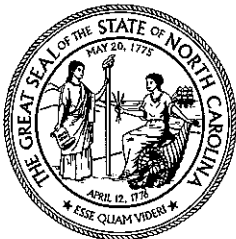
Instrument Location Best Mobile Unit 11

Instrument Serial No. 008973

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

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

I certify that on the 12 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chris Jones  
Signature of Certifying Official

658

Certificate Number

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

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

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973  
Test Date: 05/12/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

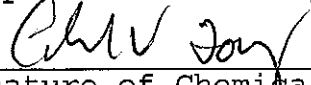
Test Type: Breath Test

Lot Number: AG607501

Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	8:25pm
AIR BLK	.00	8:26pm
ACCY CHK	.08	8:27pm
AIR BLK	.00	8:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:28pm</b>
AIR BLK	.00	8:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:31pm</b>
AIR BLK	.00	8:32pm

Reported AC: .00 g/210L

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

Court CVR



\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: 008973      Test Record Number: 309  
Test Date: 05/12/2017      Test Time: 8:32pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:33pm
FLO	Pass	8:33pm
FC	Pass	8:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:33pm
SRC	Pass	8:33pm
DET	Pass	8:33pm
BAR	Pass	8:33pm
BT	Pass	8:33pm

Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

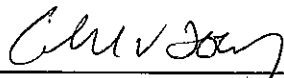
Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm

CRC Tests

Test	Status	Time
COMP	Pass	8:34pm
CAL	Pass	8:34pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

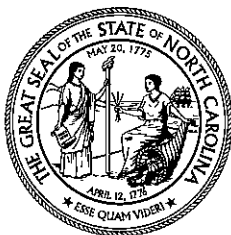
County Mitchell Instrument Location Spruce Pine PD

Instrument Serial No. 008726 Spruce Pine, NC

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

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

I certify that on the 19 day of May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726  
Test Date: 05/19/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
05/01/2017-05/01/2019

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

Lot Number: AG621403  
Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	2:21pm
AIR BLK	.00	2:22pm
ACCY CHK	.08	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm

Reported AC: .00 g/210L

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

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726      Test Record Number: 870  
Test Date: 05/19/2017      Test Time: 2:29pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
DET	Pass	2:29pm
BAR	Pass	2:29pm
BT	Pass	2:29pm

Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MONTGOMERY Instrument Location MONTGOMERY Co. JAIL

Instrument Serial No. 008709 TROY NC

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

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

I certify that on the 18 day of May, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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: 008709  
Test Date: 05/18/2017

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

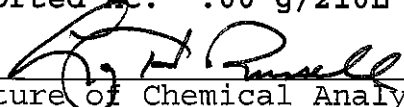
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG607502  
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	3:25pm
AIR BLK	.00	3:26pm
ACCY CHK	.08	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm

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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709      Test Record Number: 1011  
Test Date: 05/18/2017      Test Time: 3:33pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:33pm
FLO	Pass	3:33pm
FC	Pass	3:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:33pm
SRC	Pass	3:33pm
DET	Pass	3:33pm
BAR	Pass	3:33pm
BT	Pass	3:33pm

Blank Tests

Test	Status	Time
AIR	Pass	3:34pm


Printer Tests

Test	Status	Time
PRNT	Pass	3:34pm

CRC Tests

Test	Status	Time
COMP	Pass	3:34pm
CAL	Pass	3:34pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

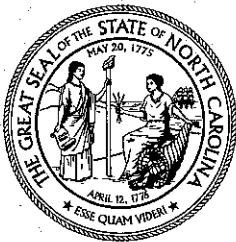
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County MONTGOMERY Instrument Location MONTGOMERY Co. Jail  
Instrument Serial No. 008657 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 18 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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: 008657  
Test Date: 05/18/2017

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

Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG534901  
Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	3:19pm
AIR BLK	.00	3:19pm
ACCY CHK	.07	3:20pm
AIR BLK	.00	3:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:22pm</b>
AIR BLK	.00	3:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:24pm</b>
AIR BLK	.00	3:25pm

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: 008657      Test Record Number: 1386  
Test Date: 05/18/2017      Test Time: 3:26pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:26pm
FLO	Pass	3:26pm
FC	Pass	3:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:26pm
SRC	Pass	3:26pm
DET	Pass	3:26pm
BAR	Pass	3:26pm
BT	Pass	3:26pm

Blank Tests

Test	Status	Time
AIR	Pass	3:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:27pm

CRC Tests

Test	Status	Time
COMP	Pass	3:27pm
CAL	Pass	3:27pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

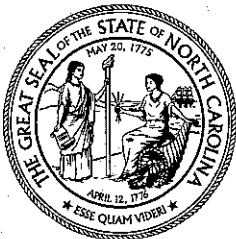
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County MOORE Instrument Location PINEHURST POLICE DEPT.  
Instrument Serial No. 008710 PINEHURST, NC

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

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

I certify that on the 12 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710

Test Date: 05/12/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

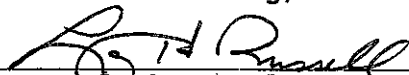
Test Type: Breath Test

Lot Number: AG702302

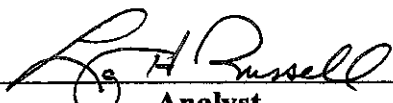
Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	10:46am
AIR BLK	.00	10:47am
ACCY CHK	.07	10:48am
AIR BLK	.00	10:49am
<b>SUB TEST</b>	<b>.00</b>	<b>10:49am</b>
AIR BLK	.00	10:50am
<b>SUB TEST</b>	<b>.00</b>	<b>10:52am</b>
AIR BLK	.00	10:53am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710      Test Record Number: 1388  
Test Date: 05/12/2017      Test Time: 10:53am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53am
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	10:54am

**Printer Tests**

Test	Status	Time
PRNT	Pass	10:54am

**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**

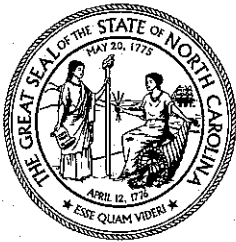
County MOORE Instrument Location MOORE CO JAIL

Instrument Serial No. 008735 CARTHAGE, NC

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

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

I certify that on the 26 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735

Test Date: 05/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

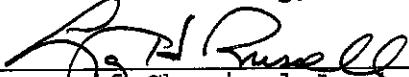
Test Type: Breath Test

Lot Number: AG621403

Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	2:28pm
AIR BLK	.00	2:28pm
ACCY CHK	.07	2:29pm
AIR BLK	.00	2:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:31pm</b>
AIR BLK	.00	2:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:33pm</b>
AIR BLK	.00	2:34pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 1935  
Test Date: 05/26/2017 Test Time: 2:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:35pm
FLO	Pass	2:35pm
FC	Pass	2:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:35pm
SRC	Pass	2:35pm
DET	Pass	2:35pm
BAR	Pass	2:35pm
BT	Pass	2:35pm

Blank Tests

Test	Status	Time
AIR	Pass	2:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:36pm

CRC Tests

Test	Status	Time
COMP	Pass	2:36pm
CAL	Pass	2:36pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Moore Instrument Location Bat Mobile Unit 8  
Instrument Serial No. 008775 Carthage PD

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

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

I certify that on the 25 day of May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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**

MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008775  
Test Date: 05/25/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501

Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	8:22pm
AIR BLK	.00	8:23pm
ACCY CHK	.08	8:24pm
AIR BLK	.00	8:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:25pm</b>
AIR BLK	.00	8:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:28pm</b>
AIR BLK	.00	8:29pm

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**

MOORE COUNTY BAT MOBILE UNIT 8 620

Serial Number: 008775      Test Record Number: 1707  
Test Date: 05/25/2017      Test Time: 8:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:30pm
FLO	Pass	8:30pm
FC	Pass	8:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:31pm
SRC	Pass	8:31pm
DET	Pass	8:31pm
BAR	Pass	8:31pm
BT	Pass	8:31pm

Blank Tests

Test	Status	Time
AIR	Pass	8:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:31pm

CRC Tests

Test	Status	Time
COMP	Pass	8:31pm
CAL	Pass	8:31pm

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**

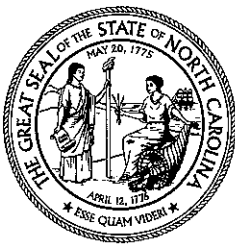
County Martin Instrument Location Martin Co. S.O.

Instrument Serial No. 008912 305 E. Main St., Williamston, N.C.

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

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

I certify that on the 18<sup>th</sup> day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

643

Certificate Number

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

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912  
Test Date: 05/18/2017

Citation Number: M0000000-0  
Subject's Name:

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

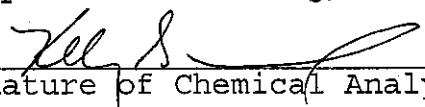
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
07/01/2015-07/01/2017

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

Lot Number: AG621403  
Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	10:47am
AIR BLK	.00	10:48am
ACCY CHK	.08	10:48am
AIR BLK	.00	10:50am
<b>SUB TEST</b>	<b>.00</b>	<b>10:50am</b>
AIR BLK	.00	10:51am
<b>SUB TEST</b>	<b>.00</b>	<b>10:53am</b>
AIR BLK	.00	10:54am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912      Test Record Number: 1256  
Test Date: 05/18/2017      Test Time: 10:57am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:57am
FLO	Pass	10:57am
FC	Pass	10:58am

Temperature Tests

Test	Status	Time
FC1	Pass	10:58am
SRC	Pass	10:58am
DET	Pass	10:58am
BAR	Pass	10:58am
BT	Pass	10:58am

Blank Tests

Test	Status	Time
AIR	Pass	10:58am

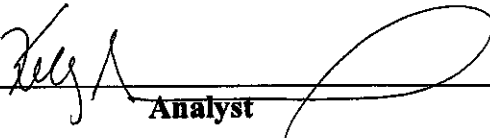
Printer Tests

Test	Status	Time
PRNT	Pass	10:58am

CRC Tests

Test	Status	Time
COMP	Pass	10:58am
CAL	Pass	10:58am

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**

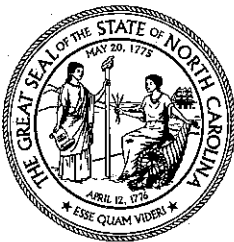
County MOORE Instrument Location BAT MOBILE UNIT #4


Instrument Serial No. DD8717

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
\_\_\_\_\_  
Signature of Certifying Official

6661  
\_\_\_\_\_  
Certificate Number

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 BAT MOBILE UNIT 4 620

Serial Number: 008717  
Test Date: 05/12/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601

Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	10:17pm
AIR BLK	.00	10:18pm
ACCY CHK	.08	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:23pm
AIR BLK	.00	10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY BAT MOBILE UNIT 4 620

Serial Number: 008717      Test Record Number: 553  
Test Date: 05/12/2017      Test Time: 10:25pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:25pm
FLO	Pass	10:25pm
FC	Pass	10:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:25pm
SRC	Pass	10:25pm
DET	Pass	10:25pm
BAR	Pass	10:25pm
BT	Pass	10:25pm

Blank Tests

Test	Status	Time
AIR	Pass	10:26pm

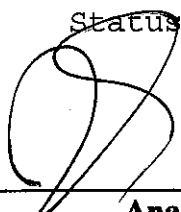
Printer Tests

Test	Status	Time
PRNT	Pass	10:26pm

CRC Tests

Test	Status	Time
COMP	Pass	10:26pm
CAL	Pass	10:26pm

Preventive Maintenance  
Status: Pass



Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

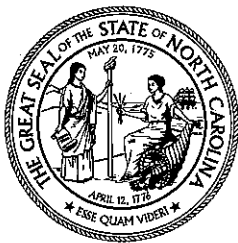
County McDowell Instrument Location McDowell Co. Jail

Instrument Serial No. 008852 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 4 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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: 008892

Test Date: 05/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401

Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	5:27pm
AIR BLK	.00	5:28pm
ACCY CHK	.07	5:28pm
AIR BLK	.00	5:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:30pm</b>
AIR BLK	.00	5:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:32pm</b>
AIR BLK	.00	5:33pm

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**

MCDOWELL COUNTY JAIL 580

Serial Number: 008892      Test Record Number: 483  
Test Date: 05/04/2017      Test Time: 5:34pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:34pm
FLO	Pass	5:34pm
FC	Pass	5:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:35pm
SRC	Pass	5:35pm
DET	Pass	5:35pm
BAR	Pass	5:35pm
BT	Pass	5:35pm

Blank Tests

Test	Status	Time
AIR	Pass	5:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:35pm

CRC Tests

Test	Status	Time
COMP	Pass	5:36pm
CAL	Pass	5:36pm

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**

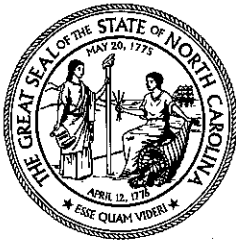
County McDowell Instrument Location McDowell Co Jail

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 4 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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: 05/04/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802

Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	5:17pm
AIR BLK	.00	5:18pm
ACCY CHK	.07	5:19pm
AIR BLK	.00	5:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:21pm</b>
AIR BLK	.00	5:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:24pm</b>
AIR BLK	.00	5:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



**Analyst**

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

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY JAIL 580

Serial Number: 008888      Test Record Number: 1466  
Test Date: 05/04/2017      Test Time: 5:26pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:26pm
FLO	Pass	5:26pm
FC	Pass	5:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:26pm
SRC	Pass	5:26pm
DET	Pass	5:26pm
BAR	Pass	5:26pm
BT	Pass	5:26pm

Blank Tests

Test	Status	Time
AIR	Pass	5:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:27pm

CRC Tests

Test	Status	Time
COMP	Pass	5:27pm
CAL	Pass	5:27pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH

Instrument Location ROCKY MOUNT PD

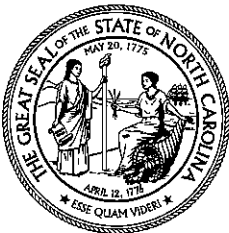
Instrument Serial No. 008740

#1 GOVERNMENT PLAZA ROCKY MOUNT, NC

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

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

I certify that on the 23 day of MAY, 20 17, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bruce D. Smith  
Signature of Certifying Official

637  
Certificate Number

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

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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740      Test Record Number: 613  
Test Date: 05/23/2017      Test Time: 12:47pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:48pm
SRC	Pass	12:48pm
DET	Pass	12:48pm
BAR	Pass	12:48pm
BT	Pass	12:48pm

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

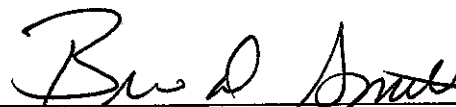
Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm

CRC Tests

Test	Status	Time
COMP	Pass	12:49pm
CAL	Pass	12:49pm

Preventive Maintenance  
Status: Pass



Analyst



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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740

Test Date: 05/23/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702401

Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	12:40pm
AIR BLK	.00	12:41pm
ACCY CHK	.08	12:41pm
AIR BLK	.00	12:42pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:43pm</b>
AIR BLK	.00	12:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:45pm</b>
AIR BLK	.00	12:46pm

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**

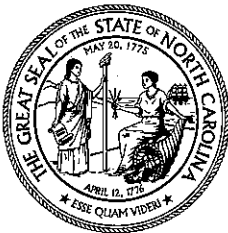
County NASH Instrument Location Nashville PD

Instrument Serial No. 008630 501 S. BARNES ST  
Nashville, NC

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

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

I certify that on the 23 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stokes Barnes

Signature of Certifying Official

662

Certificate Number

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

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

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630  
Test Date: 05/23/2017

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

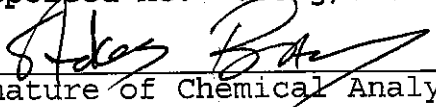
Analyst's Name: BARNES, SIMON S  
Permit Number: 11434E  
Effective:  
05/01/2017-05/01/2019

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

Lot Number: AG621404  
Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	11:32am
AIR BLK	.00	11:33am
ACCY CHK	.08	11:33am
AIR BLK	.00	11:34am
<b>SUB TEST</b>	<b>.00</b>	<b>11:35am</b>
AIR BLK	.00	11:36am
<b>SUB TEST</b>	<b>.00</b>	<b>11:37am</b>
AIR BLK	.00	11:38am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630      Test Record Number: 3851  
Test Date: 05/23/2017      Test Time: 11:39am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:39am
FLO	Pass	11:39am
FC	Pass	11:39am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:40am

Printer Tests

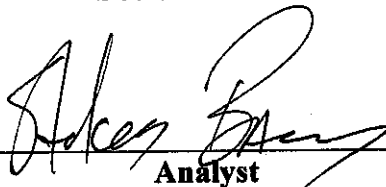
Test	Status	Time
PRNT	Pass	11:40am

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**

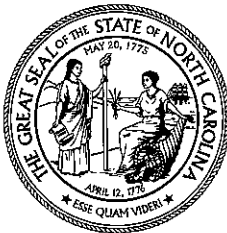
County NASH Instrument Location Rocky Mount PD

Instrument Serial No. 008741 #1 Government PLAZA  
Rocky Mount, NC

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

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

I certify that on the 23 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741  
Test Date: 05/23/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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, SIMON S  
Permit Number: 11434E  
Effective:  
05/01/2017-05/01/2019

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

Lot Number: AG607502  
Exp Date: 03/15/2018

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741      Test Record Number: 2056  
Test Date: 05/23/2017      Test Time: 12:41pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

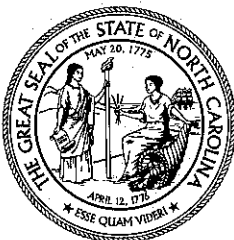
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Orange Instrument Location BAT Mobile Unit 10  
Instrument Serial No. 004686 Orange County SHP

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

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

I certify that on the 27 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

660  
Certificate Number

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



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

ORANGE COUNTY BAT MOBILE UNIT 10 670

Serial Number: 008686  
Test Date: 05/27/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JASON R

Permit Number: 19145E

Effective:

03/01/2016-03/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403

Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:45pm
AIR BLK	.00	10:46pm
ACCY CHK	.07	10:47pm
AIR BLK	.00	10:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:49pm</b>
AIR BLK	.00	10:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:51pm</b>
AIR BLK	.00	10:52pm

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**

ORANGE COUNTY BAT MOBILE UNIT 10 670

Serial Number: 008686      Test Record Number: 6489  
Test Date: 05/27/2017      Test Time: 10:55pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:55pm
FLO	Pass	10:55pm
FC	Pass	10:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:55pm
SRC	Pass	10:55pm
DET	Pass	10:55pm
BAR	Pass	10:55pm
BT	Pass	10:55pm

Blank Tests

Test	Status	Time
AIR	Pass	10:56pm

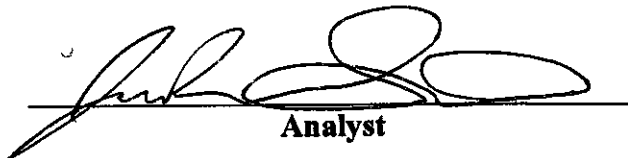
Printer Tests

Test	Status	Time
PRNT	Pass	10:56pm

CRC Tests

Test	Status	Time
COMP	Pass	10:56pm
CAL	Pass	10:56pm

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**

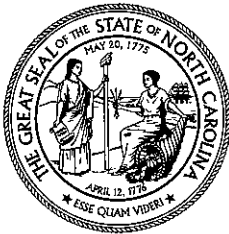
County Orange Instrument Location BAT Mobile Unit 10

Instrument Serial No. 008716 Orange County SHP

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

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

I certify that on the 27 day of May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

660  
Certificate Number

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

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

ORANGE COUNTY BAT MOBILE UNIT 10 670

Serial Number: 008776  
Test Date: 05/27/2017

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


Analyst's Name: SMITH, JASON R  
Permit Number: 19145E  
Effective:  
03/01/2016-03/01/2018

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


Lot Number: AG517403  
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:49pm
AIR BLK	.00	10:50pm
ACCY CHK	.07	10:50pm
AIR BLK	.00	10:51pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:52pm</b>
AIR BLK	.00	10:52pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:54pm</b>
AIR BLK	.00	10:55pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

ORANGE COUNTY BAT MOBILE UNIT 10 670

Serial Number: 008776      Test Record Number: 3377  
Test Date: 05/27/2017      Test Time: 10:57pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:57pm
FLO	Pass	10:57pm
FC	Pass	10:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:58pm
SRC	Pass	10:58pm
DET	Pass	10:58pm
BAR	Pass	10:58pm
BT	Pass	10:58pm

Blank Tests

Test	Status	Time
AIR	Pass	10:58pm

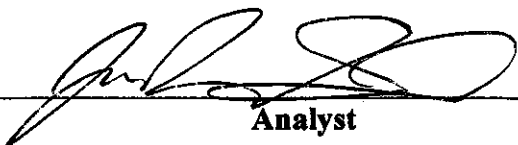
Printer Tests

Test	Status	Time
PRNT	Pass	10:58pm

CRC Tests

Test	Status	Time
COMP	Pass	10:58pm
CAL	Pass	10:58pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

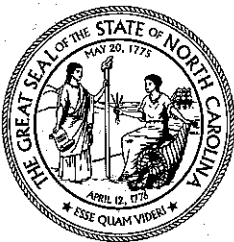
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ONslow Instrument Location BAT MOBILE UNIT 9  
Instrument Serial No. 008616 HOLLY RIDGE, NC

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

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

I certify that on the 26 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Bane

Signature of Certifying Official

648

Certificate Number

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

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

ONslow COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008616  
Test Date: 05/26/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
08/01/2015-08/01/2017

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

Lot Number: AG517403  
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:02pm
AIR BLK	.00	9:03pm
ACCY CHK	.07	9:04pm
AIR BLK	.00	9:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:06pm</b>
AIR BLK	.00	9:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:08pm</b>
AIR BLK	.00	9:09pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

ONSLow COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008616      Test Record Number: 2313  
Test Date: 05/26/2017      Test Time: 9:11pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:11pm
FLO	Pass	9:11pm
FC	Pass	9:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
BT	Pass	9:11pm

Blank Tests

Test	Status	Time
AIR	Pass	9:12pm

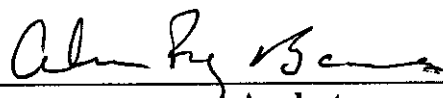
Printer Tests

Test	Status	Time
PRNT	Pass	9:12pm

CRC Tests

Test	Status	Time
COMP	Pass	9:12pm
CAL	Pass	9:12pm

Preventive Maintenance  
Status: Pass



Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ONslow Instrument Location BAT MOBILE UNIT 9  
Instrument Serial No. 008704 HOLLY RIDGE, NC

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

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

I certify that on the 26 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alvin R. Barnes  
Signature of Certifying Official

648  
Certificate Number

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

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

ONslow COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008704  
Test Date: 05/26/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
08/01/2015-08/01/2017

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

Lot Number: AG517403  
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:07pm
AIR BLK	.00	9:08pm
ACCY CHK	.07	9:08pm
AIR BLK	.00	9:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:10pm</b>
AIR BLK	.00	9:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:12pm</b>
AIR BLK	.00	9:13pm

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**

ONSLOW COUNTY BAT MOBILE UNIT 9 660

Serial Number: 008704      Test Record Number: 454  
Test Date: 05/26/2017      Test Time: 9:14pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:15pm
SRC	Pass	9:15pm
DET	Pass	9:15pm
BAR	Pass	9:15pm
BT	Pass	9:15pm

Blank Tests

Test	Status	Time
AIR	Pass	9:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:15pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ORANGE Instrument Location Chapel Hill PD

Instrument Serial No. 008839 828 Martin Luther King Jr Blvd  
Chapel Hill, NC

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

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

I certify that on the 31 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



*Alex Barry*  
Signature of Certifying Official

462  
Certificate Number

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

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839  
Test Date: 05/31/2017

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

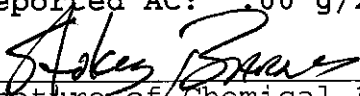
Analyst's Name: BARNES, SIMON S  
Permit Number: 11434E  
Effective:  
05/01/2017-05/01/2019

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


Lot Number: AG621404  
Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	9:09am
AIR BLK	.00	9:10am
ACCY CHK	.08	9:11am
AIR BLK	.00	9:12am
<b>SUB TEST</b>	<b>.00</b>	<b>9:12am</b>
AIR BLK	.00	9:13am
<b>SUB TEST</b>	<b>.00</b>	<b>9:15am</b>
AIR BLK	.00	9:16am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839      Test Record Number: 1516  
Test Date: 05/31/2017      Test Time: 9:18am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:18am
FLO	Pass	9:18am
FC	Pass	9:18am

Temperature Tests

Test	Status	Time
FC1	Pass	9:18am
SRC	Pass	9:18am
DET	Pass	9:18am
BAR	Pass	9:18am
BT	Pass	9:18am

Blank Tests

Test	Status	Time
AIR	Pass	9:19am

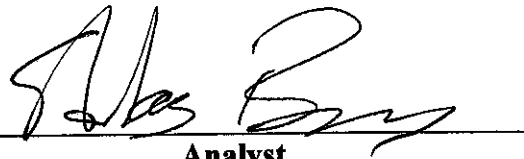
Printer Tests

Test	Status	Time
PRNT	Pass	9:19am

CRC Tests

Test	Status	Time
COMP	Pass	9:19am
CAL	Pass	9:19am

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ORANGE

Instrument Location Chapel Hill PD

Instrument Serial No. 008856

828 Martin Luther King Jr Blvd  
Chapel Hill, NC

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

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

I certify that on the 31 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alex Barnes

Signature of Certifying Official

662

Certificate Number

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

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856  
Test Date: 05/31/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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, SIMON S  
Permit Number: 11434E  
Effective:  
05/01/2017-05/01/2019

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

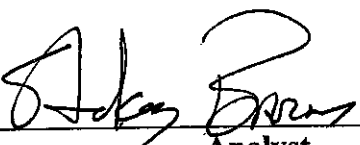
Lot Number: AG710701  
Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	9:03am
AIR BLK	.00	9:04am
ACCY CHK	.08	9:05am
AIR BLK	.00	9:06am
<b>SUB TEST</b>	<b>.00</b>	<b>9:06am</b>
AIR BLK	.00	9:07am
<b>SUB TEST</b>	<b>.00</b>	<b>9:09am</b>
AIR BLK	.00	9:10am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856      Test Record Number: 2245  
Test Date: 05/31/2017      Test Time: 9:11am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:12am
FLO	Pass	9:12am
FC	Pass	9:12am

Temperature Tests

Test	Status	Time
FC1	Pass	9:12am
SRC	Pass	9:12am
DET	Pass	9:12am
BAR	Pass	9:12am
BT	Pass	9:12am

Blank Tests

Test	Status	Time
AIR	Pass	9:12am

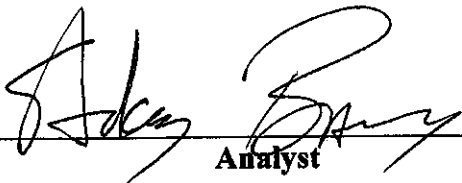
Printer Tests

Test	Status	Time
PRNT	Pass	9:12am

CRC Tests

Test	Status	Time
COMP	Pass	9:13am
CAL	Pass	9:13am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

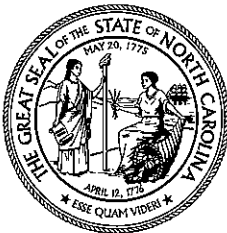
County ORANGE Instrument Location Hillsborough PD

Instrument Serial No. 008799 127 W. Chilton 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 26 day of MAY, 20 17, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

442  
Certificate Number

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: 05/26/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: ONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621501

Exp Date: 08/02/2018

Test	g/210L	Time
DIAG	Pass	11:10am
AIR BLK	.00	11:11am
ACCY CHK	.08	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am

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: 2439  
Test Date: 05/26/2017      Test Time: 11:17am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:18am

Temperature Tests

Test	Status	Time
FC1	Pass	11:18am
SRC	Pass	11:18am
DET	Pass	11:18am
BAR	Pass	11:18am
BT	Pass	11:18am

Blank Tests

Test	Status	Time
AIR	Pass	11:18am

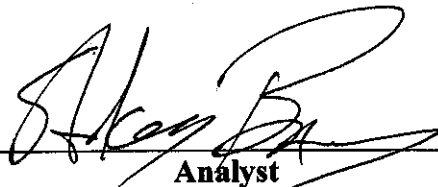
Printer Tests

Test	Status	Time
PRNT	Pass	11:18am

CRC Tests

Test	Status	Time
COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

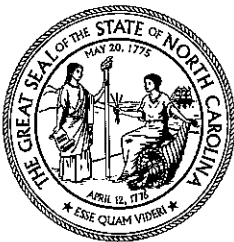
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County PASQUOTA Instrument Location Elizabeth City P.D.  
Instrument Serial No. 008941 305 E. MAIN ST., ELIZABETH CITY,  
N.C.

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

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

I certify that on the 31<sup>ST</sup> day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Linda A. Kees  
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

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941

Test Date: 05/31/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG621404

Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.08	12:16pm
AIR BLK	.00	12:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:18pm</b>
AIR BLK	.00	12:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:20pm</b>
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941      Test Record Number: 1192  
Test Date: 05/31/2017      Test Time: 12:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:22pm
SRC	Pass	12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
BT	Pass	12:22pm

Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm

CRC Tests

Test	Status	Time
COMP	Pass	12:23pm
CAL	Pass	12:23pm

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

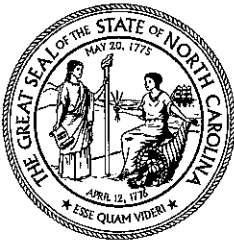
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County P.H. Instrument Location P.H. Co. Detention Center  
Instrument Serial No. 008662 124 Detention Dr., Greenville, NC

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

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

I certify that on the 19<sup>th</sup> day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

643  
Certificate Number

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



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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662  
Test Date: 05/19/2017

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

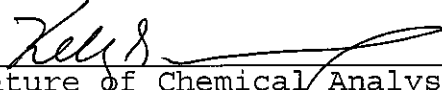
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
07/01/2015-07/01/2017

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

Lot Number: AG607501  
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	9:42am
AIR BLK	.00	9:43am
ACCY CHK	.07	9:43am
AIR BLK	.00	9:45am
<b>SUB TEST</b>	<b>.00</b>	<b>9:45am</b>
AIR BLK	.00	9:46am
<b>SUB TEST</b>	<b>.00</b>	<b>9:48am</b>
AIR BLK	.00	9:49am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*PITT COUNTY PITT CO DETENTION 730*

Serial Number: 008662      Test Record Number: 959  
Test Date: 05/19/2017      Test Time: 9:53am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	9:53am
FLO	Pass	9:53am
FC	Pass	9:54am

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54am
DET	Pass	9:54am
BAR	Pass	9:54am
BT	Pass	9:54am

**Blank Tests**

Test	Status	Time
AIR	Pass	9:54am

**Printer Tests**

Test	Status	Time
PRNT	Pass	9:54am

**CRC Tests**

Test	Status	Time
COMP	Pass	9:54am
CAL	Pass	9:54am

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Pasquotank

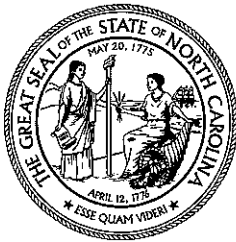
Instrument Location Pasquotank Co. Public Safety

Instrument Serial No. 008950 Bldg., 200 E. Colonial St., Elizabeth 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 24<sup>th</sup> day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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**

PASQUOTANK COUNTY PUBLIC SAFETY BLDG  
690

Serial Number: 008950  
Test Date: 05/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG621404

Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	10:40am
AIR BLK	.00	10:41am
ACCY CHK	.08	10:41am
AIR BLK	.00	10:42am
<b>SUB TEST</b>	<b>.00</b>	<b>10:43am</b>
AIR BLK	.00	10:44am
<b>SUB TEST</b>	<b>.00</b>	<b>10:45am</b>
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

**PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690**

Serial Number: 008950      Test Record Number: 1552  
Test Date: 05/24/2017      Test Time: 10:49am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10:49am

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am

**Blank Tests**

Test	Status	Time
AIR	Pass	10:50am

**Printer Tests**

Test	Status	Time
PRNT	Pass	10:50am

**CRC Tests**

Test	Status	Time
COMP	Pass	10:50am
CAL	Pass	10:50am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

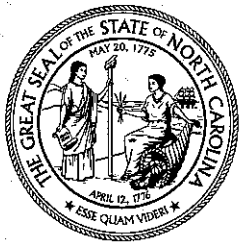
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County RICHMOND Instrument Location RICHMOND CO. MBE OFFICE  
Instrument Serial No. 008701 ROCKINGHAM, 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 MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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

RICHMOND COUNTY RICHMOND CO. MAG OFF  
760

Serial Number: 008701  
Test Date: 05/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG607601

Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	3:29pm
AIR BLK	.00	3:30pm
ACCY CHK	.08	3:31pm
AIR BLK	.00	3:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:33pm</b>
AIR BLK	.00	3:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:35pm</b>
AIR BLK	.00	3:36pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701      Test Record Number: 1131  
Test Date: 05/24/2017      Test Time: 3:37pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:37pm
FLO	Pass	3:37pm
FC	Pass	3:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:38pm
SRC	Pass	3:38pm
DET	Pass	3:38pm
BAR	Pass	3:38pm
BT	Pass	3:38pm

Blank Tests

Test	Status	Time
AIR	Pass	3:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:38pm

CRC Tests

Test	Status	Time
COMP	Pass	3:39pm
CAL	Pass	3:39pm

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

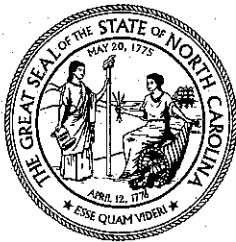
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County RICHMOND Instrument Location RICHMOND Co. MAG. OFFICE  
Instrument Serial No. 008840 ROCKINGHAM 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 MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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**

RICHMOND COUNTY RICHMOND CO. MAG OFF  
760

Serial Number: 008840  
Test Date: 05/24/2017

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

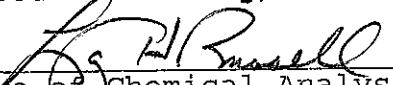
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG607602  
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	3:28pm
AIR BLK	.00	3:29pm
ACCY CHK	.07	3:29pm
AIR BLK	.00	3:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:31pm</b>
AIR BLK	.00	3:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:33pm</b>
AIR BLK	.00	3:34pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

RICHMOND COUNTY RICHMOND CO. MAG. OFF 760

Serial Number: 008840      Test Record Number: 1936  
Test Date: 05/24/2017      Test Time: 3:35pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

Test	Status	Time
FC1	Pass	3:36pm
SRC	Pass	3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

**Blank Tests**

Test	Status	Time
AIR	Pass	3:36pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	3:36pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

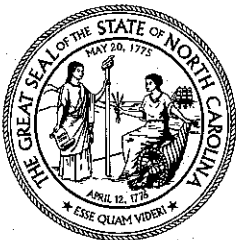
County RANDOLPH Instrument Location RANDOLPH Co. Jail

Instrument Serial No. 008899 Asheboro, NC

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

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

I certify that on the 02 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899

Test Date: 05/02/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

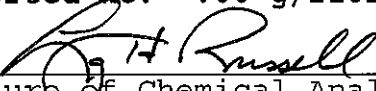
Test Type: Breath Test

Lot Number: AG526401

Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	3:32pm
AIR BLK	.00	3:33pm
ACCY CHK	.08	3:34pm
AIR BLK	.00	3:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:35pm</b>
AIR BLK	.00	3:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:38pm</b>
AIR BLK	.00	3:39pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**RANDOLPH COUNTY RANDOLPH CO. JAIL 750**

Serial Number: 008899      Test Record Number: 2561  
Test Date: 05/02/2017      Test Time: 3:40pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	3:41pm
FC	Pass	3:41pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

**Blank Tests**

Test	Status	Time
AIR	Pass	3:42pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	3:42pm

**CRC Tests**

Test	Status	Time
COMP	Pass	3:42pm
CAL	Pass	3:42pm

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**

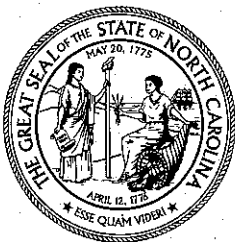
County RANDOLPH Instrument Location RANDOLPH Co. Jail

Instrument Serial No. 008860 Asheboro NC

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

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

I certify that on the 02 day of May, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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**

RANDOLPH COUNTY RANDOLPH COUNTY JAIL  
750

Serial Number: 008860  
Test Date: 05/02/2017

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


Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG702401  
Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	4:12pm
AIR BLK	.00	4:13pm
ACCY CHK	.08	4:14pm
AIR BLK	.00	4:15pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:15pm</b>
AIR BLK	.00	4:16pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:18pm</b>
AIR BLK	.00	4:19pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



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

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Record Number: 2526  
Test Date: 05/02/2017 Test Time: 4:21pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	4:21pm
FLO	Pass	4:21pm
FC	Pass	4:21pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	4:22pm
SRC	Pass	4:22pm
DET	Pass	4:22pm
BAR	Pass	4:22pm
BT	Pass	4:22pm

**Blank Tests**

Test	Status	Time
AIR	Pass	4:22pm

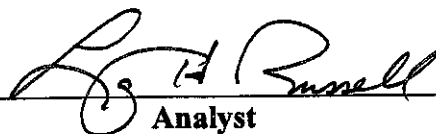
**Printer Tests**

Test	Status	Time
PRNT	Pass	4:22pm

**CRC Tests**

Test	Status	Time
COMP	Pass	4:22pm
CAL	Pass	4:22pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

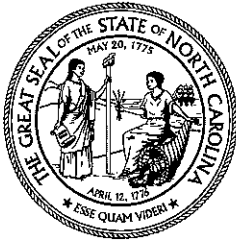
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rockingham Instrument Location Madison Police  
Instrument Serial No. 008802 Department

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

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

I certify that on the 4 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

657  
Certificate Number

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: 05/04/2017

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

Analyst's Name: BENFIELD II, KENNETH R  
Permit Number: 22067E  
Effective:  
07/01/2016-07/01/2018

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

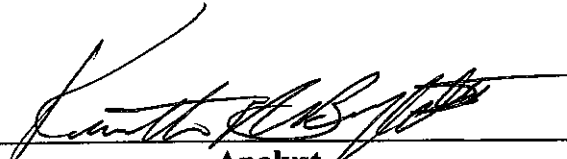
Lot Number: AG526401  
Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.08	2:52pm
AIR BLK	.00	2:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:54pm</b>
AIR BLK	.00	2:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:57pm</b>
AIR BLK	.00	2:58pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802      Test Record Number: 736  
Test Date: 05/04/2017      Test Time: 2:58pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:59pm
FLO	Pass	2:59pm
FC	Pass	2:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

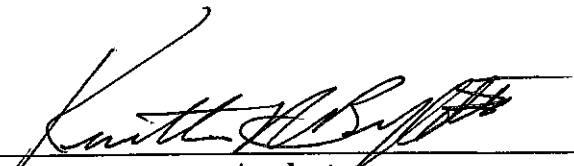
Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm

CRC Tests

Test	Status	Time
COMP	Pass	3:00pm
CAL	Pass	3:00pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

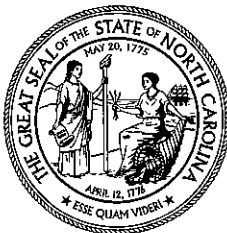
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County RANDOLPH Instrument Location ARCHDALE  
Instrument Serial No. 008791 POLICE DEPARTMENT

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

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

I certify that on the 2 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Keenan 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**

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791  
Test Date: 05/02/2017

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

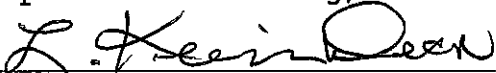
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
04/01/2017-04/01/2019

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

Lot Number: AG621404  
Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	4:31pm
AIR BLK	.00	4:32pm
ACCY CHK	.08	4:33pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:37pm
AIR BLK	.00	4:38pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR



Analyst

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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791      Test Record Number: 1198  
Test Date: 05/02/2017      Test Time: 4:41pm 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 Rockingham Instrument Location Reidsville  
Instrument Serial No. 008784 Police Department

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

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

I certify that on the 3 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean 642  
Signature of Certifying Official Certificate Number

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



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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784  
Test Date: 05/03/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

04/01/2017-04/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802

Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:02pm
ACCY CHK	.08	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784      Test Record Number: 1005  
Test Date: 05/03/2017      Test Time: 2:09pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:10pm
FLO	Pass	2:10pm
FC	Pass	2:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
BT	Pass	2:10pm

Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm

CRC Tests

Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

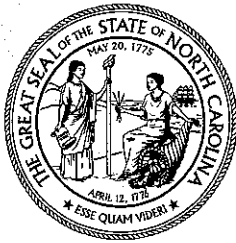
County ROBESON Instrument Location BAT MOBILE UNIT #4

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 5 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

6661  
Certificate Number

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

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

ROBESON COUNTY BAT MOBILE UNIT 4 770

Serial Number: 008871  
Test Date: 05/05/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENACE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607501

Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	8:57pm
AIR BLK	.00	8:58pm
ACCY CHK	.08	8:59pm
AIR BLK	.00	9:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:00pm</b>
AIR BLK	.00	9:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:03pm</b>
AIR BLK	.00	9:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 4 770

Serial Number: 008871      Test Record Number: 884  
Test Date: 05/05/2017      Test Time: 9:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:08pm
FLO	Pass	9:08pm
FC	Pass	9:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:08pm
SRC	Pass	9:08pm
DET	Pass	9:08pm
BAR	Pass	9:08pm
BT	Pass	9:08pm

Blank Tests

Test	Status	Time
AIR	Pass	9:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:09pm

CRC Tests

Test	Status	Time
COMP	Pass	9:09pm
CAL	Pass	9:09pm

Preventive Maintenance

Status: Pass



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Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

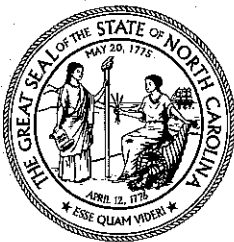
County ROCKWELLHAM Instrument Location BAT MOBILE UNIT #4

Instrument Serial No. 008717

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

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

I certify that on the 13 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

6661  
Certificate Number

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 BAT MOBILE UNIT 4  
780

Serial Number: 008717  
Test Date: 05/13/2017

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

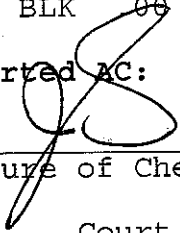
Analyst's Name: SMITH, JOCK B  
Permit Number: 20630E  
Effective:  
05/01/2016-05/01/2018

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

Lot Number: AG607601  
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	9:51pm
AIR BLK	.00	9:52pm
ACCY CHK	.08	9:52pm
AIR BLK	.00	9:53pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:54pm</b>
AIR BLK	.00	9:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:56pm</b>
AIR BLK	.00	9:57pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ROCKINGHAM COUNTY BAT MOBILE UNIT 4 780

Serial Number: 008717      Test Record Number: 557  
Test Date: 05/13/2017      Test Time: 9:58pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:58pm
FLO	Pass	9:58pm
FC	Pass	9:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:59pm
SRC	Pass	9:59pm
DET	Pass	9:59pm
BAR	Pass	9:59pm
BT	Pass	9:59pm

Blank Tests

Test	Status	Time
AIR	Pass	9:59pm

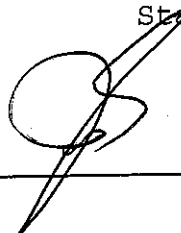
Printer Tests

Test	Status	Time
PRNT	Pass	9:59pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



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



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

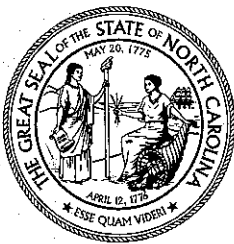
County ROWAN Instrument Location BAT MORNE UNIT #4

Instrument Serial No. 008734

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

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

I certify that on the 28 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

6661  
Certificate Number

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

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

ROWAN COUNTY BAT MOBILE UNIT 4 790

Serial Number: 008734  
Test Date: 05/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 702401

Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	4:20pm
AIR BLK	.00	4:22pm
ACCY CHK	.08	4:22pm
AIR BLK	.00	4:23pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:26pm
AIR BLK	.00	4:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY BAT MOBILE UNIT 4 790

Serial Number: 008734      Test Record Number: 934  
Test Date: 05/28/2017      Test Time: 4:28pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:28pm
FLO	Pass	4:28pm
FC	Pass	4:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:29pm
SRC	Pass	4:29pm
DET	Pass	4:29pm
BAR	Pass	4:29pm
BT	Pass	4:29pm

Blank Tests

Test	Status	Time
AIR	Pass	4:29pm

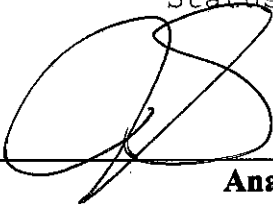
Printer Tests

Test	Status	Time
PRNT	Pass	4:29pm

CRC Tests

Test	Status	Time
COMP	Pass	4:29pm
CAL	Pass	4:29pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

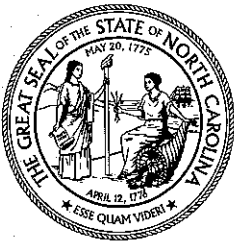
County Rowan Instrument Location PAT MOBILE UNIT #4

Instrument Serial No. 007717

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

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

I certify that on the 28 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



*[Handwritten Signature]*

Signature of Certifying Official

661

Certificate Number

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

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

ROWAN COUNTY BAT MOBILE UNIT 4 790

Serial Number: 008717

Test Date: 05/28/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601

Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	4:19pm
AIR BLK	.00	4:20pm
ACCY CHK	.08	4:21pm
AIR BLK	.00	4:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:22pm</b>
AIR BLK	.00	4:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:25pm</b>
AIR BLK	.00	4:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY BAT MOBILE UNIT 4 790

Serial Number: 008717 Test Record Number: 564

Test Date: 05/28/2017 Test Time: 4:27pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:27pm
FLO	Pass	4:27pm
FC	Pass	4:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:27pm
SRC	Pass	4:27pm
DET	Pass	4:27pm
BAR	Pass	4:27pm
BT	Pass	4:27pm

Blank Tests

Test	Status	Time
AIR	Pass	4:28pm

Printer Tests

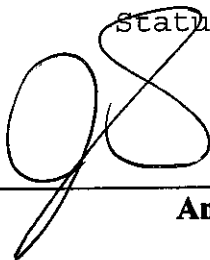
Test	Status	Time
PRNT	Pass	4:28pm

CRC Tests

Test	Status	Time
COMP	Pass	4:28pm
CAL	Pass	4:28pm

Preventive Maintenance

Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

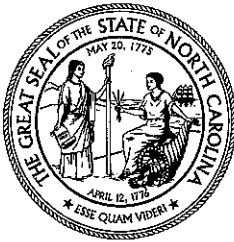
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Surry Instrument Location Elkin Police  
Instrument Serial No. 008926 Department

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

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

I certify that on the 3 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

657  
Certificate Number

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: 05/03/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

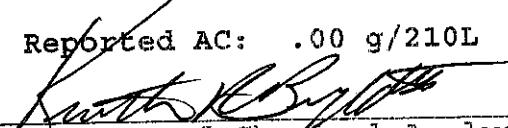
Test Type: Breath Test

Lot Number: AG607502


Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	3:31pm
AIR BLK	.00	3:31pm
ACCY CHK	.08	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY ELKIN PD 850

Serial Number: 008926      Test Record Number: 751  
Test Date: 05/03/2017      Test Time: 3:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:38pm
FLO	Pass	3:38pm
FC	Pass	3:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:38pm
SRC	Pass	3:38pm
DET	Pass	3:38pm
BAR	Pass	3:38pm
BT	Pass	3:38pm

Blank Tests

Test	Status	Time
AIR	Pass	3:39pm

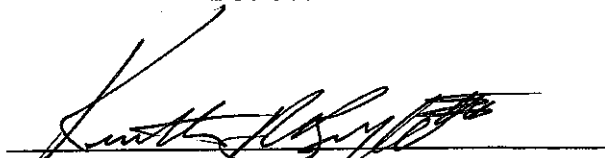
Printer Tests

Test	Status	Time
PRNT	Pass	3:39pm

CRC Tests

Test	Status	Time
COMP	Pass	3:39pm
CAL	Pass	3:39pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

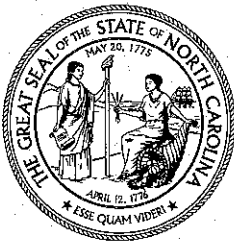
County Swain Instrument Location Swain Co. Jail

Instrument Serial No. 008727 Bryson City, NC

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

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

I certify that on the 18 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Orvil R. Luth  
Signature of Certifying Official

635  
Certificate Number

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

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727  
Test Date: 05/18/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802

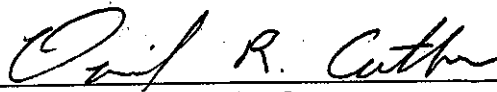
Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	2:25pm
AIR BLK	.00	2:26pm
ACCY CHK	.07	2:27pm
AIR BLK	.00	2:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:28pm</b>
AIR BLK	.00	2:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:31pm</b>
AIR BLK	.00	2:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1103  
Test Date: 05/18/2017 Test Time: 2:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:33pm
SRC	Pass	2:33pm
DET	Pass	2:33pm
BAR	Pass	2:33pm
BT	Pass	2:33pm

Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm

CRC Tests

Test	Status	Time
COMP	Pass	2:34pm
CAL	Pass	2:34pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Swain

Instrument Location Swain Co. Jail

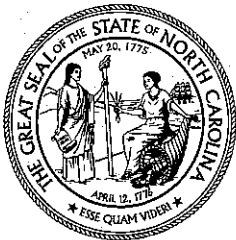
Instrument Serial No. 008723

Bryson City, NC

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

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

I certify that on the 18 day of May, 2017, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul R. Gutter  
Signature of Certifying Official

635  
Certificate Number

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

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723  
Test Date: 05/18/2017

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

Analyst's Name: CUTLER, DANIEL R  
Permit Number: 8457E  
Effective:  
09/01/2015-09/01/2017

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

Lot Number: AG534901  
Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	2:24pm
AIR BLK	.00	2:25pm
ACCY CHK	.07	2:26pm
AIR BLK	.00	2:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:27pm</b>
AIR BLK	.00	2:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:29pm</b>
AIR BLK	.00	2:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723      Test Record Number: 682  
Test Date: 05/18/2017      Test Time: 2:32pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	2:33pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	2:33pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

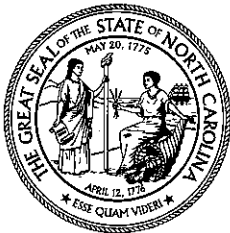
County VANCE Instrument Location NCSHP C-4 OFFICE

Instrument Serial No. 008651 1080 EASTERN BLVD HENDERSON, NC

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

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

I certify that on the 22 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bruce D. Small  
Signature of Certifying Official

637  
Certificate Number

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



Intox EC/IR-II: Subject Test

VANCE COUNTY NCSHP C4 900

Serial Number: 008651  
Test Date: 05/22/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

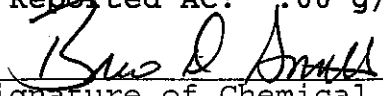
Test Type: Breath Test

Lot Number: AG702402

Exp Date: 01/29/2019

Test	g/210L	Time
DIAG	Pass	3:09pm
AIR BLK	.00	3:10pm
ACCY CHK	.08	3:10pm
AIR BLK	.00	3:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:12pm</b>
AIR BLK	.00	3:13pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:14pm</b>
AIR BLK	.00	3:15pm

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**

VANCE COUNTY NCSHP C4 900

Serial Number: 008651      Test Record Number: 1274  
Test Date: 05/22/2017      Test Time: 3:16pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:16pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

**Blank Tests**

Test	Status	Time
AIR	Pass	3:17pm

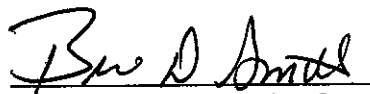
**Printer Tests**

Test	Status	Time
PRNT	Pass	3:17pm

**CRC Tests**

Test	Status	Time
COMP	Pass	3:17pm
CAL	Pass	3:17pm

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**

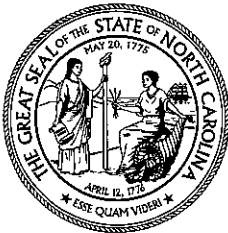
County Vance Instrument Location NC SHP C-4 OFFICE

Instrument Serial No. 008873 1080 EASTERN Blvd  
Henderson, NC

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

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

I certify that on the 22 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



J. Stokes Brown  
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**

VANCE COUNTY NCSHP C4 900

Serial Number: 008873  
Test Date: 05/22/2017

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE  
Subject'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, SIMON S  
Permit Number: 11434E  
Effective:  
05/01/2017-05/01/2019

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


Lot Number: AG702402  
Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	2:45pm
AIR BLK	.00	2:46pm
ACCY CHK	.08	2:46pm
AIR BLK	.00	2:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:49pm</b>
AIR BLK	.00	2:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:51pm</b>
AIR BLK	.00	2:52pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY NCSHP C4 900

Serial Number: 008873      Test Record Number: 1463  
Test Date: 05/22/2017      Test Time: 2:53pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:55pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:55pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

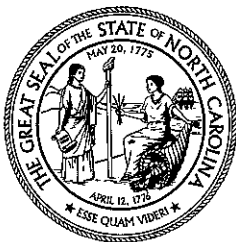
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Washington Instrument Location Washington Co. S.D.  
Instrument Serial No. 004879 Adams St., Plymouth, N.C.

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

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

I certify that on the 24<sup>th</sup> day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Date: 05/24/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

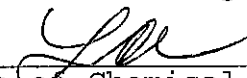
Test Type: Breath Test

Lot Number: AG10701

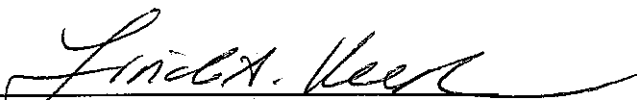
Exp Date: 04/17/2019

Test	g/210L	Time
DIAG	Pass	8:28am
AIR BLK	.00	8:29am
ACCY CHK	.07	8:30am
AIR BLK	.00	8:31am
<b>SUB TEST</b>	<b>.00</b>	<b>8:32am</b>
AIR BLK	.00	8:33am
<b>SUB TEST</b>	<b>.00</b>	<b>8:35am</b>
AIR BLK	.00	8:36am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829      Test Record Number: 777  
Test Date: 05/24/2017      Test Time: 8:37am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:37am
FLO	Pass	8:37am
FC	Pass	8:37am

Temperature Tests

Test	Status	Time
FC1	Pass	8:37am
SRC	Pass	8:37am
DET	Pass	8:37am
BAR	Pass	8:37am
BT	Pass	8:37am

Blank Tests

Test	Status	Time
AIR	Pass	8:38am

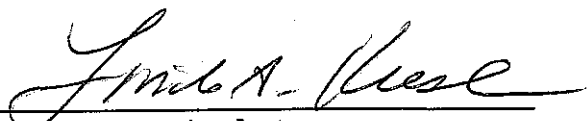
Printer Tests

Test	Status	Time
PRNT	Pass	8:38am

CRC Tests

Test	Status	Time
COMP	Pass	8:38am
CAL	Pass	8:38am

Preventive Maintenance  
Status: Pass

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

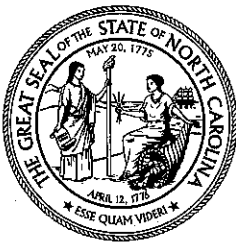
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County 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 15 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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: 05/15/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601

Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	5:27pm
AIR BLK	.00	5:28pm
ACCY CHK	.07	5:29pm
AIR BLK	.00	5:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:31pm</b>
AIR BLK	.00	5:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:33pm</b>
AIR BLK	.00	5:34pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715      Test Record Number: 1958  
Test Date: 05/15/2017      Test Time: 5:36pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	5:37pm


**Printer Tests**

Test	Status	Time
PRNT	Pass	5:37pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wayne

Instrument Location Wayne Co. Detention Ctr.

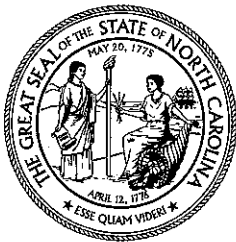
Instrument Serial No. 008671

207 E. Chestnut St., Goldsboro, NC.

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

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

I certify that on the 19<sup>th</sup> day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



James A. Keer  
Signature of Certifying Official

687  
Certificate Number

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

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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671  
Test Date: 05/19/2017

Citation Number: M0000000-0  
Subject's Name:

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

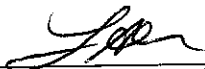
Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
08/01/2015-08/01/2017

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

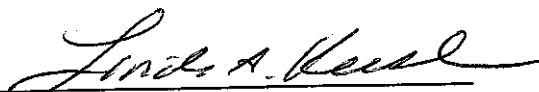
Lot Number: AG534901  
Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	1:49pm
AIR BLK	.00	1:50pm
ACCY CHK	.07	1:51pm
AIR BLK	.00	1:52pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:52pm</b>
AIR BLK	.00	1:53pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:55pm</b>
AIR BLK	.00	1:56pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 4487  
Test Date: 05/19/2017 Test Time: 1:58pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:58pm
SRC	Pass	1:58pm
DET	Pass	1:58pm
BAR	Pass	1:58pm
BT	Pass	1:58pm

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	1:59pm
CAL	Pass	1:59pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

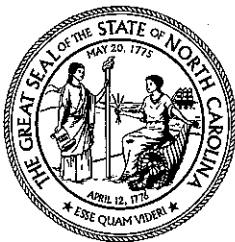
County Wayne Instrument Location Wayne Co. Detention Ctr.

Instrument Serial No. 008879 207 E. Chestnut St., Goldsboro, 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 19<sup>th</sup> day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jane A. Keel  
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**

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008879

Test Date: 05/19/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

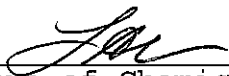
Test Type: Breath Test

Lot Number: AG702302

Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	1:52pm
AIR BLK	.00	1:53pm
ACCY CHK	.08	1:53pm
AIR BLK	.00	1:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:55pm</b>
AIR BLK	.00	1:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:57pm</b>
AIR BLK	.00	1:58pm

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 WAYNE CO DETENTION 950

Serial Number: 008879      Test Record Number: 725  
Test Date: 05/19/2017      Test Time: 2:01pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:01pm
FLO	Pass	2:01pm
FC	Pass	2:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:01pm
SRC	Pass	2:01pm
DET	Pass	2:01pm
BAR	Pass	2:01pm
BT	Pass	2:01pm

Blank Tests

Test	Status	Time
AIR	Pass	2:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm

CRC Tests

Test	Status	Time
COMP	Pass	2:02pm
CAL	Pass	2:02pm

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

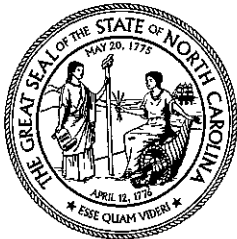
County Wayne Instrument Location Wayne Co. Detention Ctr.

Instrument Serial No. 008649 207 E. Chestnut St, Goldsboro  
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 19<sup>th</sup> day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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**

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649  
Test Date: 05/19/2017

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

Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG607601  
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	1:49pm
AIR BLK	.00	1:50pm
ACCY CHK	.08	1:51pm
AIR BLK	.00	1:52pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:52pm</b>
AIR BLK	.00	1:53pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:55pm</b>
AIR BLK	.00	1:56pm

Reported AC: .00 g/210L

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

Court CVR.

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 3186  
Test Date: 05/19/2017 Test Time: 1:57pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:57pm
FLO	Pass	1:57pm
FC	Pass	1:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
BT	Pass	1:57pm

Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

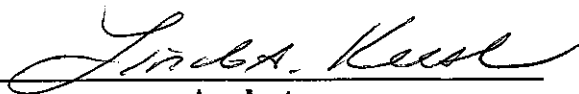
Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm

CRC Tests

Test	Status	Time
COMP	Pass	1:58pm
CAL	Pass	1:58pm

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**

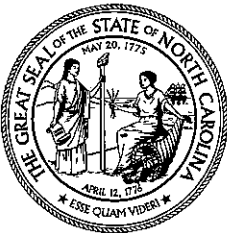
County Wake Instrument Location Wake Forest PD

Instrument Serial No. 008700 225 S. TAYLOR ST  
WAKE FOREST, NC

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

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

I certify that on the 2 day of MAY, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

662  
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700

Test Date: 05/02/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NOONE

Analyst's Name: BARNES, SIMON S

Permit Number: 11434E

Effective:

05/01/2017-05/01/2019

Officer's Name: ONE, NONE

Type of Agency: FTA

Agency: DHHS

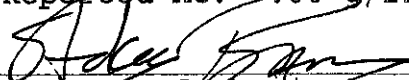
Test Type: Breath Test

Lot Number: AG702402

Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	9:18am
AIR BLK	.00	9:19am
ACCY CHK	.08	9:19am
AIR BLK	.00	9:21am
SUB TEST	.00	9:21am
AIR BLK	.00	9:22am
SUB TEST	.00	9:23am
AIR BLK	.00	9:24am

Reported AC: .00 g/210L

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

Court CVR

  
 \_\_\_\_\_  
 Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700      Test Record Number: 1220  
Test Date: 05/02/2017      Test Time: 9:26am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:26am
FLO	Pass	9:26am
FC	Pass	9:26am

Temperature Tests

Test	Status	Time
FC1	Pass	9:26am
SRC	Pass	9:26am
DET	Pass	9:26am
BAR	Pass	9:26am
BT	Pass	9:26am

Blank Tests

Test	Status	Time
AIR	Pass	9:27am


Printer Tests

Test	Status	Time
PRNT	Pass	9:27am

CRC Tests

Test	Status	Time
COMP	Pass	9:27am
CAL	Pass	9:27am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

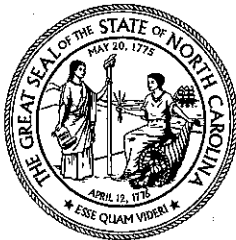
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wilkes Instrument Location Wilkes County Detention  
Instrument Serial No. 008843 Wilkesboro, 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 3 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

657  
Certificate Number

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



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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843  
Test Date: 05/03/2017

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

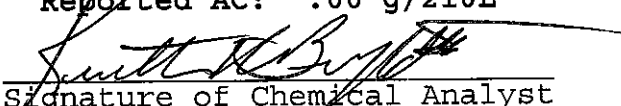
Analyst's Name: BENFIELD II, KENNETH R  
Permit Number: 22067E  
Effective:  
07/01/2016-07/01/2018

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


Lot Number: AG534802  
Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	2:21pm
AIR BLK	.00	2:22pm
ACCY CHK	.07	2:23pm
AIR BLK	.00	2:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:25pm</b>
AIR BLK	.00	2:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:27pm</b>
AIR BLK	.00	2:28pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843      Test Record Number: 2061  
Test Date: 05/03/2017      Test Time: 2:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:30pm
FLO	Pass	2:30pm
FC	Pass	2:31pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

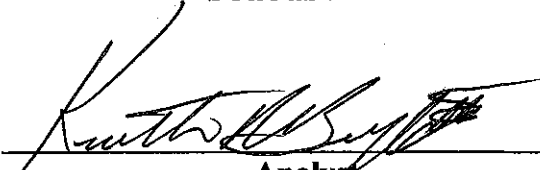
Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm

CRC Tests

Test	Status	Time
COMP	Pass	2:32pm
CAL	Pass	2:32pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wilkes

Instrument Location Wilkes County Detention

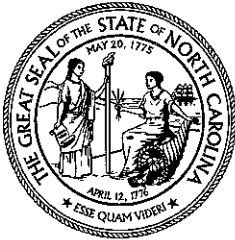
Instrument Serial No. 008865

Wilkesboro, 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 3 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

657  
Certificate Number

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

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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865  
Test Date: 05/03/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

07/01/2016-07/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

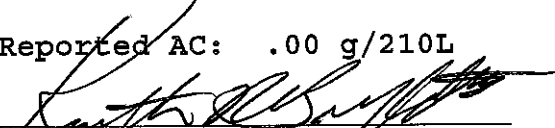
Test Type: Breath Test

Lot Number: AG534802

Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865      Test Record Number: 502  
Test Date: 05/03/2017      Test Time: 2:27pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:28pm
SRC	Pass	2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

Blank Tests

Test	Status	Time
AIR	Pass	2:28pm

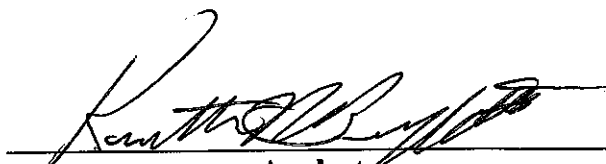
Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm

CRC Tests

Test	Status	Time
COMP	Pass	2:29pm
CAL	Pass	2:29pm

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 WILSON

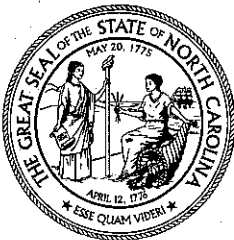
Instrument Location BOT FIBRE UNIT #4

Instrument Serial No. 00877

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 may, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]

Signature of Certifying Official

6609  
Certificate Number

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

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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717  
Test Date: 05/25/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG607601

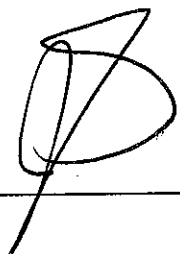
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.08	9:46pm
AIR BLK	.00	9:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:47pm</b>
AIR BLK	.00	9:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:50pm</b>
AIR BLK	.00	9:50pm

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**

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717      Test Record Number: 561  
Test Date: 05/25/2017      Test Time: 9:53pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:53pm
FLO	Pass	9:53pm
FC	Pass	9:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:54pm
SRC	Pass	9:54pm
DET	Pass	9:54pm
BAR	Pass	9:54pm
BT	Pass	9:54pm

Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

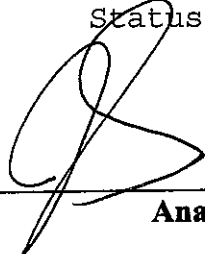
Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm

CRC Tests

Test	Status	Time
COMP	Pass	9:54pm
CAL	Pass	9:54pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

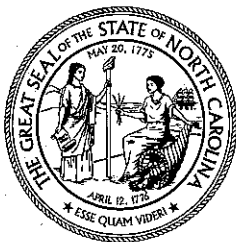
County WILSON Instrument Location BAT MOBILE UNIT #41

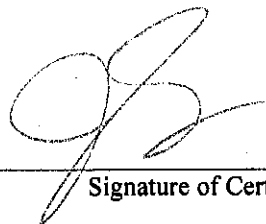
Instrument Serial No. 008754

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
Signature of Certifying Official

6601  
Certificate Number

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

Intox EC/IR-II: Subject Test

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008734  
Test Date: 05/25/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, JOCK B

Permit Number: 20630E

Effective:

05/01/2016-05/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 702401

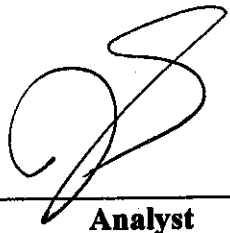
Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	9:45pm
AIR BLK	.00	9:46pm
ACCY CHK	.08	9:47pm
AIR BLK	.00	9:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:48pm</b>
AIR BLK	.00	9:49pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:51pm</b>
AIR BLK	.00	9:52pm

Reported Al: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008734      Test Record Number: 931  
Test Date: 05/25/2017      Test Time: 9:54pm EDT

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	9:55pm

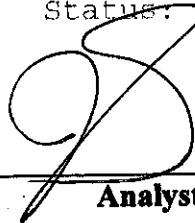
Printer Tests

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

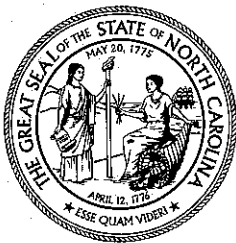
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAYNE Instrument Location BAT MOBILE UNIT 9  
Instrument Serial No. 008707 GOLDSBORO, NC

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

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

I certify that on the 10 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alex R. Barnes  
Signature of Certifying Official

648  
Certificate Number

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

Intox EC/IR-II: Subject Test

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008707

Test Date: 05/06/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901

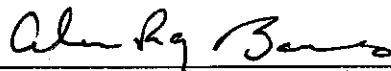
Exp Date: 12/15/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

This form is used when 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 9 950

Serial Number: 008707      Test Record Number: 2399  
Test Date: 05/06/2017      Test Time: 11:14pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:16pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAYNE

Instrument Location BAT MOBILE UNIT 9

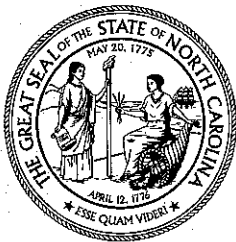
Instrument Serial No. 008575

GOLDSBORO, NC

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

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

I certify that on the 6 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alvin R. Benson

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**

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008575  
Test Date: 05/06/2017

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
08/01/2015-08/01/2017

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

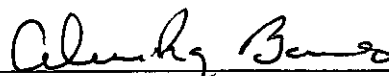
Lot Number: AG517403  
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	11:18pm
AIR BLK	.00	11:19pm
ACCY CHK	.07	11:19pm
AIR BLK	.00	11:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:21pm</b>
AIR BLK	.00	11:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:23pm</b>
AIR BLK	.00	11:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst



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

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008575      Test Record Number: 1002  
Test Date: 05/06/2017      Test Time: 11:27pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:28pm
FLO	Pass	11:28pm
FC	Pass	11:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:28pm
SRC	Pass	11:28pm
DET	Pass	11:28pm
BAR	Pass	11:28pm
BT	Pass	11:28pm

Blank Tests

Test	Status	Time
AIR	Pass	11:29pm


Printer Tests

Test	Status	Time
PRNT	Pass	11:29pm

CRC Tests

Test	Status	Time
COMP	Pass	11:29pm
CAL	Pass	11:29pm

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 WAYNE

Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008647

GOLDSBORO, NC

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

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

I certify that on the 6 day of May, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alex Ry 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**

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008647

Test Date: 05/06/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901

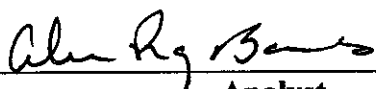
Exp Date: 12/15/2017

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 9 950

Serial Number: 008647      Test Record Number: 2326  
Test Date: 05/06/2017      Test Time: 11:19pm 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 WAKE Instrument Location WAKE CO DETENTION CENTER

Instrument Serial No. 008760 3301 HAMMOND RD RALEIGH, NC

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

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

I certify that on the 26 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ben D. Smith

Signature of Certifying Official

637

Certificate Number

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

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760  
Test Date: 05/26/2017

Citation Number: M0000000-0  
Subject's Name:

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

Analyst's Name: SMITH, BRIAN D  
Permit Number: 8937E  
Effective:  
08/01/2015-08/01/2017

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


Lot Number: AG702402  
Exp Date: 01/24/2019

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760 Test Record Number: 2225  
Test Date: 05/26/2017 Test Time: 3:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:55pm
FLO	Pass	3:55pm
FC	Pass	3:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:55pm
SRC	Pass	3:55pm
DET	Pass	3:55pm
BAR	Pass	3:55pm
BT	Pass	3:55pm

Blank Tests

Test	Status	Time
AIR	Pass	3:56pm

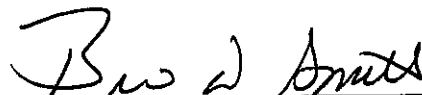
Printer Tests

Test	Status	Time
PRNT	Pass	3:56pm

CRC Tests

Test	Status	Time
COMP	Pass	3:56pm
CAL	Pass	3:56pm

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 WAKE

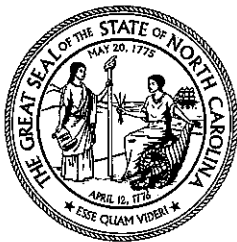
Instrument Location WAKE CO. DETENTION CENTER

Instrument Serial No. 008612 3301 HAMMOND RD RALEIGH, NC

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

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

I certify that on the 26 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

637

Certificate Number

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



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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612  
Test Date: 05/26/2017

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

Analyst's Name: SMITH, BRIAN D  
Permit Number: 8937E  
Effective:  
08/01/2015-08/01/2017

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

Lot Number: AG702402  
Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	3:22pm
AIR BLK	.00	3:23pm
ACCY CHK	.07	3:24pm
AIR BLK	.00	3:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:25pm</b>
AIR BLK	.00	3:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:28pm</b>
AIR BLK	.00	3:29pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612      Test Record Number: 3568  
Test Date: 05/26/2017      Test Time: 3:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:35pm
FLO	Pass	3:35pm
FC	Pass	3:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:36pm
SRC	Pass	3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm

CRC Tests

Test	Status	Time
COMP	Pass	3:37pm
CAL	Pass	3:37pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAKE

Instrument Location WAKE CO. DETENTION CENTER

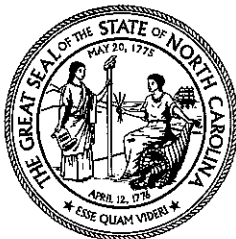
Instrument Serial No. 008577

3301 HAMMOND RD RALEIGH, NC

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

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

I certify that on the 26 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bas D Smith

Signature of Certifying Official

637

Certificate Number

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

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577  
Test Date: 05/26/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG702402


Exp Date: 01/24/2019

Test	g/210L	Time
DIAG	Pass	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.07	2:52pm
AIR BLK	.00	2:53pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:55pm</b>
AIR BLK	.00	2:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:57pm</b>
AIR BLK	.00	2:58pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577      Test Record Number: 3072  
Test Date: 05/26/2017      Test Time: 3:04pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:06pm


Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

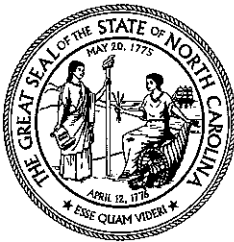
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Yadkin Instrument Location Yadkin County Jail  
Instrument Serial No. 008854 Yadkinville, 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 5 day of MAY, 20 17 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

657  
Certificate Number

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

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854  
Test Date: 05/05/2017

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

Analyst's Name: BENFIELD II, KENNETH R  
Permit Number: 22067E  
Effective:  
07/01/2016-07/01/2018

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

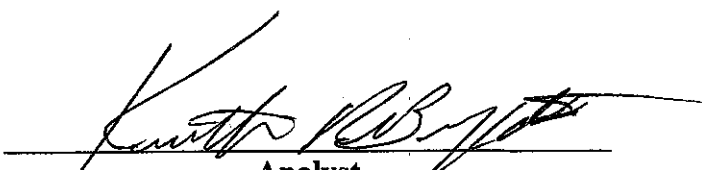
Lot Number: AG702302  
Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	10:22am
AIR BLK	.00	10:23am
ACCY CHK	.08	10:24am
AIR BLK	.00	10:25am
<b>SUB TEST</b>	<b>.00</b>	<b>10:26am</b>
AIR BLK	.00	10:27am
<b>SUB TEST</b>	<b>.00</b>	<b>10:28am</b>
AIR BLK	.00	10:29am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854      Test Record Number: 434  
Test Date: 05/05/2017      Test Time: 10:30am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:31am
FLO	Pass	10:31am
FC	Pass	10:31am

Temperature Tests

Test	Status	Time
FC1	Pass	10:31am
SRC	Pass	10:31am
DET	Pass	10:31am
BAR	Pass	10:31am
BT	Pass	10:31am

Blank Tests

Test	Status	Time
AIR	Pass	10:32am

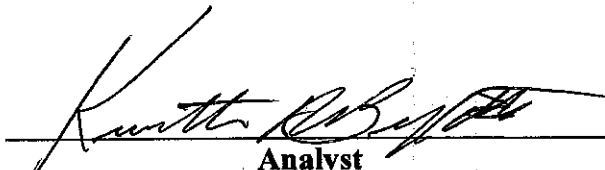
Printer Tests

Test	Status	Time
PRNT	Pass	10:32am

CRC Tests

Test	Status	Time
COMP	Pass	10:32am
CAL	Pass	10:32am

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

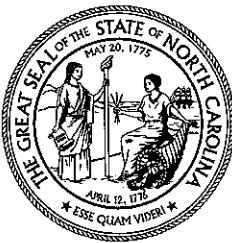
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Yadkin Instrument Location Yadkin County Jail  
Instrument Serial No. 008944 YadKoville, 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 5 day of MAY, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

657  
Certificate Number

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

Intox EC/IR-II: Subject Test

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944  
Test Date: 05/05/2017

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

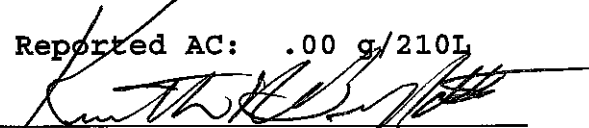
Analyst's Name: BENFIELD II, KENNETH R  
Permit Number: 22067E  
Effective:  
07/01/2016-07/01/2018

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

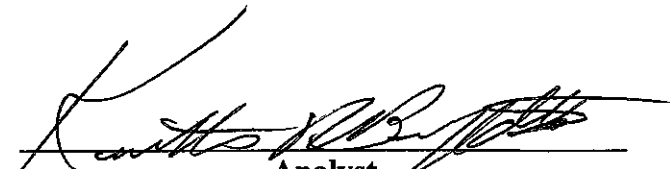
Lot Number: AG702302  
Exp Date: 01/23/2019

Test	g/210L	Time
DIAG	Pass	10:21am
AIR BLK	.00	10:21am
ACCY CHK	.08	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:24am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944      Test Record Number: 1393  
Test Date: 05/05/2017      Test Time: 10:29am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:29am
FLO	Pass	10:29am
FC	Pass	10:29am

Temperature Tests

Test	Status	Time
FC1	Pass	10:29am
SRC	Pass	10:29am
DET	Pass	10:29am
BAR	Pass	10:29am
BT	Pass	10:29am

Blank Tests

Test	Status	Time
AIR	Pass	10:30am

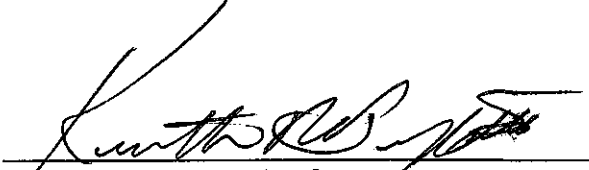
Printer Tests

Test	Status	Time
PRNT	Pass	10:30am

CRC Tests

Test	Status	Time
COMP	Pass	10:30am
CAL	Pass	10:30am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

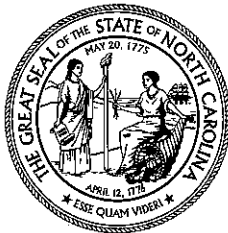
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Yancey Instrument Location Yancey Co. Jail  
Instrument Serial No. 008653 Burnsville, 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 May, 2017, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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**

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653

Test Date: 05/23/2017

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401

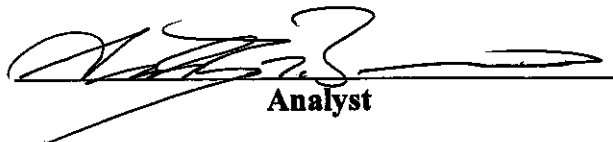
Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	1:27pm
AIR BLK	.00	1:28pm
ACCY CHK	.07	1:29pm
AIR BLK	.00	1:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:30pm</b>
AIR BLK	.00	1:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:33pm</b>
AIR BLK	.00	1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653      Test Record Number: 1258  
Test Date: 05/23/2017      Test Time: 1:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
BT	Pass	1:35pm

Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm

CRC Tests

Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

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**

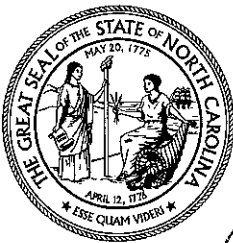
County HARNETT Co. Instrument Location DUNN Police Dept

Instrument Serial No. 008644 DUNN NC

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

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

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



[Signature]  
Signature of Certifying Official

654  
Certificate Number

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

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

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644  
Test Date: 08/23/2017

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2016-02/01/2018

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

Lot Number: AG621403  
Exp Date: 08/01/2018

Test	g/210L	Time
DIAG	Pass	8:13am
AIR BLK	.00	8:14am
ACCY CHK	.08	8:14am
AIR BLK	.00	8:15am
<b>SUB TEST</b>	<b>.00</b>	<b>8:16am</b>
AIR BLK	.00	8:17am
<b>SUB TEST</b>	<b>.00</b>	<b>8:18am</b>
AIR BLK	.00	8:19am

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

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644      Test Record Number: 1255  
Test Date: 08/23/2017      Test Time: 8:20am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:20am
FLO	Pass	8:20am
FC	Pass	8:20am

Temperature Tests

Test	Status	Time
FC1	Pass	8:20am
SRC	Pass	8:20am
DET	Pass	8:20am
BAR	Pass	8:20am
BT	Pass	8:20am

Blank Tests

Test	Status	Time
AIR	Pass	8:21am

Printer Tests

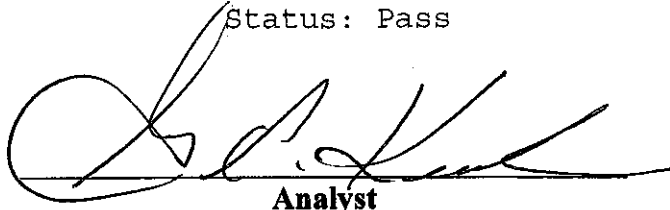
Test	Status	Time
PRNT	Pass	8:21am

CRC Tests

Test	Status	Time
COMP	Pass	8:21am
CAL	Pass	8:21am

Preventive Maintenance

Status: Pass



Analyst