

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

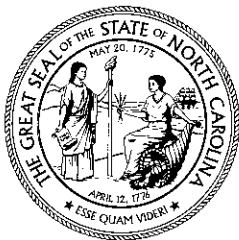
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Gaston Instrument Location Gaston County SD
Instrument Serial No. 008881 425 N. Marietta Street, Gastonia
704-869-6800

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

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

I certify that on the 29th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph S. Hart
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881
Test Date: 10/29/2008

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

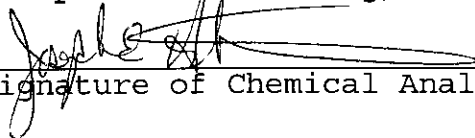
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722503
Exp Date: 08/12/2009

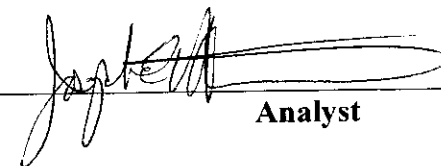
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:43pm |
| AIR BLK | .00 | 1:43pm |
| ACCY CHK | .07 | 1:44pm |
| AIR BLK | .00 | 1:45pm |
| SUB TEST | .00 | 1:45pm |
| AIR BLK | .00 | 1:46pm |
| SUB TEST | .00 | 1:48pm |
| AIR BLK | .00 | 1:48pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR.



Analyst

Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881 Test Record Number: 85
Test Date: 10/29/2008 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

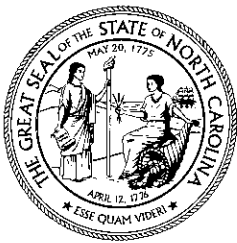
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Union Instrument Location Union County SD
Instrument Serial No. 008876 3344 Presson Road, Monroe
704-283-3770

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

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

I certify that on the 9th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph H. Hinkle
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876
Test Date: 10/09/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

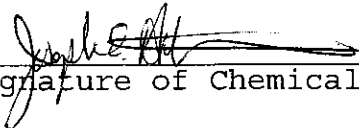
Test Type: Breath Test

Lot Number: AG722501

Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:31pm |
| AIR BLK | .00 | 12:32pm |
| ACCY CHK | .07 | 12:33pm |
| AIR BLK | .00 | 12:34pm |
| SUB TEST | .00 | 12:34pm |
| AIR BLK | .00 | 12:35pm |
| SUB TEST | .00 | 12:37pm |
| AIR BLK | .00 | 12:38pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Record Number: 227
Test Date: 10/09/2008 Test Time: 12:40pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:40pm |
| FLO | Pass | 12:40pm |
| FC | Pass | 12:40pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:40pm |
| SRC | Pass | 12:40pm |
| DET | Pass | 12:40pm |
| BAR | Pass | 12:40pm |
| BT | Pass | 12:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:41pm |

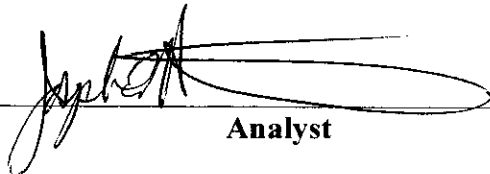
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:41pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:41pm |
| CAL | Pass | 12:41pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

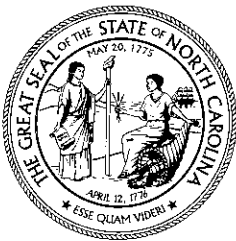
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Union Instrument Location Union County SD
Instrument Serial No. 008866 3344 Presson Road, Monroe
704-283-3770

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

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

I certify that on the 9th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatcher
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Date: 10/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

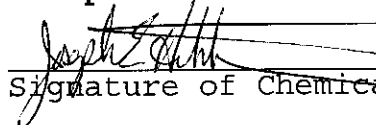
Test Type: Breath Test

Lot Number: AG814101

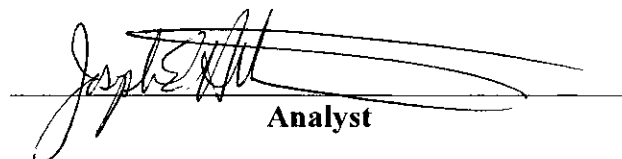
Exp Date: 05/20/2010

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:33pm |
| AIR BLK | .00 | 12:34pm |
| ACCY CHK | .07 | 12:34pm |
| AIR BLK | .00 | 12:35pm |
| SUB TEST | .00 | 12:35pm |
| AIR BLK | .00 | 12:36pm |
| SUB TEST | .00 | 12:38pm |
| AIR BLK | .00 | 12:39pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Record Number: 156
Test Date: 10/09/2008 Test Time: 12:41pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:41pm |
| FLO | Pass | 12:41pm |
| FC | Pass | 12:41pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:41pm |
| SRC | Pass | 12:41pm |
| DET | Pass | 12:41pm |
| BAR | Pass | 12:41pm |
| BT | Pass | 12:41pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:42pm |

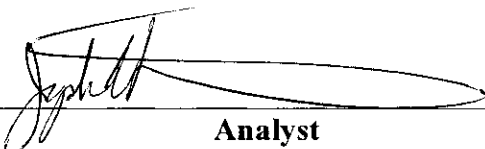
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:42pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:42pm |
| CAL | Pass | 12:42pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

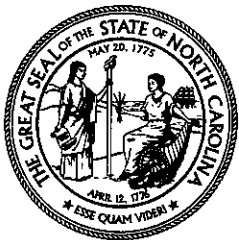
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Gaston Instrument Location Gaston County SD
Instrument Serial No. 008684 425 N. Marietta Street, Gastonia
704-869-6800

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

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

I certify that on the 10th day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Heath
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684
Test Date: 10/10/2008

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

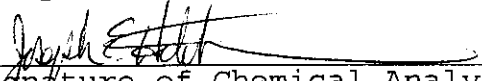
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722503
Exp Date: 08/12/2009

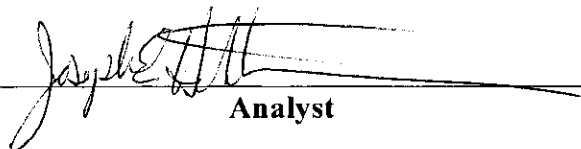
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:19pm |
| AIR BLK | .00 | 2:20pm |
| ACCY CHK | .08 | 2:21pm |
| AIR BLK | .00 | 2:21pm |
| SUB TEST | .00 | 2:22pm |
| AIR BLK | .00 | 2:23pm |
| SUB TEST | .00 | 2:24pm |
| AIR BLK | .00 | 2:25pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 555
Test Date: 10/10/2008 Test Time: 2:27pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:27pm |
| FLO | Pass | 2:27pm |
| FC | Pass | 2:27pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:28pm |

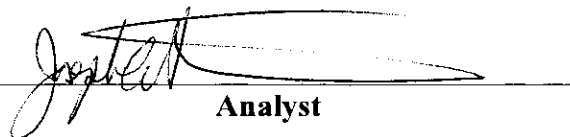
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:28pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:28pm |
| CAL | Pass | 2:28pm |

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**

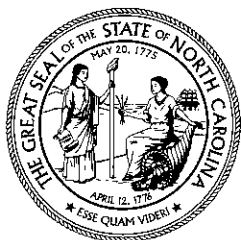
County Stanly Instrument Location Stanly County SD

Instrument Serial No. 008824 201 S. Second Street, Albemarle
704-986-3734

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

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

I certify that on the 7th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824
Test Date: 10/07/2008

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


Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

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

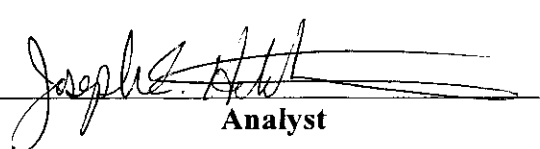
Lot Number: AG814101
Exp Date: 05/20/2010

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR.


Analyst

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

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Record Number: 130
Test Date: 10/07/2008 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 |

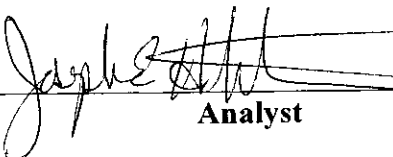
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:15am |

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

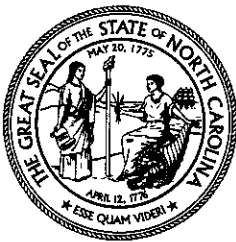
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Stanly Instrument Location Stanly County SD
Instrument Serial No. 008842 201 S Second Street, Albemarle
704-986-3734

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

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

I certify that on the 7th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842
Test Date: 10/07/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

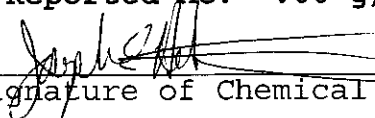
Test Type: Breath Test

Lot Number: AG814101

Exp Date: 05/20/2010

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

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Record Number: 171
Test Date: 10/07/2008 Test Time: 11:15am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:16am |
| FLO | Pass | 11:16am |
| FC | Pass | 11:16am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:16am |
| SRC | Pass | 11:16am |
| DET | Pass | 11:16am |
| BAR | Pass | 11:16am |
| BT | Pass | 11:16am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:17am |

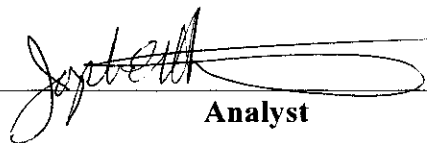
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:17am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:17am |
| CAL | Pass | 11:17am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

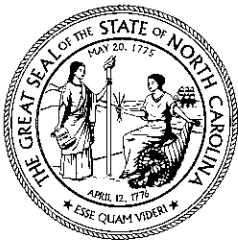
County Lincoln Instrument Location Courthouse

Instrument Serial No. 008827 #1 Courthouse Square, Lincolnton
704-732-9020

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

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

I certify that on the 8th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchins
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827
Test Date: 10/08/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

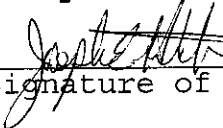
Test Type: Breath Test

Lot Number: AG723302

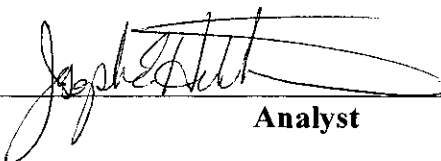
Exp Date: 08/20/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:27am |
| AIR BLK | .00 | 11:28am |
| ACCY CHK | .07 | 11:29am |
| AIR BLK | .00 | 11:29am |
| SUB TEST | .00 | 11:30am |
| AIR BLK | .00 | 11:31am |
| SUB TEST | .00 | 11:32am |
| AIR BLK | .00 | 11:33am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 100
Test Date: 10/08/2008 Test Time: 11:35am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:35am |
| FLO | Pass | 11:35am |
| FC | Pass | 11:35am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:35am |
| SRC | Pass | 11:35am |
| DET | Pass | 11:35am |
| BAR | Pass | 11:35am |
| BT | Pass | 11:35am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:36am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:36am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:36am |
| CAL | Pass | 11:36am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

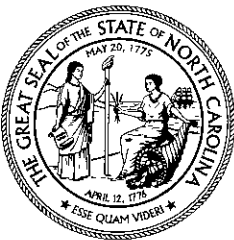
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Forsyth Instrument Location Forsyth Co
Instrument Serial No. 008583 DETENTION CENTER

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

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

I certify that on the 30 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

632
Certificate Number

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

Intox EC/IR-II: Subject Test

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008583
Test Date: 10/30/2008

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

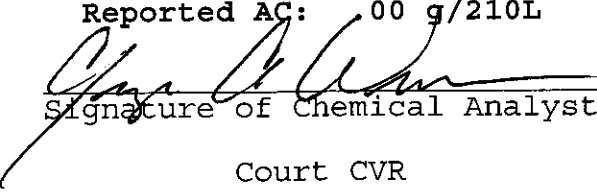
Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722601
Exp Date: 08/13/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:14am |
| AIR BLK | .00 | 11:15am |
| ACCY CHK | .08 | 11:16am |
| AIR BLK | .00 | 11:17am |
| SUB TEST | .00 | 11:18am |
| AIR BLK | .00 | 11:19am |
| SUB TEST | .00 | 11:20am |
| AIR BLK | .00 | 11:21am |

Reported AC: 00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 837
Test Date: 10/30/2008 Test Time: 11:23am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:23am |
| FLO | Pass | 11:23am |
| FC | Pass | 11:23am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:24am |

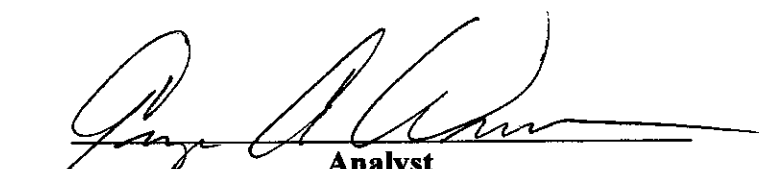
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:24am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:24am |
| CAL | Pass | 11:24am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

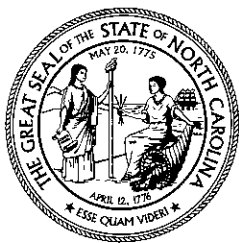
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pitt Instrument Location Pitt Co. Detention Center
Instrument Serial No. 008646 124 Detention Dr., Greenville, N.C.

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

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

I certify that on the 23rd day of October, 2008 the forgoing preventive maintenance procedures were performed on the 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 W. P.
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: 008646
Test Date: 10/23/2008

Citation Number: M0000000-0
Subject's Name:

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

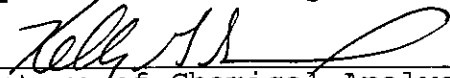
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG825401
Exp Date: 09/10/2010

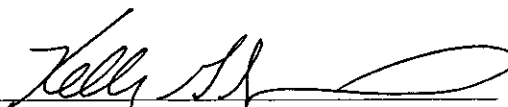
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:31pm |
| AIR BLK | .00 | 12:32pm |
| ACCY CHK | .08 | 12:33pm |
| AIR BLK | .00 | 12:34pm |
| SUB TEST | .00 | 12:34pm |
| AIR BLK | .00 | 12:35pm |
| SUB TEST | .00 | 12:36pm |
| AIR BLK | .00 | 12:37pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 346
Test Date: 10/23/2008 Test Time: 12:39pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:40pm |
| FLO | Pass | 12:40pm |
| FC | Pass | 12:40pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:40pm |
| SRC | Pass | 12:40pm |
| DET | Pass | 12:40pm |
| BAR | Pass | 12:40pm |
| BT | Pass | 12:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:41pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:41pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:41pm |
| CAL | Pass | 12:41pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

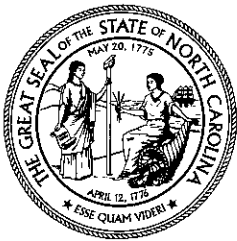
County Greene Instrument Location Greene Co. S.O.

Instrument Serial No. 008670 301 N. Greene St, Snow Hill, NC.

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

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

I certify that on the 22nd day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly Sh...
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670

Test Date: 10/22/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

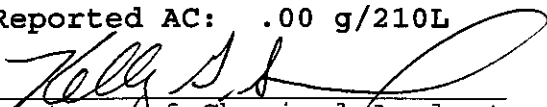
Test Type: Breath Test

Lot Number: AG722601

Exp Date: 08/13/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:14pm |
| AIR BLK | .00 | 3:15pm |
| ACCY CHK | .07 | 3:16pm |
| AIR BLK | .00 | 3:16pm |
| SUB TEST | .00 | 3:17pm |
| AIR BLK | .00 | 3:18pm |
| SUB TEST | .00 | 3:19pm |
| AIR BLK | .00 | 3:20pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 624
Test Date: 10/22/2008 Test Time: 3:22pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:22pm |
| FLO | Pass | 3:22pm |
| FC | Pass | 3:22pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:23pm |
| SRC | Pass | 3:23pm |
| DET | Pass | 3:23pm |
| BAR | Pass | 3:23pm |
| BT | Pass | 3:23pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:23pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:23pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:23pm |
| CAL | Pass | 3:23pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

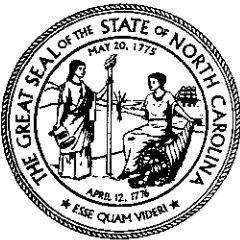
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County GUILFORD Instrument Location PAT MOBILE UNIT 3
Instrument Serial No. 008707 GREENSBORO, NC

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

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

I certify that on the 31 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the 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 By 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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008707
Test Date: 10/31/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
12/01/2007-12/01/2009

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


Lot Number: AG722501
Exp Date: 08/12/2009

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:46pm |
| AIR BLK | .00 | 9:47pm |
| ACCY CHK | .07 | 9:48pm |
| AIR BLK | .00 | 9:49pm |
| SUB TEST | .00 | 9:49pm |
| AIR BLK | .00 | 9:50pm |
| SUB TEST | .00 | 9:52pm |
| AIR BLK | .00 | 9:53pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Record Number: 197
Test Date: 10/31/2008 Test Time: 9:54pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:54pm |
| FLO | Pass | 9:54pm |
| FC | Pass | 9:54pm |

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 | 9:55pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:55pm |
| CAL | Pass | 9:55pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

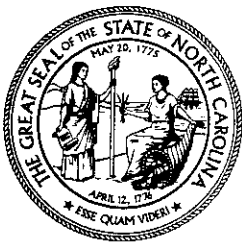
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County GUILFORD Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008647 GREENSBORO, NC

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

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

I certify that on the 31 day of OCTOBER, 20 08 the forgoing preventive maintenance procedures were performed on the 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. Bantz
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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647
Test Date: 10/31/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602

Exp Date: 08/13/2009

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:52pm |
| AIR BLK | .00 | 9:53pm |
| ACCY CHK | .07 | 9:54pm |
| AIR BLK | .00 | 9:55pm |
| SUB TEST | .00 | 9:55pm |
| AIR BLK | .00 | 9:56pm |
| SUB TEST | .00 | 9:58pm |
| AIR BLK | .00 | 9:59pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Record Number: 365
Test Date: 10/31/2008 Test Time: 9:59pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:00pm |
| FLO | Pass | 10:00pm |
| FC | Pass | 10:00pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:00pm |
| SRC | Pass | 10:00pm |
| DET | Pass | 10:00pm |
| BAR | Pass | 10:00pm |
| BT | Pass | 10:00pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:01pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:01pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:01pm |
| CAL | Pass | 10:01pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

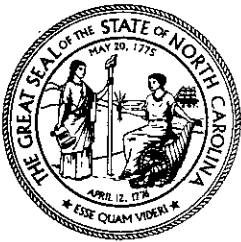
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County GUILFORD Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008616 GREENSBORO, NC

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

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

I certify that on the 31 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the 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. Bann
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616
Test Date: 10/31/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722601

Exp Date: 08/13/2009

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

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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 337
Test Date: 10/31/2008 Test Time: 10:10pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:11pm |
| SRC | Pass | 10:11pm |
| DET | Pass | 10:11pm |
| BAR | Pass | 10:11pm |
| BT | Pass | 10:11pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:11pm |

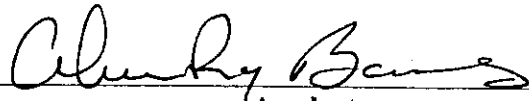
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:11pm |

CRC Tests

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

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**

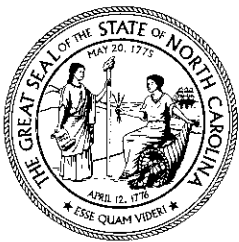
County Pitt Instrument Location BAT Mobile court 4

Instrument Serial No. 002717

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

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

I certify that on the 31st day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David T. Throckmold
Signature of Certifying Official

651
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008717 Test Record Number: 111
Test Date: 10/31/2008 Test Time: 7:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:59pm |
| FLO | Pass | 7:59pm |
| FC | Pass | 7:59pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:59pm |
| SRC | Pass | 7:59pm |
| DET | Pass | 7:59pm |
| BAR | Pass | 7:59pm |
| BT | Pass | 7:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:59pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:00pm |
| CAL | Pass | 8:00pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008717
Test Date: 10/31/2008

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

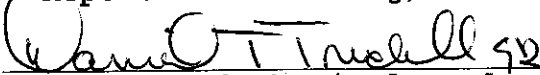
Analyst's Name: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
12/01/2007-12/01/2009

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


Lot Number: AG723401
Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:50pm |
| AIR BLK | .00 | 7:51pm |
| ACCY CHK | .08 | 7:52pm |
| AIR BLK | .00 | 7:53pm |
| SUB TEST | .00 | 7:53pm |
| AIR BLK | .00 | 7:54pm |
| SUB TEST | .00 | 7:56pm |
| AIR BLK | .00 | 7:57pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

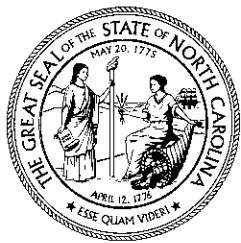
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County PITT Instrument Location BAT Mobile Unit #5
Instrument Serial No. 008788 GREENVILLE

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

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

I certify that on the 31ST day of OCTOBER, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

636
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788 Test Record Number: 116
Test Date: 10/31/2008 Test Time: 10:44pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:46pm |

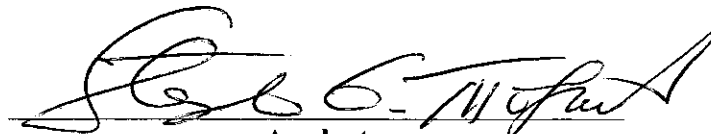
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:46pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788

Test Date: 10/31/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

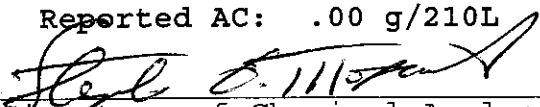
Test Type: Breath Test

Lot Number: AG722802

Exp Date: 08/15/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:35pm |
| AIR BLK | .00 | 10:36pm |
| ACCY CHK | .08 | 10:36pm |
| AIR BLK | .00 | 10:37pm |
| SUB TEST | .00 | 10:39pm |
| AIR BLK | .00 | 10:39pm |
| SUB TEST | .00 | 10:41pm |
| AIR BLK | .00 | 10:42pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

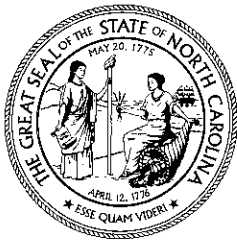
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pitt Instrument Location BAT mobile unit #5
Instrument Serial No. 008698 GREENVILLE

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

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

I certify that on the 31st day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph B. Thomas
Signature of Certifying Official

636
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698 Test Record Number: 239
Test Date: 10/31/2008 Test Time: 10:50pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:51pm |
| SRC | Pass | 10:51pm |
| DET | Pass | 10:51pm |
| BAR | Pass | 10:51pm |
| BT | Pass | 10:51pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:52pm |

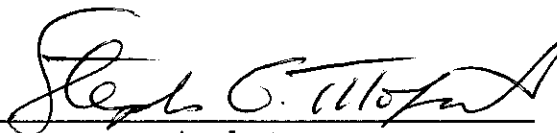
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:52pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698
Test Date: 10/31/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

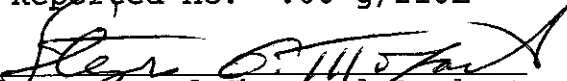
Test Type: Breath Test

Lot Number: AG723401


Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:38pm |
| AIR BLK | .00 | 10:39pm |
| ACCY CHK | .07 | 10:40pm |
| AIR BLK | .00 | 10:41pm |
| SUB TEST | .00 | 10:41pm |
| AIR BLK | .00 | 10:42pm |
| SUB TEST | .00 | 10:44pm |
| AIR BLK | .00 | 10:45pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

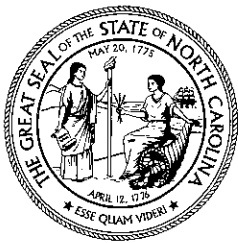
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County PITT Instrument Location BAT MOBILE UNIT #5
Instrument Serial No. 008600 GREENVILLE

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

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

I certify that on the 31ST day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stephen D. Thomas
Signature of Certifying Official

636
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600 Test Record Number: 396
Test Date: 10/31/2008 Test Time: 11:02pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:02pm |
| FLO | Pass | 11:02pm |
| FC | Pass | 11:02pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:02pm |
| SRC | Pass | 11:02pm |
| DET | Pass | 11:02pm |
| BAR | Pass | 11:02pm |
| BT | Pass | 11:02pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:03pm |

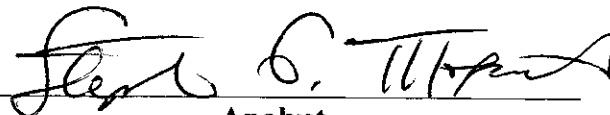
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:03pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:03pm |
| CAL | Pass | 11:03pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600
Test Date: 10/31/2008

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

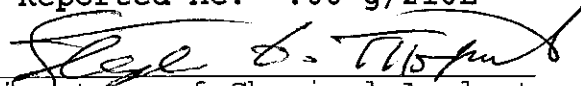
Analyst's Name: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
12/01/2007-12/01/2009

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

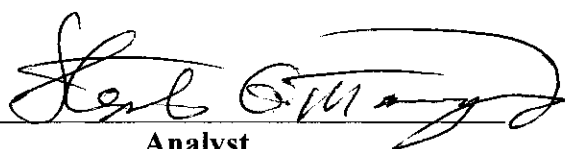
Lot Number: AG723401
Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:53pm |
| AIR BLK | .00 | 10:54pm |
| ACCY CHK | .07 | 10:54pm |
| AIR BLK | .00 | 10:55pm |
| SUB TEST | .00 | 10:56pm |
| AIR BLK | .00 | 10:57pm |
| SUB TEST | .00 | 10:58pm |
| AIR BLK | .00 | 10:59pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

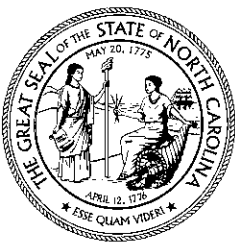
County Durham Instrument Location BAI Mobile Unit 4

Instrument Serial No. 008734

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

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

I certify that on the 30th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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

651
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008734 Test Record Number: 153
Test Date: 10/30/2008 Test Time: 6:55pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:55pm |
| FLO | Pass | 6:55pm |
| FC | Pass | 6:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:55pm |
| SRC | Pass | 6:55pm |
| DET | Pass | 6:55pm |
| BAR | Pass | 6:55pm |
| BT | Pass | 6:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:56pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:56pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:56pm |
| CAL | Pass | 6:56pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008734
Test Date: 10/30/2008

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

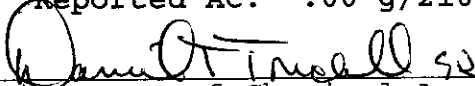
Analyst's Name: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

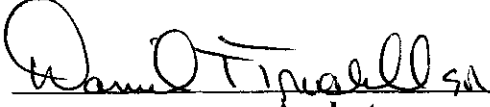
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:46pm |
| AIR BLK | .00 | 6:47pm |
| ACCY CHK | .07 | 6:48pm |
| AIR BLK | .00 | 6:49pm |
| SUB TEST | .00 | 6:49pm |
| AIR BLK | .00 | 6:50pm |
| SUB TEST | .00 | 6:52pm |
| AIR BLK | .00 | 6:53pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

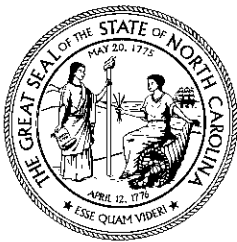
County P.H. Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008871

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

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

I certify that on the 31st day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Daniel T. [Signature]
Signature of Certifying Official

651
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008871 Test Record Number: 71
Test Date: 10/31/2008 Test Time: 8:09pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:09pm |
| FLO | Pass | 8:09pm |
| FC | Pass | 8:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:10pm |
| SRC | Pass | 8:10pm |
| DET | Pass | 8:10pm |
| BAR | Pass | 8:10pm |
| BT | Pass | 8:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:10pm |

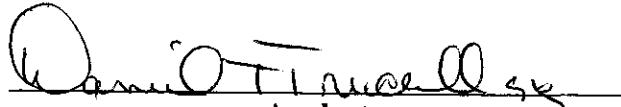
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:10pm |
| CAL | Pass | 8:10pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008871

Test Date: 10/31/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

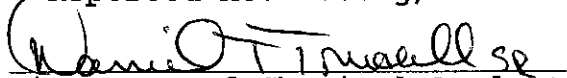
Test Type: Breath Test

Lot Number: AG816303

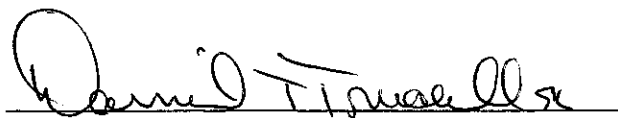
Exp Date: 06/11/2010

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:01pm |
| AIR BLK | .00 | 8:02pm |
| ACCY CHK | .07 | 8:02pm |
| AIR BLK | .00 | 8:03pm |
| SUB TEST | .00 | 8:04pm |
| AIR BLK | .00 | 8:05pm |
| SUB TEST | .00 | 8:06pm |
| AIR BLK | .00 | 8:07pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

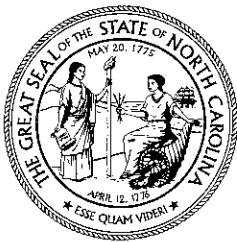
County PH Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008734

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

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

I certify that on the 31st day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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

651
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734 Test Record Number: 156
Test Date: 10/31/2008 Test Time: 7:56pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:57pm |
| FLO | Pass | 7:57pm |
| FC | Pass | 7:57pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:57pm |
| SRC | Pass | 7:57pm |
| DET | Pass | 7:57pm |
| BAR | Pass | 7:57pm |
| BT | Pass | 7:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:57pm |

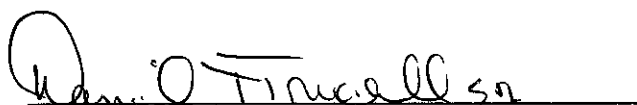
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:58pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:58pm |
| CAL | Pass | 7:58pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734
Test Date: 10/31/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

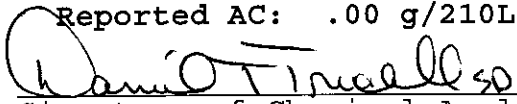
Test Type: Breath Test

Lot Number: AG722501

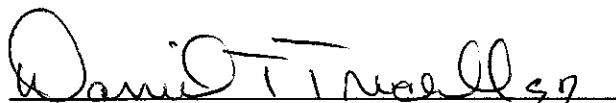
Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:48pm |
| AIR BLK | .00 | 7:49pm |
| ACCY CHK | .07 | 7:50pm |
| AIR BLK | .00 | 7:51pm |
| SUB TEST | .00 | 7:51pm |
| AIR BLK | .00 | 7:52pm |
| SUB TEST | .00 | 7:54pm |
| AIR BLK | .00 | 7:55pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

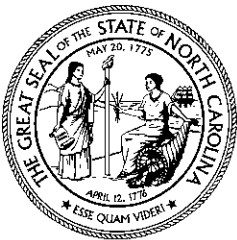
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location BAT Mobile unit 6
Instrument Serial No. 008869 Charlotte

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

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

I certify that on the 30 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. Proctor
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

Serial Number: 008869 Test Record Number: 97
Test Date: 10/30/2008 Test Time: 9:47pm 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 | 9:48pm |
| SRC | Pass | 9:48pm |
| DET | Pass | 9:48pm |
| BAR | Pass | 9:48pm |
| BT | Pass | 9:48pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:49pm |

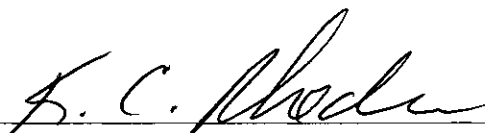
Printer Tests

| 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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 6
590

Serial Number: 008869
Test Date: 10/30/2008

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

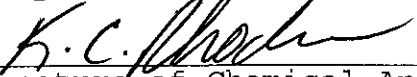
Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

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

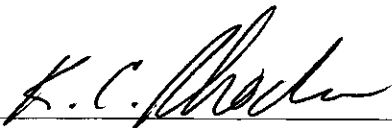
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:40pm |
| AIR BLK | .00 | 9:41pm |
| ACCY CHK | .07 | 9:42pm |
| AIR BLK | .00 | 9:43pm |
| SUB TEST | .00 | 9:43pm |
| AIR BLK | .00 | 9:44pm |
| SUB TEST | .00 | 9:46pm |
| AIR BLK | .00 | 9:47pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

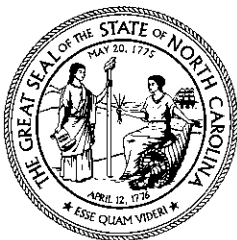
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location BAI Mobile unit 6
Instrument Serial No. 008939 Charlotte

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

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

I certify that on the 30 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



H. C. Mader
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

Serial Number: 008939 Test Record Number: 109
Test Date: 10/30/2008 Test Time: 10:22pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:23pm |
| FLO | Pass | 10:23pm |
| FC | Pass | 10:23pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:23pm |
| SRC | Pass | 10:23pm |
| DET | Pass | 10:23pm |
| BAR | Pass | 10:23pm |
| BT | Pass | 10:23pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:24pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:24pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:24pm |
| CAL | Pass | 10:24pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 6
590

Serial Number: 008939
Test Date: 10/30/2008

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

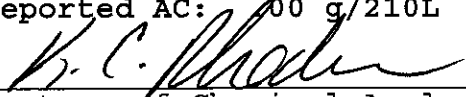
Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:15pm |
| AIR BLK | .00 | 10:16pm |
| ACCY CHK | .07 | 10:16pm |
| AIR BLK | .00 | 10:17pm |
| SUB TEST | .00 | 10:17pm |
| AIR BLK | .00 | 10:18pm |
| SUB TEST | .00 | 10:20pm |
| AIR BLK | .00 | 10:21pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

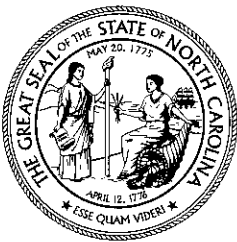
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location BAT Mobile Unit 6
Instrument Serial No. 008898 Charlotte

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

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

I certify that on the 30 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. Rhoda
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

Serial Number: 008898 Test Record Number: 112
Test Date: 10/30/2008 Test Time: 10:34pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:35pm |

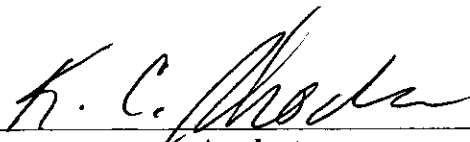
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:35pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 6
590

Serial Number: 008898
Test Date: 10/30/2008

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

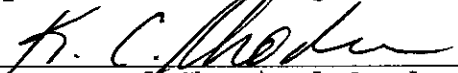
Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

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


| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:27pm |
| AIR BLK | .00 | 10:28pm |
| ACCY CHK | .07 | 10:28pm |
| AIR BLK | .00 | 10:29pm |
| SUB TEST | .00 | 10:29pm |
| AIR BLK | .00 | 10:31pm |
| SUB TEST | .00 | 10:32pm |
| AIR BLK | .00 | 10:33pm |

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



Signature of Chemical Analyst

Court CVR



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

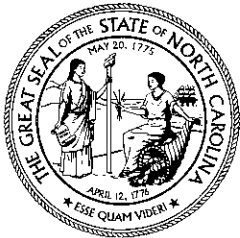
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Carteret Instrument Location BAT Mobile Unit 6
Instrument Serial No. 00 8898 Pine Knoll Shores

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

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

I certify that on the 14 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Record Number: 99
Test Date: 10/04/2008 Test Time: 11:11pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:12pm |

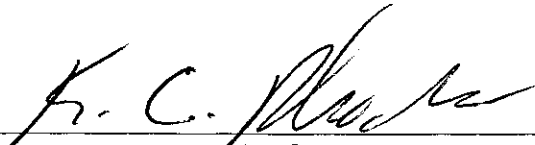
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:12pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898

Test Date: 10/04/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814002


Exp Date: 05/19/2010

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:04pm |
| AIR BLK | .00 | 11:05pm |
| ACCY CHK | .07 | 11:05pm |
| AIR BLK | .00 | 11:06pm |
| SUB TEST | .00 | 11:07pm |
| AIR BLK | .00 | 11:08pm |
| SUB TEST | .00 | 11:09pm |
| AIR BLK | .00 | 11:10pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

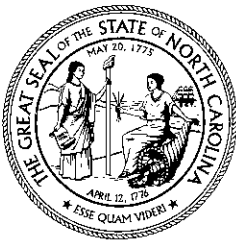
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Carteret Instrument Location BAT Mobile Unit 6
Instrument Serial No. 008869 Pine Knoll Shores

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. Proctor
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Record Number: 77
Test Date: 10/04/2008 Test Time: 10:49pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:49pm |
| FLO | Pass | 10:49pm |
| FC | Pass | 10:49pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:49pm |
| SRC | Pass | 10:49pm |
| DET | Pass | 10:49pm |
| BAR | Pass | 10:49pm |
| BT | Pass | 10:49pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:50pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:50pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:50pm |
| CAL | Pass | 10:50pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869

Test Date: 10/04/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

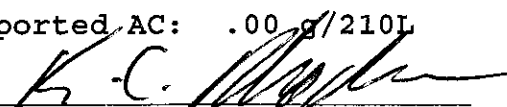
Test Type: Breath Test

Lot Number: AG814002


Exp Date: 05/19/2010

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:40pm |
| AIR BLK | .00 | 10:41pm |
| ACCY CHK | .07 | 10:42pm |
| AIR BLK | .00 | 10:43pm |
| SUB TEST | .00 | 10:43pm |
| AIR BLK | .00 | 10:44pm |
| SUB TEST | .00 | 10:46pm |
| AIR BLK | .00 | 10:46pm |

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

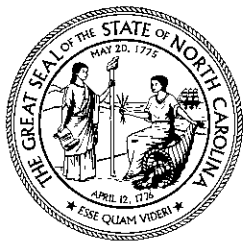
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Carteret Instrument Location BAutomobile Unit 6
Instrument Serial No. 008939 Pine Knoll Shores

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



F. C. Phoder
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

CARTERET BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Record Number: 96
Test Date: 10/04/2008 Test Time: 11:00pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:00pm |
| FLO | Pass | 11:00pm |
| FC | Pass | 11:00pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:01pm |
| SRC | Pass | 11:01pm |
| DET | Pass | 11:01pm |
| BAR | Pass | 11:01pm |
| BT | Pass | 11:01pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:01pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:01pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:01pm |
| CAL | Pass | 11:01pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

CARTERET BAT MOBILE UNIT 6 150

Serial Number: 008939
Test Date: 10/04/2008

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

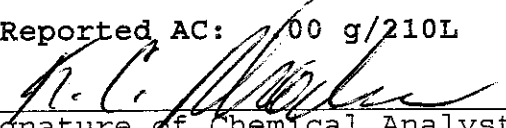
Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

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

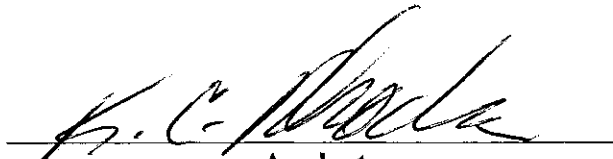
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:52pm |
| AIR BLK | .00 | 10:53pm |
| ACCY CHK | .07 | 10:54pm |
| AIR BLK | .00 | 10:55pm |
| SUB TEST | .00 | 10:55pm |
| AIR BLK | .00 | 10:56pm |
| SUB TEST | .00 | 10:58pm |
| AIR BLK | .00 | 10:59pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

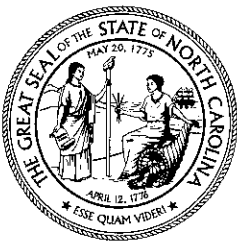
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location BAT Mobile Unit 6
Instrument Serial No. 008939 Charlotte

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

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

I certify that on the 29 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

Serial Number: 008939 Test Record Number: 106
Test Date: 10/29/2008 Test Time: 10:38pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:39pm |
| FLO | Pass | 10:39pm |
| FC | Pass | 10:39pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:39pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:39pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:40pm |
| CAL | Pass | 10:40pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 6
590

Serial Number: 008939
Test Date: 10/29/2008

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

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

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:31pm |
| AIR BLK | .00 | 10:32pm |
| ACCY CHK | .07 | 10:32pm |
| AIR BLK | .00 | 10:33pm |
| SUB TEST | .00 | 10:33pm |
| AIR BLK | .00 | 10:34pm |
| SUB TEST | .00 | 10:36pm |
| AIR BLK | .00 | 10:37pm |

Reported AC: 00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

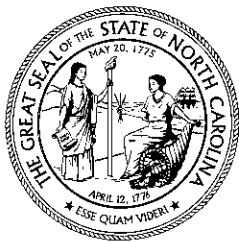
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location BATMOBILE Unit 6
Instrument Serial No. 008869 Charlotte

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

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

I certify that on the 29 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

Serial Number: 008869 Test Record Number: 93
Test Date: 10/29/2008 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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 6
590

Serial Number: 008869
Test Date: 10/29/2008

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


Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

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

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:17pm |
| AIR BLK | .00 | 10:19pm |
| ACCY CHK | .07 | 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 | 10:24pm |

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**

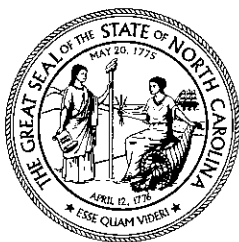
County PASQUOTANK Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008869 ELIZABETH CITY

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

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

I certify that on the 25 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. [Signature]
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

PASQUOTANK COUNTY BAT MOBILE UNIT 6 690

Serial Number: 008869 Test Record Number: 88
Test Date: 10/25/2008 Test Time: 9:57pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:58pm |

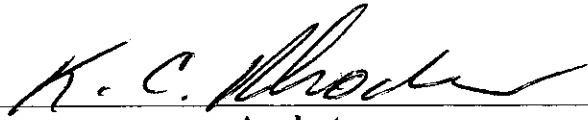
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:58pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

PASQUOTANK COUNTY BAT MOBILE UNIT 6
690

Serial Number: 008869
Test Date: 10/25/2008

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

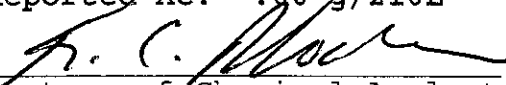
Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

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

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

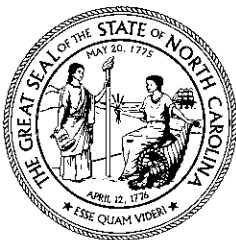
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location BAT Mobile unit 6
Instrument Serial No. 008898 ABC

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

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

I certify that on the 16 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



A. C. Menden
Signature of Certifying Official

6001
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

Serial Number: 008898 Test Record Number: 105
Test Date: 10/16/2008 Test Time: 11:13pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:14pm |
| FLO | Pass | 11:14pm |
| FC | Pass | 11:14pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:14pm |
| SRC | Pass | 11:14pm |
| DET | Pass | 11:14pm |
| BAR | Pass | 11:14pm |
| BT | Pass | 11:14pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:15pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:15pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:15pm |
| CAL | Pass | 11:15pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 6
590

Serial Number: 008898
Test Date: 10/16/2008

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

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

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:58pm |
| AIR BLK | .00 | 10:58pm |
| ACCY CHK | .07 | 10:59pm |
| AIR BLK | .00 | 11:00pm |
| SUB TEST | .00 | 11:00pm |
| AIR BLK | .00 | 11:01pm |
| SUB TEST | .00 | 11:03pm |
| AIR BLK | .00 | 11:04pm |

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**

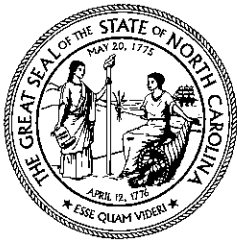
County WAKE Instrument Location CCBI

Instrument Serial No. 008826 330 S. SALISBURY ST. RALEIGH, NC

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

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

I certify that on the 28 day of OCTOBER, 2005 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Brian D. Smith
Signature of Certifying Official

637
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY CCBI 910

Serial Number: 008826

Test Date: 10/28/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

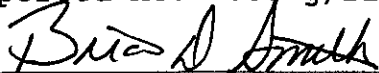
Test Type: Breath Test

Lot Number: AG722802

Exp Date: 08/15/2009

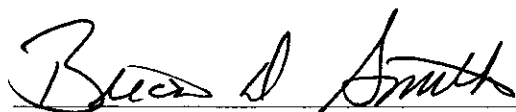
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:53pm |
| AIR BLK | .00 | 4:53pm |
| ACCY CHK | .07 | 4:54pm |
| AIR BLK | .00 | 4:55pm |
| SUB TEST | .00 | 4:56pm |
| AIR BLK | .00 | 4:56pm |
| SUB TEST | .00 | 4:58pm |
| AIR BLK | .00 | 4:59pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CCBI 910

Serial Number: 008826 Test Record Number: 712
Test Date: 10/28/2008 Test Time: 5:00pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:00pm |
| FLO | Pass | 5:00pm |
| FC | Pass | 5:00pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:00pm |
| SRC | Pass | 5:00pm |
| DET | Pass | 5:00pm |
| BAR | Pass | 5:00pm |
| BT | Pass | 5:00pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:01pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:01pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:01pm |
| CAL | Pass | 5:01pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

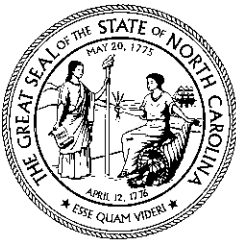
County BEAUFORT Instrument Location BELHAVEN POLICE DEPT.

Instrument Serial No. 008928 BELHAVEN, N.C.

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

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

I certify that on the 20th day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the 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. Keesh
Signature of Certifying Official

447
Certificate Number

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: 10/20/2008

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG816302
Exp Date: 06/11/2010

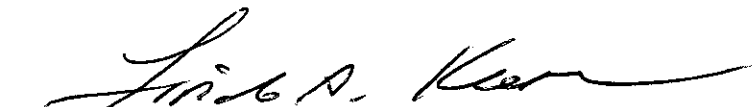
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:21pm |
| AIR BLK | .00 | 12:22pm |
| ACCY CHK | .08 | 12:22pm |
| AIR BLK | .00 | 12:23pm |
| SUB TEST | .00 | 12:24pm |
| AIR BLK | .00 | 12:24pm |
| SUB TEST | .00 | 12:26pm |
| AIR BLK | .00 | 12:27pm |

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: 52
Test Date: 10/20/2008 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 |

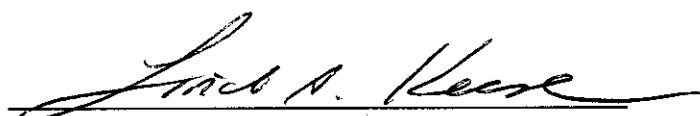
Printer Tests

| 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

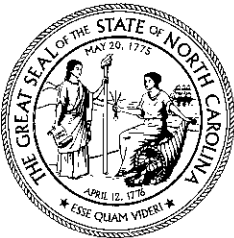
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Tyrrell Instrument Location Tyrrell Co. S.O.
Instrument Serial No. 008902 402 Main St., Columbia, N.C.

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

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

I certify that on the 23rd day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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

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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902
Test Date: 10/23/2008

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

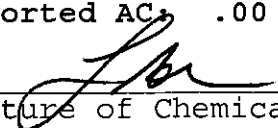
Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG816302
Exp Date: 06/11/2010

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:10pm |
| AIR BLK | .00 | 4:11pm |
| ACCY CHK | .07 | 4:11pm |
| AIR BLK | .00 | 4:12pm |
| SUB TEST | .00 | 4:13pm |
| AIR BLK | .00 | 4:14pm |
| SUB TEST | .00 | 4:15pm |
| AIR BLK | .00 | 4:16pm |

Reported AC, .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 83
Test Date: 10/23/2008 Test Time: 4:20pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:21pm |

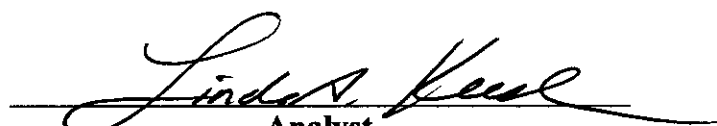
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:21pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

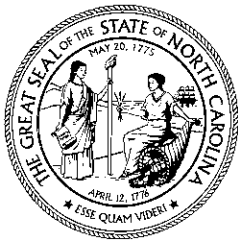
County Washington Instrument Location Washington Co. S.D.

Instrument Serial No. 008829 Adams St., Plymouth, N.C.

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

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

I certify that on the 23rd day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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: 10/23/2008

Citation Number: M0000000-0
Subject's Name:

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

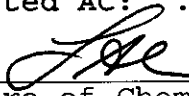
Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG816303
Exp Date: 06/11/2010

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:48pm |
| AIR BLK | .00 | 2:49pm |
| ACCY CHK | .07 | 2:49pm |
| AIR BLK | .00 | 2:50pm |
| SUB TEST | .00 | 2:51pm |
| AIR BLK | .00 | 2:52pm |
| SUB TEST | .00 | 2:53pm |
| AIR BLK | .00 | 2:54pm |

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: 88
Test Date: 10/23/2008 Test Time: 3:07pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:07pm |
| FLO | Pass | 3:07pm |
| FC | Pass | 3:07pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:08pm |
| SRC | Pass | 3:08pm |
| DET | Pass | 3:08pm |
| BAR | Pass | 3:08pm |
| BT | Pass | 3:08pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:08pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:08pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:08pm |
| CAL | Pass | 3:08pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

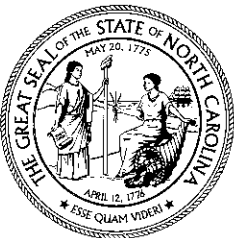
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wayne Instrument Location Wayne Co. Detention Center
Instrument Serial No. 008671 207 E. Chessnut 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 23rd day of OCTOBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument 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: 008671
Test Date: 10/23/2008

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

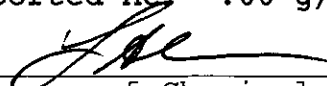
Analyst's Name: *KEESLER, LINDA A*
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722801
Exp Date: 08/15/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:03am |
| AIR BLK | .00 | 10:04am |
| ACCY CHK | .07 | 10:05am |
| AIR BLK | .00 | 10:06am |
| SUB TEST | .00 | 10:07am |
| AIR BLK | .00 | 10:08am |
| SUB TEST | .00 | 10:09am |
| AIR BLK | .00 | 10:10am |

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: 480
Test Date: 10/23/2008 Test Time: 10:12am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:13am |
| FLO | Pass | 10:13am |
| FC | Pass | 10:13am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:13am |
| SRC | Pass | 10:13am |
| DET | Pass | 10:13am |
| BAR | Pass | 10:13am |
| BT | Pass | 10:13am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:13am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:13am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:14am |
| CAL | Pass | 10:14am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

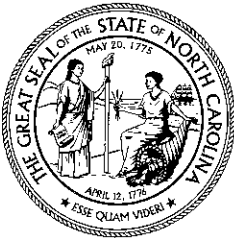
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wayne Instrument Location Wayne Co. Retention Center
Instrument Serial No. 008649 207E Chestnut St., Greensboro, N.C.

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

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

I certify that on the 23rd day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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: 10/23/2008

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

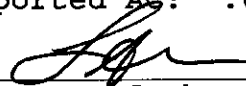
Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722602
Exp Date: 08/13/2009

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

Reported AG: .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: 770
Test Date: 10/23/2008 Test Time: 10:12am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:13am |
| FLO | Pass | 10:13am |
| FC | Pass | 10:13am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:13am |
| SRC | Pass | 10:13am |
| DET | Pass | 10:13am |
| BAR | Pass | 10:13am |
| BT | Pass | 10:13am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:14am |

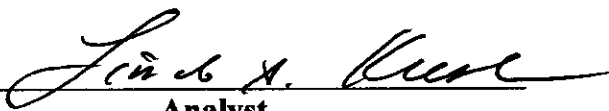
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:14am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:14am |
| CAL | Pass | 10:14am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

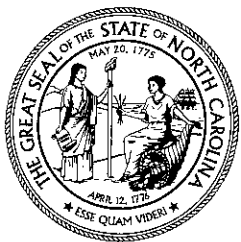
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Guilford Instrument Location High Point Jail
Instrument Serial No. 008718 High Point, N.C.

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

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

I certify that on the 21 day of October, 2008 the forgoing preventive maintenance procedures were performed on the 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 Keen
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718
Test Date: 10/21/2008

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

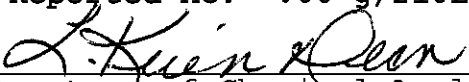
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

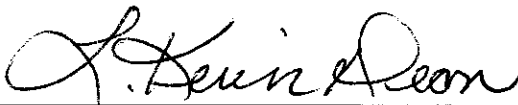
Lot Number: AG722503
Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:25am |
| AIR BLK | .00 | 11:26am |
| ACCY CHK | .07 | 11:27am |
| AIR BLK | .00 | 11:28am |
| SUB TEST | .00 | 11:28am |
| AIR BLK | .00 | 11:29am |
| SUB TEST | .00 | 11:31am |
| AIR BLK | .00 | 11:32am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR.



Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718 Test Record Number: 89
Test Date: 10/21/2008 Test Time: 11:32am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:33am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:33am |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

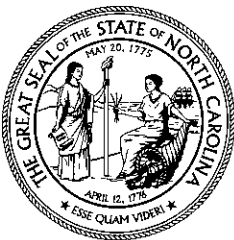
County Swiford Instrument Location High Point Jail

Instrument Serial No. 008655 High Point, N.C.

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

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

I certify that on the 21 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655
Test Date: 10/21/2008

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

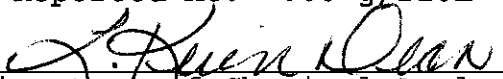
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722503
Exp Date: 08/12/2009

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

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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 402
Test Date: 10/21/2008 Test Time: 12:09pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:09pm |
| FLO | Pass | 12:09pm |
| FC | Pass | 12:09pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:10pm |

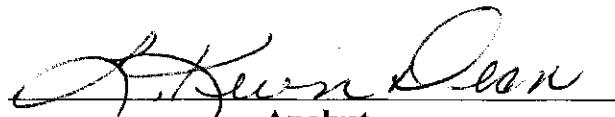
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:10pm |
| CAL | Pass | 12:10pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

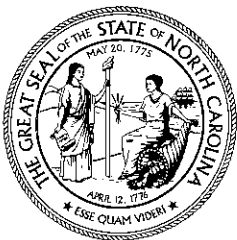
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rowan Instrument Location Salisbury Police
Instrument Serial No. 008868 Department

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

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

I certify that on the 21 day of October, 2008 the forgoing preventive maintenance procedures were performed on the 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. Keenle
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Date: 10/21/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

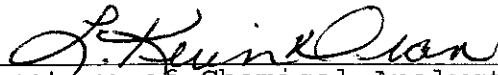
Test Type: Breath Test

Lot Number: AG816303

Exp Date: 06/11/2010

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:48pm |
| AIR BLK | .00 | 2:49pm |
| ACCY CHK | .07 | 2:50pm |
| AIR BLK | .00 | 2:51pm |
| SUB TEST | .00 | 2:51pm |
| AIR BLK | .00 | 2:52pm |
| SUB TEST | .00 | 2:54pm |
| AIR BLK | .00 | 2:55pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR.


Analyst

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 199
Test Date: 10/21/2008 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 |

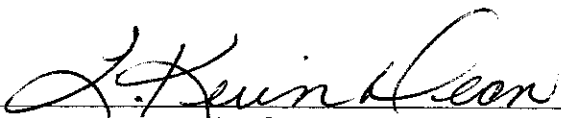
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:57pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

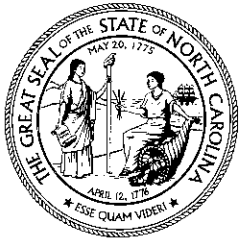
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rowan Instrument Location Salisbury Police
Department
Instrument Serial No. 008835

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

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

I certify that on the 21 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835
Test Date: 10/21/2008

Citation Number: M0000000-0
Subject's Name:

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

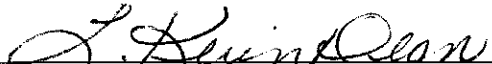
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG816303
Exp Date: 06/11/2010

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 103
Test Date: 10/21/2008 Test Time: 3:14pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:14pm |
| FLO | Pass | 3:14pm |
| 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 | 3:15pm |

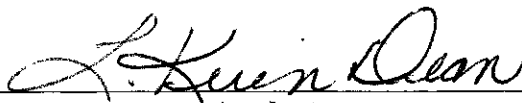
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:15pm |

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

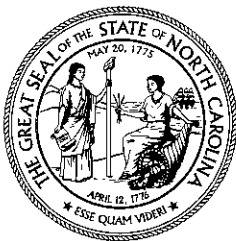
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Johnston Instrument Location Johnston
Instrument Serial No. 008810 County Jail
Smithfield, NC.

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

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

I certify that on the 21 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner
Signature of Certifying Official

528
Certificate Number

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 JOHNSTON CO. JAIL 500

Serial Number: 008810
Test Date: 10/21/2008

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

Analyst's Name: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

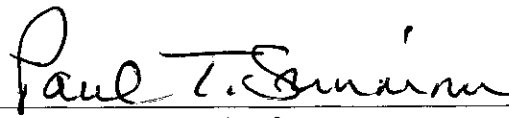
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:35am |
| AIR BLK | .00 | 11:35am |
| ACCY CHK | .07 | 11:36am |
| AIR BLK | .00 | 11:37am |
| SUB TEST | .00 | 11:37am |
| AIR BLK | .00 | 11:38am |
| SUB TEST | .00 | 11:40am |
| AIR BLK | .00 | 11:41am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Record Number: 173
Test Date: 10/21/2008 Test Time: 11:43am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:43am |
| FLO | Pass | 11:43am |
| FC | Pass | 11:43am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:43am |
| SRC | Pass | 11:43am |
| DET | Pass | 11:43am |
| BAR | Pass | 11:43am |
| BT | Pass | 11:43am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:44am |

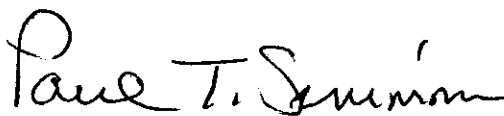
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:44am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:44am |
| CAL | Pass | 11:44am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

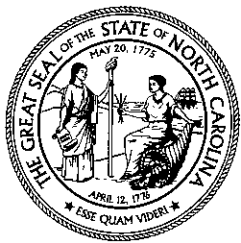
County Swain Instrument Location Swain Co. Jail

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 9 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Cutler
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727
Test Date: 10/09/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG7220702

Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:02am |
| AIR BLK | .00 | 11:03am |
| ACCY CHK | .07 | 11:04am |
| AIR BLK | .00 | 11:04am |
| SUB TEST | .00 | 11:05am |
| AIR BLK | .00 | 11:06am |
| SUB TEST | .00 | 11:07am |
| AIR BLK | .00 | 11:08am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 156
Test Date: 10/09/2008 Test Time: 11:09am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:10am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:10am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

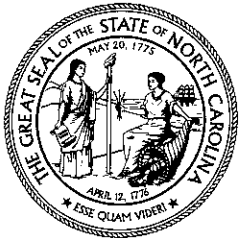
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

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 9 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Carol 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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723

Test Date: 10/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722702

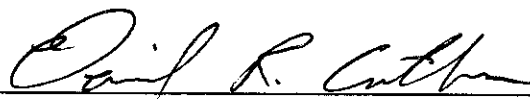
Exp Date: 08/14/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 109
Test Date: 10/09/2008 Test Time: 11:10am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:11am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:11am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:11am |
| CAL | Pass | 11:11am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

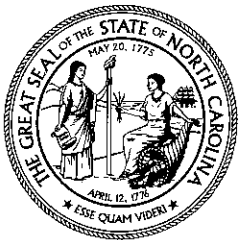
County Mitchell Instrument Location Spruce Pine P.D.

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 23 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Orin R. 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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726
Test Date: 10/23/2008

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
12/01/2007-12/01/2009

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

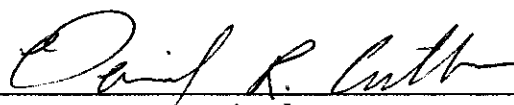
Lot Number: AG722702
Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:39am |
| AIR BLK | .00 | 11:40am |
| ACCY CHK | .07 | 11:40am |
| AIR BLK | .00 | 11:41am |
| SUB TEST | .00 | 11:42am |
| AIR BLK | .00 | 11:43am |
| SUB TEST | .00 | 11:44am |
| AIR BLK | .00 | 11:45am |

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: 134
Test Date: 10/23/2008 Test Time: 11:46am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:47am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:47am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

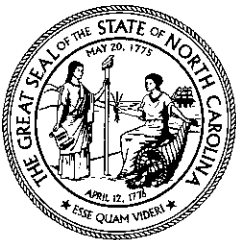
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

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 7 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] Signature of Certifying Official 649 Certificate Number

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

Intox EC/IR-II: Subject Test

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664

Test Date: 10/07/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722702

Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:35pm |
| AIR BLK | .00 | 4:35pm |
| ACCY CHK | .07 | 4:36pm |
| AIR BLK | .00 | 4:37pm |
| SUB TEST | .00 | 4:37pm |
| AIR BLK | .00 | 4:38pm |
| SUB TEST | .00 | 4:40pm |
| AIR BLK | .00 | 4:41pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 129
Test Date: 10/07/2008 Test Time: 4:41pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:41pm |
| FLO | Pass | 4:41pm |
| FC | Pass | 4:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:42pm |
| SRC | Pass | 4:42pm |
| DET | Pass | 4:42pm |
| BAR | Pass | 4:42pm |
| BT | Pass | 4:42pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:42pm |

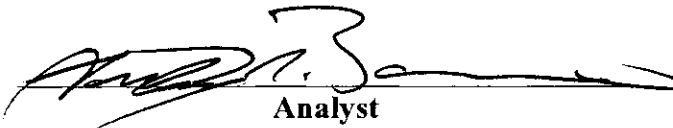
Printer Tests

| 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

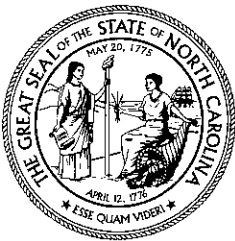
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Avery Instrument Location Banner EIK P.D.
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 8 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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: 10/08/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722702

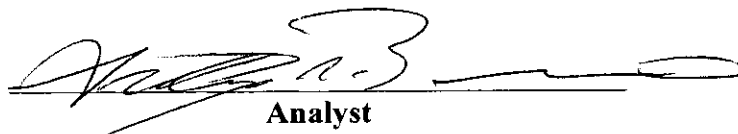
Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:24am |
| AIR BLK | .00 | 11:25am |
| ACCY CHK | .07 | 11:25am |
| AIR BLK | .00 | 11:26am |
| SUB TEST | .00 | 11:27am |
| AIR BLK | .00 | 11:28am |
| SUB TEST | .00 | 11:31am |
| AIR BLK | .00 | 11:32am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 80
Test Date: 10/08/2008 Test Time: 11:34am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:35am |
| FLO | Pass | 11:35am |
| FC | Pass | 11:35am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:35am |
| SRC | Pass | 11:35am |
| DET | Pass | 11:35am |
| BAR | Pass | 11:35am |
| BT | Pass | 11:35am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:35am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:36am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:36am |
| CAL | Pass | 11:36am |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008716
Test Date: 10/09/2008

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722502
Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:21pm |
| AIR BLK | .00 | 4:22pm |
| ACCY CHK | .08 | 4:23pm |
| AIR BLK | .00 | 4:24pm |
| SUB TEST | .00 | 4:24pm |
| AIR BLK | .00 | 4:25pm |
| SUB TEST | .00 | 4:27pm |
| AIR BLK | .00 | 4:27pm |

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**

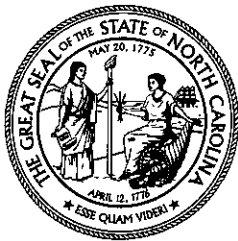
County McDowell Instrument Location McDowell Co. Jail

Instrument Serial No. 008892 Maiden, NC

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

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

I certify that on the 16 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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: 10/16/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG809301

Exp Date: 04/02/2010

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:30am |
| AIR BLK | .00 | 10:31am |
| ACCY CHK | .07 | 10:32am |
| AIR BLK | .00 | 10:33am |
| SUB TEST | .00 | 10:33am |
| AIR BLK | .00 | 10:34am |
| SUB TEST | .00 | 10:36am |
| AIR BLK | .00 | 10:37am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 87
Test Date: 10/16/2008 Test Time: 10:38am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:38am |
| SRC | Pass | 10:38am |
| DET | Pass | 10:38am |
| BAR | Pass | 10:38am |
| BT | Pass | 10:38am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:39am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:39am |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

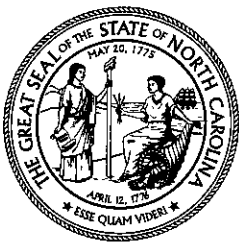
County McDowell Instrument Location McDowell Co Jail

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 16 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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: 10/16/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG809301

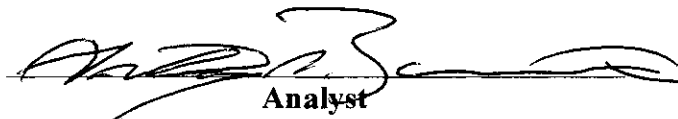
Exp Date: 04/02/2010

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:30am |
| AIR BLK | .00 | 10:31am |
| ACCY CHK | .07 | 10:31am |
| AIR BLK | .00 | 10:32am |
| SUB TEST | .00 | 10:33am |
| AIR BLK | .00 | 10:34am |
| SUB TEST | .00 | 10:35am |
| AIR BLK | .00 | 10:36am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 113
Test Date: 10/16/2008 Test Time: 10:37am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:37am |
| FLO | Pass | 10:37am |
| FC | Pass | 10:38am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:38am |
| SRC | Pass | 10:38am |
| DET | Pass | 10:38am |
| BAR | Pass | 10:38am |
| BT | Pass | 10:38am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:38am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:38am |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

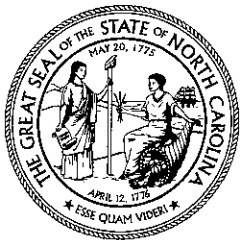
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cabarrus Instrument Location Kannapolis P.D.
Instrument Serial No. 008589 314 S. Main St., Kannapolis

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

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

I certify that on the 9 day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bekley D. Willis
Signature of Certifying Official

557
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Date: 10/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722801

Exp Date: 08/15/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:37pm |
| AIR BLK | .00 | 3:38pm |
| ACCY CHK | .07 | 3:38pm |
| AIR BLK | .00 | 3:39pm |
| SUB TEST | .00 | 3:40pm |
| AIR BLK | .00 | 3:41pm |
| SUB TEST | .00 | 3:42pm |
| AIR BLK | .00 | 3:43pm |

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR.

Bobby D. Willis
Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 466
Test Date: 10/09/2008 Test Time: 3:45pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:45pm |
| FLO | Pass | 3:45pm |
| FC | Pass | 3:45pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:45pm |
| SRC | Pass | 3:45pm |
| DET | Pass | 3:45pm |
| BAR | Pass | 3:45pm |
| BT | Pass | 3:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:46pm |

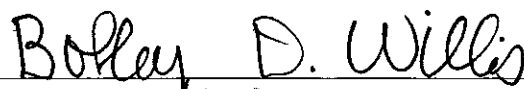
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:46pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:46pm |
| CAL | Pass | 3:46pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

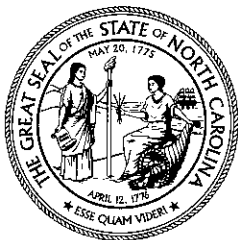
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cabarrus Instrument Location Cabarrus Co. S.D.
Instrument Serial No. 008590 25 Corban Ave., Concord
704-920-3000

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

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

I certify that on the 9 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bethley D. Willis
Signature of Certifying Official

557
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590
Test Date: 10/09/2008

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

Analyst's Name: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722502
Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:22pm |
| AIR BLK | .00 | 2:23pm |
| ACCY CHK | .07 | 2:24pm |
| AIR BLK | .00 | 2:25pm |
| SUB TEST | .00 | 2:25pm |
| AIR BLK | .00 | 2:26pm |
| SUB TEST | .00 | 2:28pm |
| AIR BLK | .00 | 2:29pm |

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Record Number: 392
Test Date: 10/09/2008 Test Time: 2:31pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:31pm |
| FLO | Pass | 2:31pm |
| FC | Pass | 2:32pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:32pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:32pm |
| CAL | Pass | 2:32pm |

Preventive Maintenance
Status: Pass

Boflay D. Willis
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

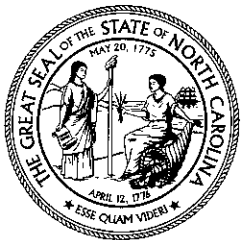
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cabarrus Instrument Location Cabarrus Co. S. D.
Instrument Serial No. 008625 25 Corban Ave., Concord
704-930-3000

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

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

I certify that on the 9 day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Betty D. Willes
Signature of Certifying Official

557
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625
Test Date: 10/09/2008

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

Analyst's Name: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722801
Exp Date: 08/15/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:48pm |
| AIR BLK | .00 | 1:49pm |
| ACCY CHK | .07 | 1:50pm |
| AIR BLK | .00 | 1:51pm |
| SUB TEST | .00 | 1:51pm |
| AIR BLK | .00 | 1:52pm |
| SUB TEST | .00 | 1:54pm |
| AIR BLK | .00 | 1:55pm |

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 785
Test Date: 10/09/2008 Test Time: 1:56pm 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 |

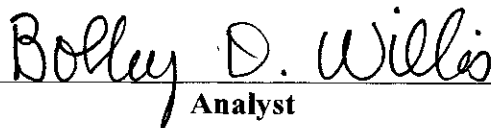
Printer Tests

| 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

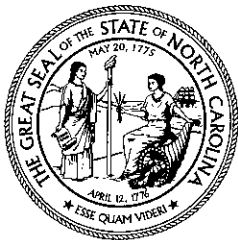
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Lincoln Instrument Location Courthouse
Instrument Serial No. 008823 #1 Courthouse Sq, Lincolnton
704-732-9020

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

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

I certify that on the 8 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Billy D. Wilco
Signature of Certifying Official

557
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823
Test Date: 10/08/2008

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

Analyst's Name: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723302
Exp Date: 08/20/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:31am |
| AIR BLK | .00 | 11:32am |
| ACCY CHK | .07 | 11:33am |
| AIR BLK | .00 | 11:34am |
| SUB TEST | .00 | 11:35am |
| AIR BLK | .00 | 11:36am |
| SUB TEST | .00 | 11:38am |
| AIR BLK | .00 | 11:39am |

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 262
Test Date: 10/08/2008 Test Time: 11:41am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:41am |
| FLO | Pass | 11:41am |
| FC | Pass | 11:41am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:41am |
| SRC | Pass | 11:41am |
| DET | Pass | 11:41am |
| BAR | Pass | 11:41am |
| BT | Pass | 11:41am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:42am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:42am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:42am |
| CAL | Pass | 11:42am |

Preventive Maintenance
Status: Pass

Bolley D. Willis
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

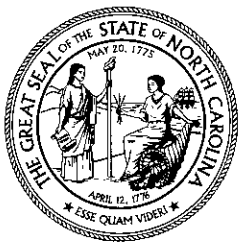
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Sampson Instrument Location Sampson County
Instrument Serial No. 8825 Sheriff's Dept.

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

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

I certify that on the 23 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Pinner
Signature of Certifying Official

634
Certificate Number

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

Intox EC/IR-II: Subject Test

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825
Test Date: 10/23/2008

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

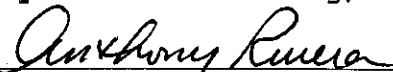
Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

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

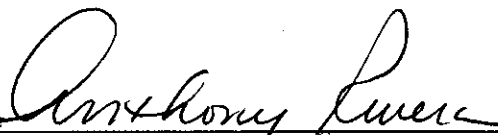
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:26am |
| AIR BLK | .00 | 10:27am |
| ACCY CHK | .07 | 10:28am |
| AIR BLK | .00 | 10:29am |
| SUB TEST | .00 | 10:30am |
| AIR BLK | .00 | 10:30am |
| SUB TEST | .00 | 10:32am |
| AIR BLK | .00 | 10:33am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 212
Test Date: 10/23/2008 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

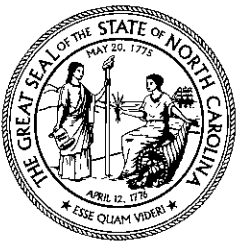
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Sampson Instrument Location Sampson County
Instrument Serial No. 8877 Sheriffs Dept.

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

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

I certify that on the 23 day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera
Signature of Certifying Official

634
Certificate Number

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

Intox EC/IR-II: Subject Test

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877
Test Date: 10/23/2008

Citation Number: M0000000-0
Subject's Name:

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

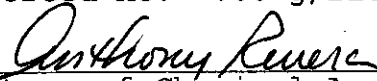
Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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


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

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:26am |
| AIR BLK | .00 | 10:27am |
| ACCY CHK | .07 | 10:28am |
| AIR BLK | .00 | 10:29am |
| SUB TEST | .00 | 10:29am |
| AIR BLK | .00 | 10:30am |
| SUB TEST | .00 | 10:32am |
| AIR BLK | .00 | 10:33am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Record Number: 120
Test Date: 10/23/2008 Test Time: 10:37am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:37am |
| FLO | Pass | 10:37am |
| FC | Pass | 10:37am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:37am |
| SRC | Pass | 10:37am |
| DET | Pass | 10:37am |
| BAR | Pass | 10:37am |
| BT | Pass | 10:37am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:38am |

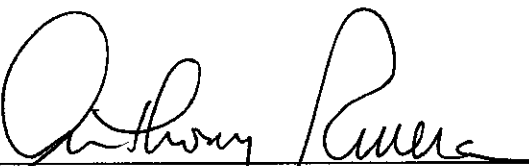
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:38am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:38am |
| CAL | Pass | 10:38am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

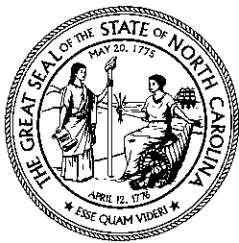
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Duplin Instrument Location WARSAW
Instrument Serial No. 8874 POLICE DEPT.

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

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

I certify that on the 14 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera
Signature of Certifying Official

634
Certificate Number

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

Intox EC/IR-II: Subject Test

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874
Test Date: 10/14/2008

Citation Number: M0000000-0
Subject's Name:

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

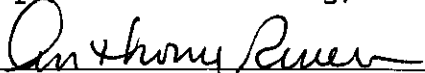
Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

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

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:19am |
| AIR BLK | .00 | 11:20am |
| ACCY CHK | .07 | 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

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Record Number: 84
Test Date: 10/14/2008 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 |

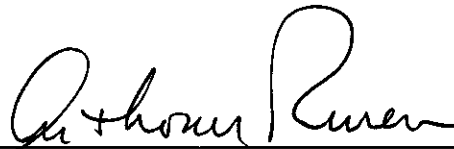
Printer Tests

| 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

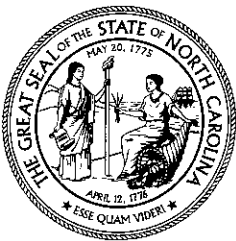
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Duplin Instrument Location WALLACE
Instrument Serial No. 8858 POLICE DEPT.

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

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

I certify that on the 14 day of OCTOBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera
Signature of Certifying Official

634
Certificate Number

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

Intox EC/IR-II: Subject Test

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858
Test Date: 10/14/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814101

Exp Date: 05/20/2010


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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 92
Test Date: 10/14/2008 Test Time: 10:43am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:44am |


Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:44am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

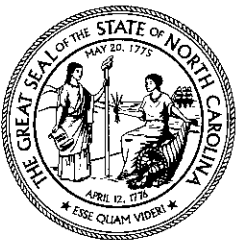
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Duplin Instrument Location Duplin County
Instrument Serial No. 8613 Sheriff's Dept

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

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

I certify that on the 10 day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera
Signature of Certifying Official

634
Certificate Number

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

Intox EC/IR-II: Subject Test

DUPLIN DUPLIN CO SD 300

Serial Number: 008613
Test Date: 10/10/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

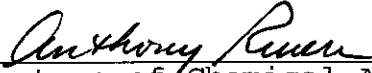
Test Type: Breath Test

Lot Number: AG722701

Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:42pm |
| AIR BLK | .00 | 12:43pm |
| ACCY CHK | .07 | 12:44pm |
| AIR BLK | .00 | 12:45pm |
| SUB TEST | .00 | 12:45pm |
| AIR BLK | .00 | 12:46pm |
| SUB TEST | .00 | 12:48pm |
| AIR BLK | .00 | 12:49pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008613 Test Record Number: 210
Test Date: 10/10/2008 Test Time: 12:52pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:53pm |


Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:53pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

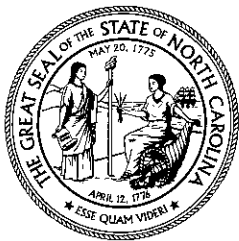
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Brunswick Instrument Location Brunswick County
Instrument Serial No. 8602 Sherris Dept.

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

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

I certify that on the 9 day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera 634
Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602
Test Date: 10/09/2008

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

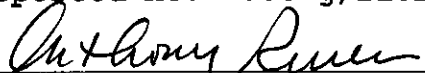
Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723301
Exp Date: 08/20/2009

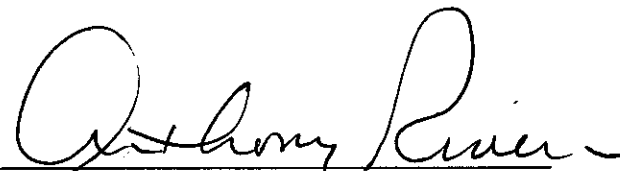
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:24pm |
| AIR BLK | .00 | 3:25pm |
| ACCY CHK | .07 | 3:26pm |
| AIR BLK | .00 | 3:27pm |
| SUB TEST | .00 | 3:28pm |
| AIR BLK | .00 | 3:29pm |
| SUB TEST | .00 | 3:31pm |
| AIR BLK | .00 | 3:32pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 340
Test Date: 10/09/2008 Test Time: 3:36pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:36pm |
| FLO | Pass | 3:36pm |
| 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 |

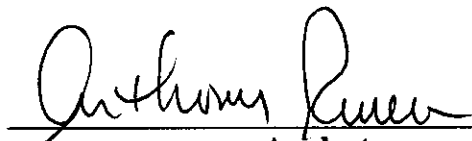
Printer Tests

| 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

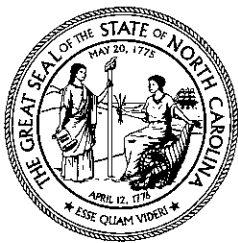
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Brunswick Instrument Location Brunswick County
Instrument Serial No. 8585 Sherris Dept.

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

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

I certify that on the 9 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera

Signature of Certifying Official

634

Certificate Number

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

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585
Test Date: 10/09/2008

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

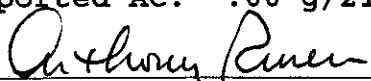
Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723301
Exp Date: 08/20/2009

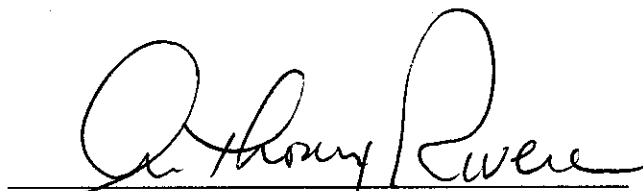
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:24pm |
| AIR BLK | .00 | 3:25pm |
| ACCY CHK | .08 | 3:26pm |
| AIR BLK | .00 | 3:27pm |
| SUB TEST | .00 | 3:27pm |
| AIR BLK | .00 | 3:28pm |
| SUB TEST | .00 | 3:30pm |
| AIR BLK | .00 | 3:31pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 775
Test Date: 10/09/2008 Test Time: 3:34pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:34pm |
| FLO | Pass | 3:34pm |
| FC | Pass | 3:34pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:34pm |
| SRC | Pass | 3:34pm |
| DET | Pass | 3:34pm |
| BAR | Pass | 3:34pm |
| BT | Pass | 3:34pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:35pm |

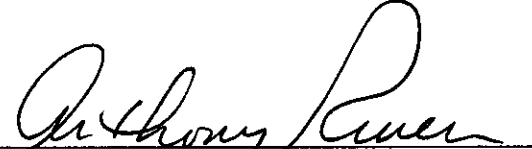
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:35pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:35pm |
| CAL | Pass | 3:35pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

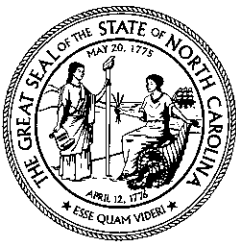
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Brunswick Instrument Location Oak Island
Instrument Serial No. 8648 Police Dept.

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

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

I certify that on the 9 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera 634
Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648
Test Date: 10/09/2008

Citation Number: M0000000-0
Subject's Name:

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723301
Exp Date: 08/20/2009

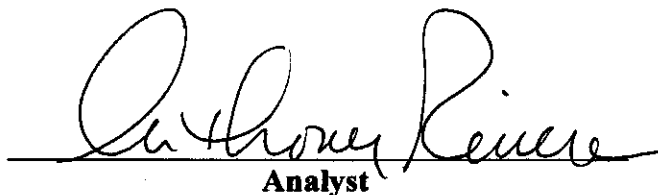
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:20pm |
| AIR BLK | .00 | 2:21pm |
| ACCY CHK | .07 | 2:21pm |
| AIR BLK | .00 | 2:22pm |
| SUB TEST | .00 | 2:23pm |
| AIR BLK | .00 | 2:24pm |
| SUB TEST | .00 | 2:26pm |
| AIR BLK | .00 | 2:27pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 431
Test Date: 10/09/2008 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 |

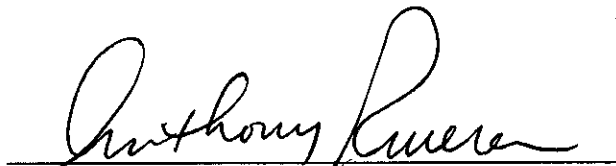
Printer Tests

| 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

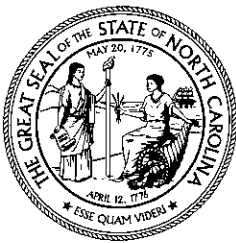
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County New Hanover Instrument Location New Hanover County
Instrument Serial No. 5626 Sheriff's Dept.

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

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

I certify that on the 7 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera 634
Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY NEW HANOVER CO SD
640

Serial Number: 008626
Test Date: 10/07/2008

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723301
Exp Date: 08/20/2009

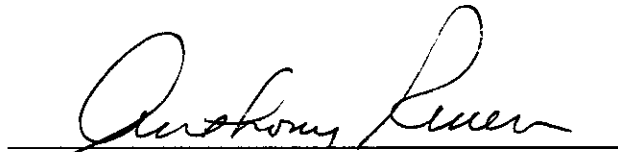
| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:03pm |
| AIR BLK | .00 | 4:04pm |
| ACCY CHK | .07 | 4:04pm |
| AIR BLK | .00 | 4:05pm |
| SUB TEST | .00 | 4:06pm |
| AIR BLK | .00 | 4:07pm |
| SUB TEST | .00 | 4:08pm |
| AIR BLK | .00 | 4:09pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Record Number: 858
Test Date: 10/07/2008 Test Time: 4:10pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:11pm |
| FLO | Pass | 4:11pm |
| FC | Pass | 4:11pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:11pm |
| SRC | Pass | 4:11pm |
| DET | Pass | 4:11pm |
| BAR | Pass | 4:11pm |
| BT | Pass | 4:11pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:12pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:12pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:12pm |
| CAL | Pass | 4:12pm |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

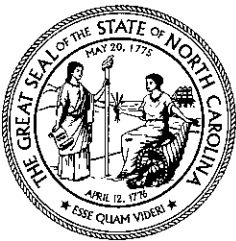
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County New Hanover Instrument Location New Hanover County
Instrument Serial No. 8617 Sheriff's Dept.

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

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

I certify that on the 7 day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony P. [Signature]
Signature of Certifying Official

634
Certificate Number

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

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY NEW HANOVER CO SD
640

Serial Number: 008617
Test Date: 10/07/2008

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722701
Exp Date: 08/14/2009


| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:28pm |
| AIR BLK | .00 | 3:29pm |
| ACCY CHK | .08 | 3:30pm |
| AIR BLK | .00 | 3:31pm |
| SUB TEST | .00 | 3:31pm |
| AIR BLK | .00 | 3:32pm |
| SUB TEST | .00 | 3:35pm |
| AIR BLK | .00 | 3:36pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 487
Test Date: 10/07/2008 Test Time: 3:39pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:40pm |

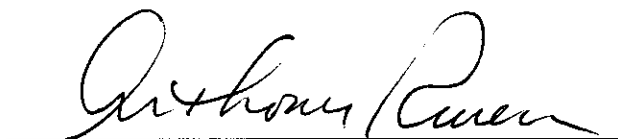
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:40pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

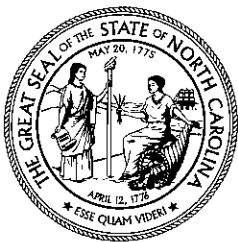
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County New Hanover Instrument Location Carolina Beach
Instrument Serial No. 8661 Police Dept.

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

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

I certify that on the 7 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera

Signature of Certifying Official

634

Certificate Number

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

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY CAROLINA BEACH PD
640

Serial Number: 008661
Test Date: 10/07/2008

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722602
Exp Date: 08/13/2009

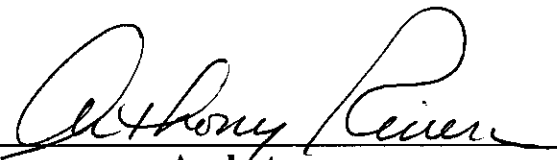
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:55pm |
| AIR BLK | .00 | 1:56pm |
| ACCY CHK | .07 | 1:56pm |
| AIR BLK | .00 | 1:57pm |
| SUB TEST | .00 | 1:58pm |
| AIR BLK | .00 | 1:59pm |
| SUB TEST | .00 | 2:00pm |
| AIR BLK | .00 | 2:01pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 423
Test Date: 10/07/2008 Test Time: 2:03pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:03pm |
| FLO | Pass | 2:03pm |
| FC | Pass | 2:03pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:03pm |
| SRC | Pass | 2:03pm |
| DET | Pass | 2:03pm |
| BAR | Pass | 2:03pm |
| BT | Pass | 2:03pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:04pm |

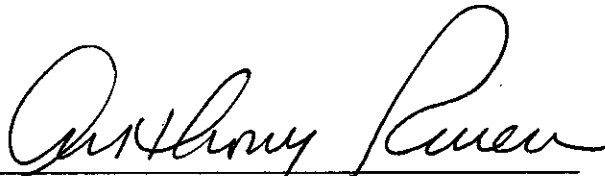
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:04pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:04pm |
| CAL | Pass | 2:04pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NEW HANOVER

Instrument Location WRIGHTSVILLE BEACH

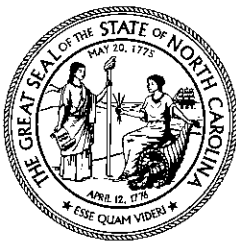
Instrument Serial No. 8667

POLICE DEPT.

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

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

I certify that on the 7 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera

Signature of Certifying Official

634

Certificate Number

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

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD
640

Serial Number: 008667
Test Date: 10/07/2008

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

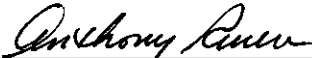
Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722503
Exp Date: 08/12/2009

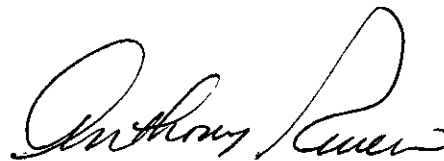
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:26pm |
| AIR BLK | .00 | 12:27pm |
| ACCY CHK | .07 | 12:27pm |
| AIR BLK | .00 | 12:28pm |
| SUB TEST | .00 | 12:29pm |
| AIR BLK | .00 | 12:29pm |
| SUB TEST | .00 | 12:31pm |
| AIR BLK | .00 | 12:32pm |

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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 226
Test Date: 10/07/2008 Test Time: 12:34pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:34pm |
| FLO | Pass | 12:34pm |
| FC | Pass | 12:34pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:34pm |
| SRC | Pass | 12:34pm |
| DET | Pass | 12:34pm |
| BAR | Pass | 12:34pm |
| BT | Pass | 12:34pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:35pm |

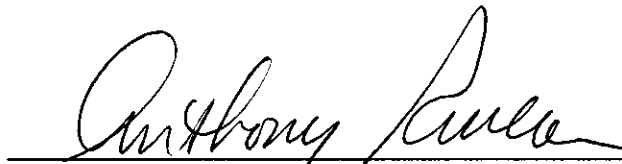
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:35pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:35pm |
| CAL | Pass | 12:35pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CRAVEN

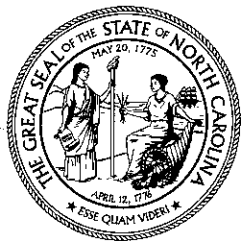
Instrument Location MCAS CHERRY POINT

Instrument Serial No. 008919

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall
Signature of Certifying Official

354
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 008919
Test Date: 10/03/2008

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

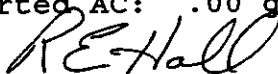
Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722802
Exp Date: 08/15/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:17am |
| AIR BLK | .00 | 10:18am |
| ACCY CHK | .07 | 10:19am |
| AIR BLK | .00 | 10:20am |
| SUB TEST | .00 | 10:20am |
| AIR BLK | .00 | 10:21am |
| SUB TEST | .00 | 10:23am |
| AIR BLK | .00 | 10:23am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 008919 Test Record Number: 94
Test Date: 10/03/2008 Test Time: 10:24am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:25am |
| FLO | Pass | 10:25am |
| FC | Pass | 10:25am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:25am |
| SRC | Pass | 10:25am |
| DET | Pass | 10:25am |
| BAR | Pass | 10:25am |
| BT | Pass | 10:25am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:26am |

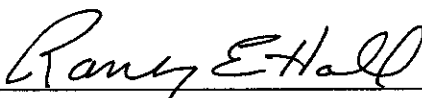
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:26am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:26am |
| CAL | Pass | 10:26am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

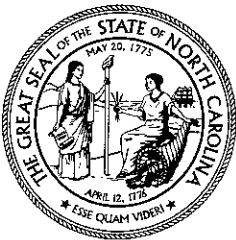
County CRAVEN Instrument Location HAVELOCK P.D.

Instrument Serial No. 008800

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

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

I certify that on the 2 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall

Signature of Certifying Official

354

Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800

Test Date: 10/02/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722701

Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:28pm |
| AIR BLK | .00 | 2:29pm |
| ACCY CHK | .07 | 2:29pm |
| AIR BLK | .00 | 2:30pm |
| SUB TEST | .00 | 2:31pm |
| AIR BLK | .00 | 2:32pm |
| SUB TEST | .00 | 2:33pm |
| AIR BLK | .00 | 2:34pm |

Reported AC: .00 g/210L

RE Hall

Signature of Chemical Analyst

Court CVR

Randy E Hall

Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 130
Test Date: 10/02/2008 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**

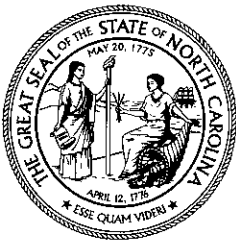
County Panlico Instrument Location Panlico County

Instrument Serial No. 008640 SHERIFFS OFFICE

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

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

I certify that on the 2 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall
Signature of Certifying Official

354
Certificate Number

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

Intox EC/IR-II: Subject Test

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640
Test Date: 10/02/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722701

Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:13pm |
| AIR BLK | .00 | 1:14pm |
| ACCY CHK | .07 | 1:14pm |
| AIR BLK | .00 | 1:15pm |
| SUB TEST | .00 | 1:16pm |
| AIR BLK | .00 | 1:17pm |
| SUB TEST | .00 | 1:18pm |
| AIR BLK | .00 | 1:19pm |

Reported AC: .00 g/210L

R E Hall

Signature of Chemical Analyst

Court CVR

Randy E Hall
Analyst

Intox EC/IR-II: Preventive Maintenance

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 561
Test Date: 10/02/2008 Test Time: 1:20pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:21pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:21pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

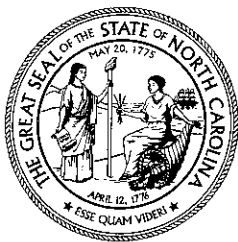
County CRAVEN Instrument Location CRAVEN County

Instrument Serial No. 008732 SHERIFFS OFFICE

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

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

I certify that on the 2 day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E Hall
Signature of Certifying Official

354
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732
Test Date: 10/02/2008

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

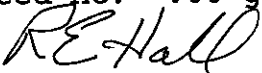
Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722502
Exp Date: 08/12/2009


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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 226
Test Date: 10/02/2008 Test Time: 12:10pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:11pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:11pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

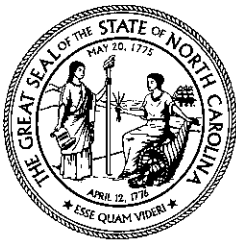
County CRAVEN Instrument Location New Bern P.S.

Instrument Serial No. 008817

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

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

I certify that on the 2 day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall
Signature of Certifying Official

354
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817
Test Date: 10/02/2008

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

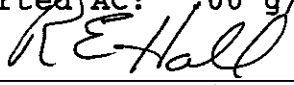
Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722503
Exp Date: 08/12/2009

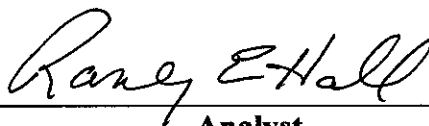
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:17am |
| AIR BLK | .00 | 11:18am |
| ACCY CHK | .07 | 11:19am |
| AIR BLK | .00 | 11:19am |
| SUB TEST | .00 | 11:20am |
| AIR BLK | .00 | 11:21am |
| SUB TEST | .00 | 11:22am |
| AIR BLK | .00 | 11:23am |

Reported AC: 00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 113
Test Date: 10/02/2008 Test Time: 11:24am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:25am |

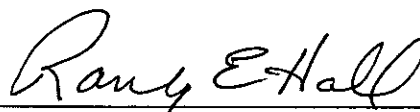
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:25am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

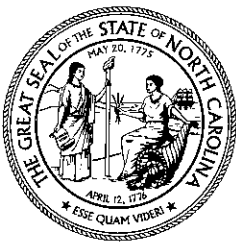
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Jones Instrument Location Jones County
Instrument Serial No. 008705 SHERIFF'S OFFICE

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

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

I certify that on the 2 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall
Signature of Certifying Official

354
Certificate Number

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

Intox EC/IR-II: Subject Test

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705
Test Date: 10/02/2008

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722701
Exp Date: 08/14/2009

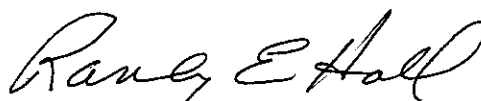
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:12am |
| AIR BLK | .00 | 10:13am |
| ACCY CHK | .07 | 10:13am |
| AIR BLK | .00 | 10:14am |
| SUB TEST | .00 | 10:15am |
| AIR BLK | .00 | 10:16am |
| SUB TEST | .00 | 10:17am |
| AIR BLK | .00 | 10:18am |

Reported AC: / .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 374
Test Date: 10/02/2008 Test Time: 10:19am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:19am |
| FLO | Pass | 10:19am |
| FC | Pass | 10:19am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:19am |
| SRC | Pass | 10:19am |
| DET | Pass | 10:19am |
| BAR | Pass | 10:19am |
| BT | Pass | 10:19am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:20am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:20am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:20am |
| CAL | Pass | 10:20am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

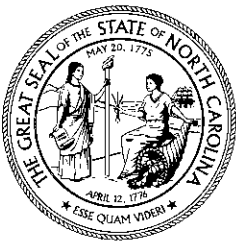
County Granville Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008734

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

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

I certify that on the 25th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Wanda T. [Signature]
Signature of Certifying Official

651
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734 Test Record Number: 150
Test Date: 10/25/2008 Test Time: 9:29pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:29pm |
| FLO | Pass | 9:29pm |
| FC | Pass | 9:29pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:30pm |
| SRC | Pass | 9:30pm |
| DET | Pass | 9:30pm |
| BAR | Pass | 9:30pm |
| BT | Pass | 9:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:30pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:30pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:30pm |
| CAL | Pass | 9:30pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734
Test Date: 10/25/2008

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

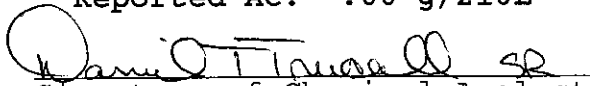
Analyst's Name: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
12/01/2007-12/01/2009

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

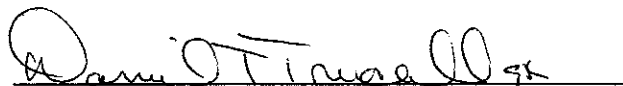
Lot Number: AG722501
Exp Date: 08/12/2009

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ORANGE COUNTY Instrument Location CHAPEL HILL PD

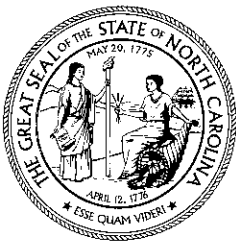
Instrument Serial No. 008738 828 MARTIN LUTHER KING JR BLVD

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 24 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

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

Intox EC/IR-II: Subject Test

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008738
Test Date: 10/24/2008

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

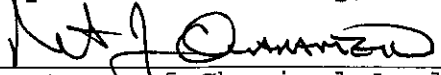
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

Lot Number: AG723401
Exp Date: 08/21/2009


| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:40am |
| AIR BLK | .00 | 11:41am |
| ACCY CHK | .07 | 11:41am |
| AIR BLK | .00 | 11:42am |
| SUB TEST | .00 | 11:43am |
| AIR BLK | .00 | 11:44am |
| SUB TEST | .00 | 11:45am |
| AIR BLK | .00 | 11:46am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008738 Test Record Number: 112
Test Date: 10/24/2008 Test Time: 11:47am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:47am |
| FLO | Pass | 11:47am |
| FC | Pass | 11:48am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:48am |
| SRC | Pass | 11:48am |
| DET | Pass | 11:48am |
| BAR | Pass | 11:48am |
| BT | Pass | 11:48am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:48am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:48am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

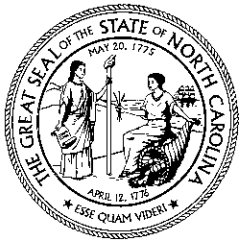
County WASH Instrument Location Rocky Mount PD

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 21 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

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

Intox EC/IR-II: Subject Test

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740
Test Date: 10/21/2008

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

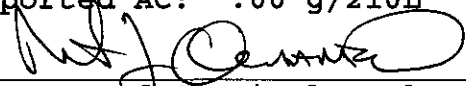
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

Lot Number: AG723401
Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:38am |
| AIR BLK | .00 | 11:39am |
| ACCY CHK | .07 | 11:40am |
| AIR BLK | .00 | 11:41am |
| SUB TEST | .00 | 11:42am |
| AIR BLK | .00 | 11:43am |
| SUB TEST | .00 | 11:44am |
| AIR BLK | .00 | 11:45am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 141
Test Date: 10/21/2008 Test Time: 11:51am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:52am |
| FLO | Pass | 11:52am |
| FC | Pass | 11:52am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:52am |
| SRC | Pass | 11:52am |
| DET | Pass | 11:52am |
| BAR | Pass | 11:52am |
| BT | Pass | 11:52am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:53am |


Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:53am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:53am |
| CAL | Pass | 11:53am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

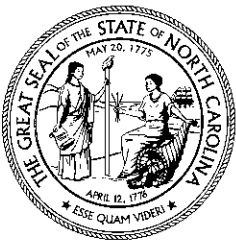
County NASH Instrument Location NASH COUNTY JAIL

Instrument Serial No. 008630 NASHVILLE, NC

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

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

I certify that on the 21 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

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

Intox EC/IR-II: Subject Test

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630
Test Date: 10/21/2008

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

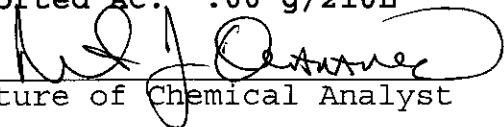
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

Lot Number: AG722801
Exp Date: 08/15/2009

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Record Number: 669
Test Date: 10/21/2008 Test Time: 10:45am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:45am |
| FLO | Pass | 10:45am |
| FC | Pass | 10:45am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:46am |

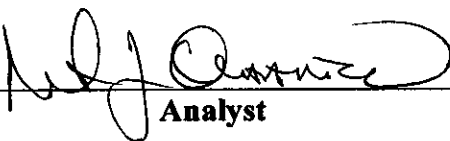
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:46am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:46am |
| CAL | Pass | 10:46am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

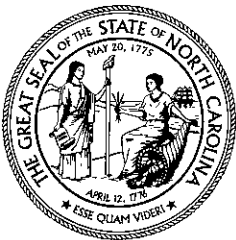
County Wake Instrument Location BAT MOBILE UNIT #5

Instrument Serial No. 008600 ROLESVILLE

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

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

I certify that on the 15th day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stephen O. Morgan
Signature of Certifying Official

636
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 393
Test Date: 10/18/2008 Test Time: 9:49pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:49pm |
| FLO | Pass | 9:49pm |
| FC | Pass | 9:49pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:50pm |

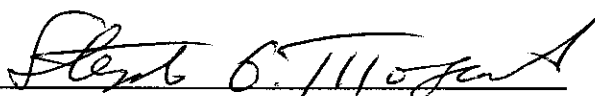
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:50pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:50pm |
| CAL | Pass | 9:50pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Date: 10/18/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

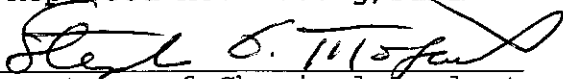
Test Type: Breath Test

Lot Number: AG723401

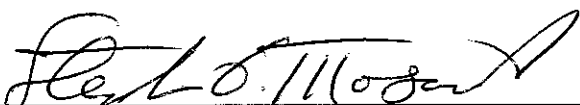
Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 9:56pm |
| AIR BLK | .00 | 9:57pm |
| ACCY CHK | .07 | 9:57pm |
| AIR BLK | .00 | 9:58pm |
| SUB TEST | .00 | 9:59pm |
| AIR BLK | .00 | 10:00pm |
| SUB TEST | .00 | 10:02pm |
| AIR BLK | .00 | 10:02pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

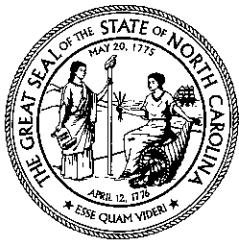
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Walden Instrument Location Automobile Unit #5
Instrument Serial No. 008698 Rolesville

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

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

I certify that on the 18th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 234
Test Date: 10/18/2008 Test Time: 9:49pm 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 |

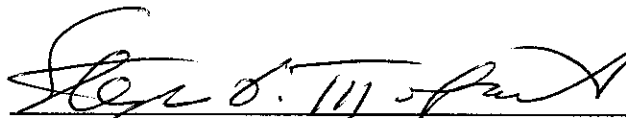
Printer Tests

| 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

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698
Test Date: 10/18/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

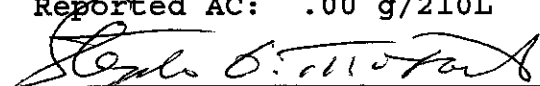
Test Type: Breath Test

Lot Number: AG723401

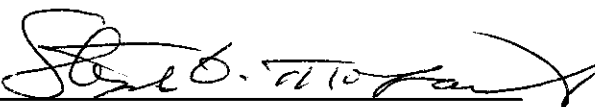
Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 9:58pm |
| AIR BLK | .00 | 9:58pm |
| ACCY CHK | .07 | 9:59pm |
| AIR BLK | .00 | 10:00pm |
| SUB TEST | .00 | 10:00pm |
| AIR BLK | .00 | 10:01pm |
| SUB TEST | .00 | 10:03pm |
| AIR BLK | .00 | 10:04pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

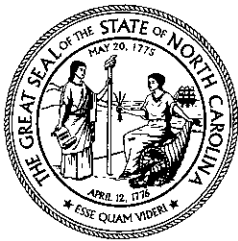
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location BAT MOBILE UNIT #5
Instrument Serial No. 008600 ROLESVILLE

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

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

I certify that on the 18TH day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph O. T. [Signature]
Signature of Certifying Official

636
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 393
Test Date: 10/18/2008 Test Time: 9:49pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:49pm |
| FLO | Pass | 9:49pm |
| FC | Pass | 9:49pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:50pm |

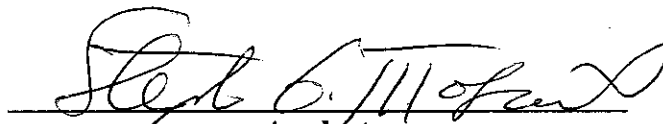
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:50pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:50pm |
| CAL | Pass | 9:50pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600
Test Date: 10/18/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

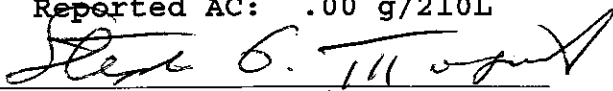
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 9:56pm |
| AIR BLK | .00 | 9:57pm |
| ACCY CHK | .07 | 9:57pm |
| AIR BLK | .00 | 9:58pm |
| SUB TEST | .00 | 9:59pm |
| AIR BLK | .00 | 10:00pm |
| SUB TEST | .00 | 10:02pm |
| AIR BLK | .00 | 10:02pm |

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**

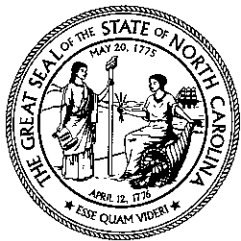
County Gates Instrument Location Gates Co. S.O.

Instrument Serial No. 008884 202 Court St., Gatesville, N.C.

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

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

I certify that on the 15th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. 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

GATES COUNTY GATES CO SO 360

Serial Number: 008884
Test Date: 10/01/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

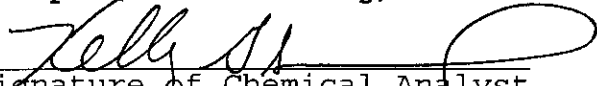
Test Type: Breath Test

Lot Number: AG807702

Exp Date: 03/17/2010

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:19am |
| AIR BLK | .00 | 11:20am |
| ACCY CHK | .07 | 11:20am |
| AIR BLK | .00 | 11:21am |
| SUB TEST | .00 | 11:21am |
| AIR BLK | .00 | 11:22am |
| SUB TEST | .00 | 11:24am |
| AIR BLK | .00 | 11:25am |

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: 76
Test Date: 10/01/2008 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

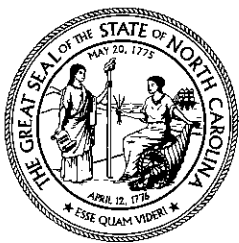
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Hertford Instrument Location Murfreesboro Police Dept.
Instrument Serial No. 0089010 115 E. Broad St., Murfreesboro, N.C.

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

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

I certify that on the 1st day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. P.
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906
Test Date: 10/01/2008

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

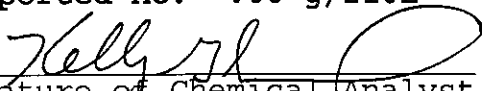
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG809301
Exp Date: 04/02/2010

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 74
Test Date: 10/01/2008 Test Time: 12:24pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:25pm |
| FLO | Pass | 12:25pm |
| FC | Pass | 12:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:25pm |
| SRC | Pass | 12:25pm |
| DET | Pass | 12:25pm |
| BAR | Pass | 12:25pm |
| BT | Pass | 12:25pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:25pm |

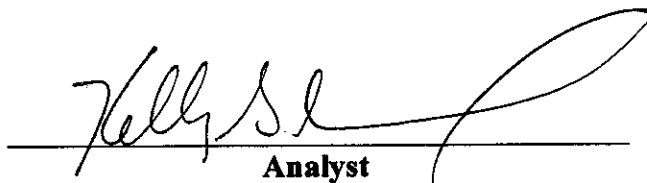
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:25pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:26pm |
| CAL | Pass | 12:26pm |

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 Wilson

Instrument Location Wilson Co. Detention Center

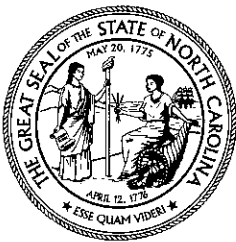
Instrument Serial No. 008627

100 E. Greene St., Wilson, 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 2nd day of October, 2008 the forgoing preventive maintenance procedures were performed on the 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. H.

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627
Test Date: 10/02/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

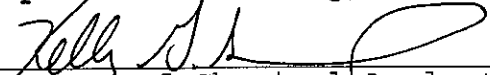
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:33am |
| AIR BLK | .00 | 10:34am |
| ACCY CHK | .07 | 10:35am |
| AIR BLK | .00 | 10:36am |
| SUB TEST | .00 | 10:37am |
| AIR BLK | .00 | 10:37am |
| SUB TEST | .00 | 10:39am |
| AIR BLK | .00 | 10:40am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 368
Test Date: 10/02/2008 Test Time: 10:41am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:42am |
| FLO | Pass | 10:42am |
| FC | Pass | 10:42am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:42am |
| SRC | Pass | 10:42am |
| DET | Pass | 10:42am |
| BAR | Pass | 10:42am |
| BT | Pass | 10:42am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:43am |

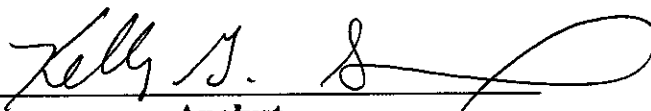
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:43am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:43am |
| CAL | Pass | 10:43am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

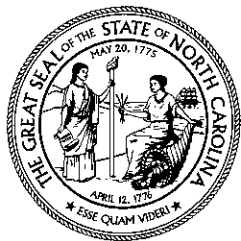
County Wilson Instrument Location Wilson Co. Detention Center

Instrument Serial No. 008652 100 E. Greene St, Wilson, 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 2nd day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652
Test Date: 10/02/2008

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

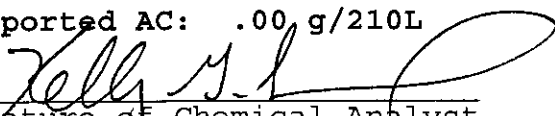
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722503
Exp Date: 08/12/2009

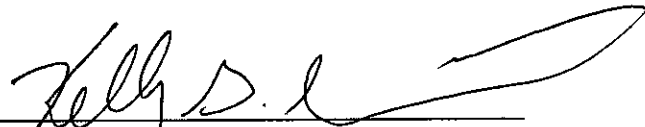
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:50am |
| AIR BLK | .00 | 10:51am |
| ACCY CHK | .07 | 10:52am |
| AIR BLK | .00 | 10:53am |
| SUB TEST | .00 | 10:53am |
| AIR BLK | .00 | 10:54am |
| SUB TEST | .00 | 10:55am |
| AIR BLK | .00 | 10:56am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 701
Test Date: 10/02/2008 Test Time: 10:58am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:59am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:00am |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

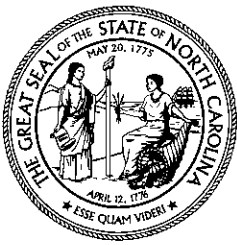
County Edgecombe Instrument Location Edgecombe Co. Magistrate's Office

Instrument Serial No. 008603 300 S. Anaconda Rd., Tarboro, NC.

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

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

I certify that on the 2nd day of October, 20 08 the forgoing preventive maintenance procedures were performed on the 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. L.
Signature of Certifying Official

1043
Certificate Number

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

Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008603
Test Date: 10/02/2008

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722503
Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:34pm |
| AIR BLK | .00 | 12:35pm |
| ACCY CHK | .07 | 12:36pm |
| AIR BLK | .00 | 12:37pm |
| SUB TEST | .00 | 12:37pm |
| AIR BLK | .00 | 12:38pm |
| SUB TEST | .00 | 12:40pm |
| AIR BLK | .00 | 12:41pm |

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: 592
Test Date: 10/02/2008 Test Time: 12:43pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:44pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:44pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

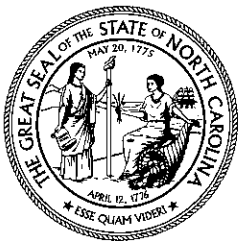
County Edgecombe Instrument Location Edgecombe Co. Magistrate's Office

Instrument Serial No. 008663 300 S. Anaconda 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 2nd day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. 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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008663
Test Date: 10/02/2008

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

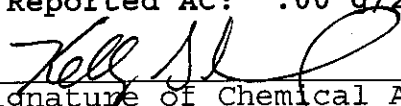
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722503
Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:39pm |
| AIR BLK | .00 | 12:40pm |
| ACCY CHK | .07 | 12:40pm |
| AIR BLK | .00 | 12:41pm |
| SUB TEST | .00 | 12:42pm |
| AIR BLK | .00 | 12:43pm |
| SUB TEST | .00 | 12:45pm |
| AIR BLK | .00 | 12:46pm |

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: 765
Test Date: 10/02/2008 Test Time: 12:49pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:49pm |
| FLO | Pass | 12:49pm |
| FC | Pass | 12:49pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:50pm |


Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:50pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

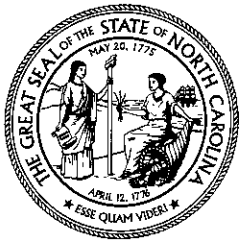
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 3rd day of October, 2008 the forgoing preventive maintenance procedures were performed on the 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. L. O.
Signature of Certifying Official

1043
Certificate Number

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: 10/03/2008

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

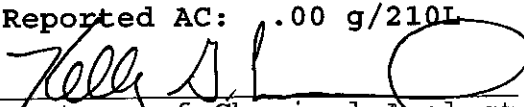
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG816302
Exp Date: 06/11/2010

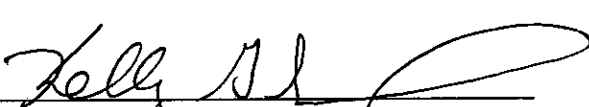
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:36am |
| AIR BLK | .00 | 11:37am |
| ACCY CHK | .08 | 11:38am |
| AIR BLK | .00 | 11:38am |
| SUB TEST | .00 | 11:39am |
| AIR BLK | .00 | 11:40am |
| SUB TEST | .00 | 11:41am |
| AIR BLK | .00 | 11:42am |

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: 47
Test Date: 10/03/2008 Test Time: 11:44am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:44am |
| FLO | Pass | 11:44am |
| FC | Pass | 11:44am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:45am |
| SRC | Pass | 11:45am |
| DET | Pass | 11:45am |
| BAR | Pass | 11:45am |
| BT | Pass | 11:45am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:45am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:45am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:45am |
| CAL | Pass | 11:45am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

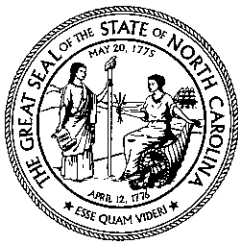
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Beaufort Instrument Location Beaufort Co. Courthouse
Instrument Serial No. 608915 102 E. 2nd St., Washington, N.C.

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

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

I certify that on the 3rd day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. L.
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008915
Test Date: 10/03/2008

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

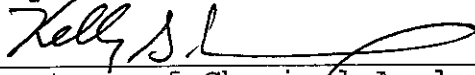
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG816302
Exp Date: 06/11/2010

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:43pm |
| AIR BLK | .00 | 12:44pm |
| ACCY CHK | .07 | 12:45pm |
| AIR BLK | .00 | 12:46pm |
| SUB TEST | .00 | 12:46pm |
| AIR BLK | .00 | 12:47pm |
| SUB TEST | .00 | 12:49pm |
| AIR BLK | .00 | 12:50pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008915 Test Record Number: 86
Test Date: 10/03/2008 Test Time: 12:52pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:53pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:53pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

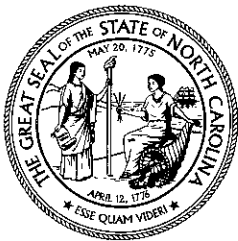
County Hyde Instrument Location Hyde Co SO Orronoke

Instrument Serial No. 008797 MC 12, Orronoke, NC

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

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

I certify that on the 9th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly A. L. P.
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

HYDE COUNTY HYDE CO SO OCRACoke 470

Serial Number: 008797
Test Date: 10/09/2008

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

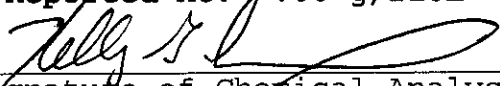
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722701
Exp Date: 08/14/2009

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO OCRACOCKE 470

Serial Number: 008797 Test Record Number: 81
Test Date: 10/09/2008 Test Time: 11:06am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:06am |
| FLO | Pass | 11:06am |
| FC | Pass | 11:06am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:06am |
| SRC | Pass | 11:06am |
| DET | Pass | 11:06am |
| BAR | Pass | 11:06am |
| BT | Pass | 11:06am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:07am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:07am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:07am |
| CAL | Pass | 11:07am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

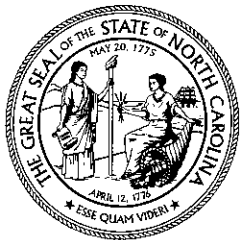
County Dare Instrument Location Dare to 50 Hatteras

Instrument Serial No. 008807 110 Hamlet Trail, Hatteras, 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 5th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807
Test Date: 10/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

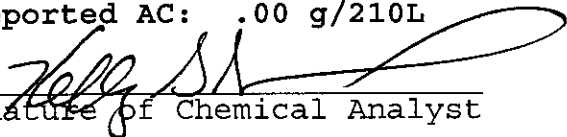
Test Type: Breath Test

Lot Number: AG722802

Exp Date: 08/15/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:27pm |
| AIR BLK | .00 | 12:28pm |
| ACCY CHK | .07 | 12:29pm |
| AIR BLK | .00 | 12:30pm |
| SUB TEST | .00 | 12:30pm |
| AIR BLK | .00 | 12:31pm |
| SUB TEST | .00 | 12:33pm |
| AIR BLK | .00 | 12:34pm |

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: 101
Test Date: 10/09/2008 Test Time: 12:35pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:35pm |
| FLO | Pass | 12:35pm |
| FC | Pass | 12:35pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:36pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:36pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

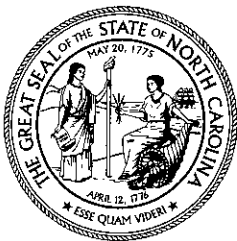
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Beaufort Instrument Location Beaufort Co. Courthouse
Instrument Serial No. 008909 102 E. 2nd St, Washington, N.C

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

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

I certify that on the 3rd day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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 COURTHOUSE 060

Serial Number: 008909
Test Date: 10/03/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG816302

Exp Date: 06/11/2010

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:42pm |
| AIR BLK | .00 | 12:43pm |
| ACCY CHK | .08 | 12:43pm |
| AIR BLK | .00 | 12:44pm |
| SUB TEST | .00 | 12:45pm |
| AIR BLK | .00 | 12:46pm |
| SUB TEST | .00 | 12:47pm |
| AIR BLK | .00 | 12:48pm |

Reported AC: 00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 127
Test Date: 10/03/2008 Test Time: 12:50pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:51pm |
| FLO | Pass | 12:51pm |
| FC | Pass | 12:51pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:51pm |
| SRC | Pass | 12:51pm |
| DET | Pass | 12:51pm |
| BAR | Pass | 12:51pm |
| BT | Pass | 12:51pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:52pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:52pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:52pm |
| CAL | Pass | 12:52pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

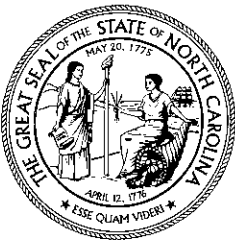
County Lenoir Instrument Location Kinston P.D.

Instrument Serial No. 00 8624 205 E. King St., Kinston, N.C.

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

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

I certify that on the 8th day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly A. P.
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: 10/08/2008

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

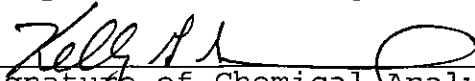
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722602
Exp Date: 08/13/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:50am |
| AIR BLK | .00 | 10:51am |
| ACCY CHK | .07 | 10:51am |
| AIR BLK | .00 | 10:52am |
| SUB TEST | .00 | 10:53am |
| AIR BLK | .00 | 10:54am |
| SUB TEST | .00 | 10:55am |
| AIR BLK | .00 | 10:56am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 339
Test Date: 10/08/2008 Test Time: 10:57am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:57am |
| FLO | Pass | 10:57am |
| FC | Pass | 10:57am |

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 Davidson

Instrument Location Thomasville

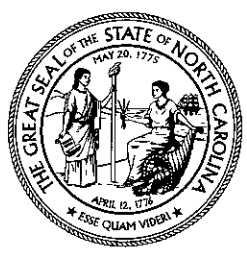
Instrument Serial No. 008872

Police Dept.

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

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

I certify that on the 2 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872
Test Date: 10/02/2008

Citation Number: M0000000-0
Subject's Name:

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

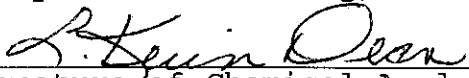
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

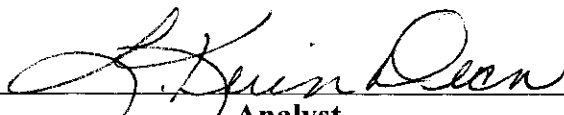
Lot Number: AG814101
Exp Date: 05/20/2010

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:51am |
| AIR BLK | .00 | 11:52am |
| ACCY CHK | .07 | 11:52am |
| AIR BLK | .00 | 11:53am |
| SUB TEST | .00 | 11:54am |
| AIR BLK | .00 | 11:55am |
| SUB TEST | .00 | 11:56am |
| AIR BLK | .00 | 11:57am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR.


Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 131
Test Date: 10/02/2008 Test Time: 12:07pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:08pm |
| FLO | Pass | 12:08pm |
| FC | Pass | 12:08pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:08pm |
| SRC | Pass | 12:08pm |
| DET | Pass | 12:08pm |
| BAR | Pass | 12:08pm |
| BT | Pass | 12:08pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:09pm |

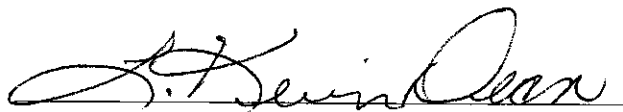
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:09pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:09pm |
| CAL | Pass | 12:09pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

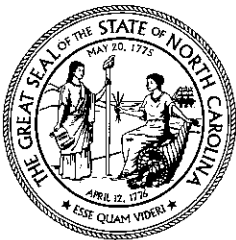
County Davidson Instrument Location Lexington Police

Instrument Serial No. 008883 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 October, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883
Test Date: 10/02/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG809301

Exp Date: 04/02/2010

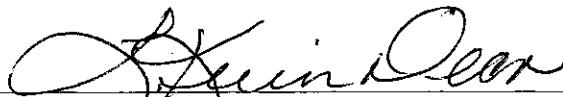
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:26pm |
| AIR BLK | .00 | 1:26pm |
| ACCY CHK | .07 | 1:27pm |
| AIR BLK | .00 | 1:28pm |
| SUB TEST | .00 | 1:28pm |
| AIR BLK | .00 | 1:29pm |
| SUB TEST | .00 | 1:31pm |
| AIR BLK | .00 | 1:31pm |

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: 144
Test Date: 10/02/2008 Test Time: 1:32pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:32pm |
| FLO | Pass | 1:32pm |
| FC | Pass | 1:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:33pm |
| SRC | Pass | 1:33pm |
| DET | Pass | 1:33pm |
| BAR | Pass | 1:33pm |
| BT | Pass | 1:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:33pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:33pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:34pm |
| CAL | Pass | 1:34pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

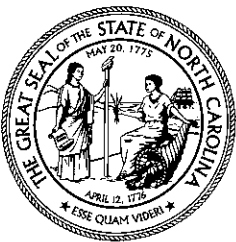
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 2 day of October, 2008 the forgoing preventive maintenance procedures were performed on the 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 DAVIDSON CO JAIL 280

Serial Number: 008845
Test Date: 10/02/2008

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

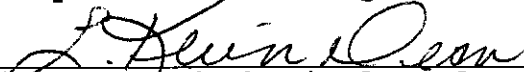
Analyst's Name: *DEAN, LARRY K*
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

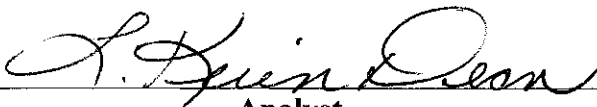
Lot Number: AG809301
Exp Date: 04/02/2010

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:02pm |
| AIR BLK | .00 | 2:03pm |
| ACCY CHK | .07 | 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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 136
Test Date: 10/02/2008 Test Time: 2:09pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:09pm |
| FLO | Pass | 2:09pm |
| FC | Pass | 2:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:09pm |
| SRC | Pass | 2:09pm |
| DET | Pass | 2:09pm |
| BAR | Pass | 2:09pm |
| BT | Pass | 2:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:10pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:10pm |
| CAL | Pass | 2:10pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

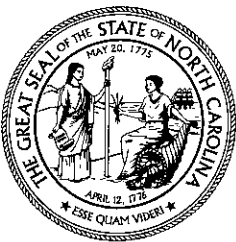
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County DAVIE Instrument Location DAVIE CO 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 2 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905
Test Date: 10/02/2008

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

Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG809301
Exp Date: 04/02/2010

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:10pm |
| AIR BLK | .00 | 3:11pm |
| ACCY CHK | .07 | 3:12pm |
| AIR BLK | .00 | 3:12pm |
| SUB TEST | .00 | 3:13pm |
| AIR BLK | .00 | 3:14pm |
| SUB TEST | .00 | 3:15pm |
| AIR BLK | .00 | 3:16pm |

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: 117
Test Date: 10/02/2008 Test Time: 3:17pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:17pm |
| FLO | Pass | 3:17pm |
| FC | Pass | 3:18pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:19pm |

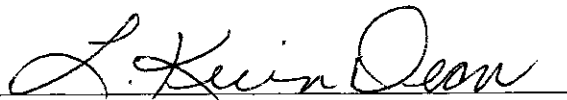
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:19pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:19pm |
| CAL | Pass | 3:19pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

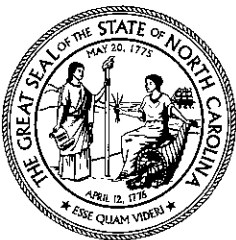
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Guilford Instrument Location Greensboro Jail
Instrument Serial No. 008790 Greensboro, N.C.

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

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

I certify that on the 20 day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790
Test Date: 10/20/2008

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

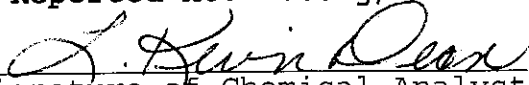
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

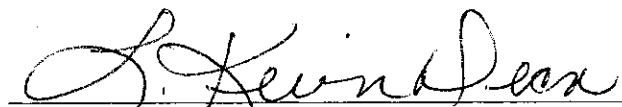
Lot Number: AG816303
Exp Date: 06/11/2010

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 509
Test Date: 10/20/2008 Test Time: 11:42am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:42am |
| FLO | Pass | 11:42am |
| FC | Pass | 11:43am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:43am |
| SRC | Pass | 11:43am |
| DET | Pass | 11:43am |
| BAR | Pass | 11:43am |
| BT | Pass | 11:43am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:43am |

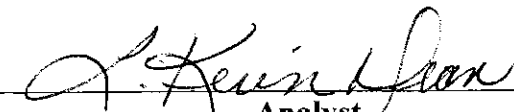
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:43am |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location Greensboro Jail

Instrument Serial No. 008794 Greensboro, N.C.

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

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

I certify that on the 20 day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794
Test Date: 10/20/2008

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

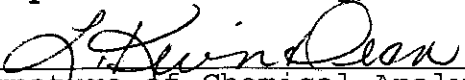
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

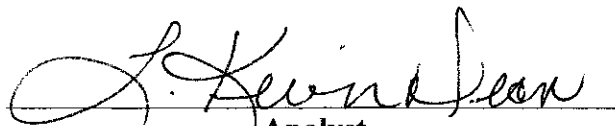
Lot Number: AG722501
Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:49am |
| AIR BLK | .00 | 11:50am |
| ACCY CHK | .07 | 11:51am |
| AIR BLK | .00 | 11:52am |
| SUB TEST | .00 | 11:52am |
| AIR BLK | .00 | 11:53am |
| SUB TEST | .00 | 11:55am |
| AIR BLK | .00 | 11:56am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 357
Test Date: 10/20/2008 Test Time: 11:57am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:58am |

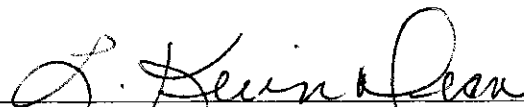
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:58am |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

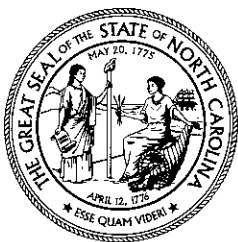
County Guilford Instrument Location Greensboro Police

Instrument Serial No. 008604 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 20 day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008604
Test Date: 10/20/2008

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

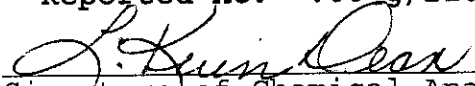
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723301-24
Exp Date: 08/20/2009

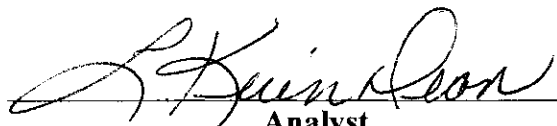
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:50pm |
| AIR BLK | .00 | 2:51pm |
| ACCY CHK | .07 | 2:51pm |
| AIR BLK | .00 | 2:52pm |
| SUB TEST | .00 | 2:53pm |
| AIR BLK | .00 | 2:54pm |
| SUB TEST | .00 | 2:56pm |
| AIR BLK | .00 | 2:57pm |

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: 008604 Test Record Number: 489
Test Date: 10/20/2008 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 |

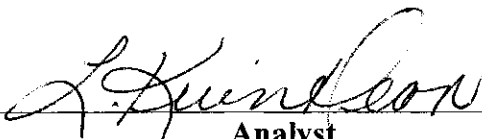
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:00pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

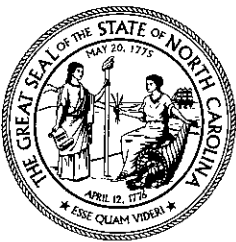
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Guilford Instrument Location Greensboro Police
Department
Instrument Serial No. 008725

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

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

I certify that on the 20 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725
Test Date: 10/20/2008

Citation Number: M0000000-0
Subject's Name:

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

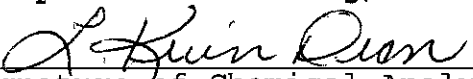
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

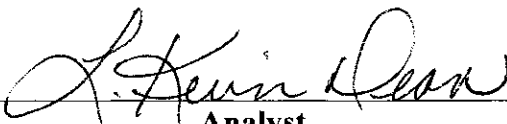
Lot Number: AG722502-1
Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:19pm |
| AIR BLK | .00 | 3:20pm |
| ACCY CHK | .07 | 3:21pm |
| AIR BLK | .00 | 3:21pm |
| SUB TEST | .00 | 3:22pm |
| AIR BLK | .00 | 3:23pm |
| SUB TEST | .00 | 3:24pm |
| AIR BLK | .00 | 3:25pm |

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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 317
Test Date: 10/20/2008 Test Time: 3:27pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:28pm |
| FLO | Pass | 3:28pm |
| FC | Pass | 3:28pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:28pm |
| SRC | Pass | 3:28pm |
| DET | Pass | 3:28pm |
| BAR | Pass | 3:28pm |
| BT | Pass | 3:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:29pm |

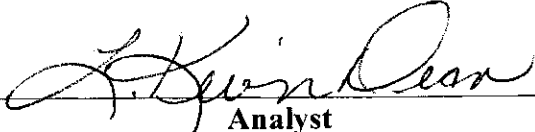
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:29pm |
| CAL | Pass | 3:29pm |

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**

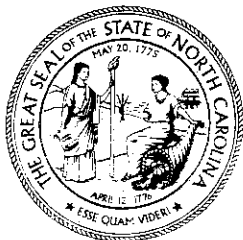
County CABARRUS Instrument Location BATMOBILE UNIT 3

Instrument Serial No. 008614 CONCORD, NC

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

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

I certify that on the 11 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Allen R. Bennis
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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616
Test Date: 10/11/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
12/01/2007-12/01/2009

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


Lot Number: AG722601
Exp Date: 08/13/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:41pm |
| AIR BLK | .00 | 11:42pm |
| ACCY CHK | .07 | 11:42pm |
| AIR BLK | .00 | 11:43pm |
| SUB TEST | .00 | 11:44pm |
| AIR BLK | .00 | 11:45pm |
| SUB TEST | .00 | 11:46pm |
| AIR BLK | .00 | 11:47pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Record Number: 331
Test Date: 10/11/2008 Test Time: 11:48pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:49pm |

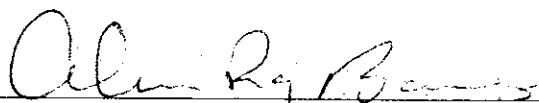
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:49pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

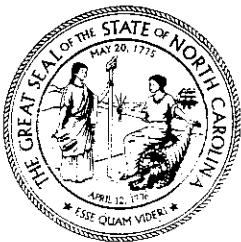
County CABARRUS Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008647 CONCORD, NC

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

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

I certify that on the 11 day of OCTOBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Bann
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647
Test Date: 10/11/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602

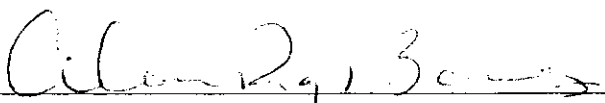
Exp Date: 08/13/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:25pm |
| AIR BLK | .00 | 11:26pm |
| ACCY CHK | .07 | 11:27pm |
| AIR BLK | .00 | 11:28pm |
| SUB TEST | .00 | 11:28pm |
| AIR BLK | .00 | 11:29pm |
| SUB TEST | .00 | 11:31pm |
| AIR BLK | .00 | 11:32pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Record Number: 359
Test Date: 10/11/2008 Test Time: 11:33pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:33pm |
| FLO | Pass | 11:33pm |
| FC | Pass | 11:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:33pm |
| SRC | Pass | 11:33pm |
| DET | Pass | 11:33pm |
| BAR | Pass | 11:33pm |
| BT | Pass | 11:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:34pm |

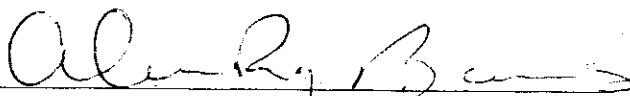
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:34pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:34pm |
| CAL | Pass | 11:34pm |

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**

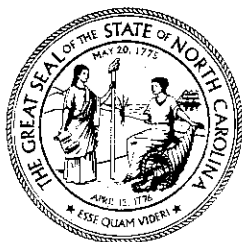
County CABARRUS Instrument Location BATMOBILE UNIT 3

Instrument Serial No. 008707 CONCORD, NC

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

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

I certify that on the 10 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Allen Ray Bams
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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707
Test Date: 10/10/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:
12/01/2007-12/01/2009

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

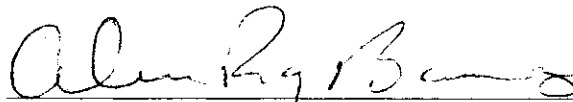
Lot Number: AG722501
Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:50pm |
| AIR BLK | .00 | 3:51pm |
| ACCY CHK | .07 | 3:51pm |
| AIR BLK | .00 | 3:52pm |
| SUB TEST | .00 | 3:53pm |
| AIR BLK | .00 | 3:54pm |
| SUB TEST | .00 | 3:55pm |
| AIR BLK | .00 | 3:56pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Record Number: 189
Test Date: 10/10/2008 Test Time: 4:00pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:01pm |
| FLO | Pass | 4:01pm |
| FC | Pass | 4:01pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:01pm |
| SRC | Pass | 4:01pm |
| DET | Pass | 4:01pm |
| BAR | Pass | 4:01pm |
| BT | Pass | 4:01pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:02pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:02pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:02pm |
| CAL | Pass | 4:02pm |

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

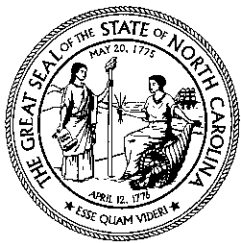
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County CUMBERLAND Instrument Location FORT BRAGG,
Instrument Serial No. 008908 LEC,

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

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

I certify that on the 07 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner
Signature of Certifying Official

578
Certificate Number

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

Intox EC/IR-II: Subject Test

CUMBERLAND FORT BRAGG, LEC. 250

Serial Number: 008908
Test Date: 10/07/2008

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

Analyst's Name: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG809301
Exp Date: 04/02/2010

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR.



Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND FORT BRAGG, LEC. 250

Serial Number: 008908 Test Record Number: 151
Test Date: 10/07/2008 Test Time: 11:42am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:43am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:43am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

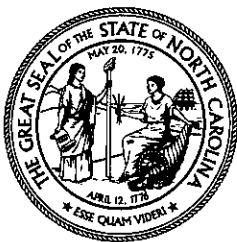
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County CUMBERLAND Instrument Location SECURITY FORCES
Instrument Serial No. 008787 POPE AFB, NORTH CAROLINA

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

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

I certify that on the 07 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. [Signature]
Signature of Certifying Official

578
Certificate Number

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

Intox EC/IR-II: Subject Test

CUMBERLAND SECURITY FORCES 250

Serial Number: 008787
Test Date: 10/07/2008

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

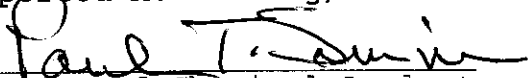
Analyst's Name: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
12/01/2007-12/01/2009

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


Lot Number: AG722801
Exp Date: 08/15/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:29pm |
| AIR BLK | .00 | 1:30pm |
| ACCY CHK | .07 | 1:31pm |
| AIR BLK | .00 | 1:32pm |
| SUB TEST | .00 | 1:32pm |
| AIR BLK | .00 | 1:33pm |
| SUB TEST | .00 | 1:35pm |
| AIR BLK | .00 | 1:36pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND SECURITY FORCES 250

Serial Number: 008787 Test Record Number: 62
Test Date: 10/07/2008 Test Time: 1:38pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:38pm |
| FLO | Pass | 1:38pm |
| FC | Pass | 1:38pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:38pm |
| SRC | Pass | 1:38pm |
| DET | Pass | 1:38pm |
| BAR | Pass | 1:38pm |
| BT | Pass | 1:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:39pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:39pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:39pm |
| CAL | Pass | 1:39pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

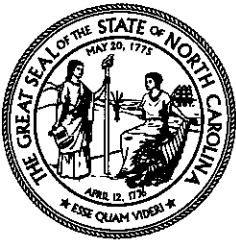
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County HARNETT Instrument Location HARNETT Co.
Instrument Serial No. 008729 LEC.

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

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

I certify that on the 02 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner
Signature of Certifying Official

578
Certificate Number

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

Intox EC/IR-II: Subject Test

HARNETT COUNTY LEC 420

Serial Number: 008729
Test Date: 10/02/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG816303

Exp Date: 06/11/2010

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:53pm |
| AIR BLK | .00 | 2:54pm |
| ACCY CHK | .07 | 2:54pm |
| AIR BLK | .00 | 2:55pm |
| SUB TEST | .00 | 2:57pm |
| AIR BLK | .00 | 2:57pm |
| SUB TEST | .00 | 2:59pm |
| AIR BLK | .00 | 3:00pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY LEC 420

Serial Number: 008729 Test Record Number: 372
Test Date: 10/02/2008 Test Time: 3:03pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:03pm |
| FLO | Pass | 3:03pm |
| FC | Pass | 3:03pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:03pm |
| SRC | Pass | 3:03pm |
| DET | Pass | 3:03pm |
| BAR | Pass | 3:03pm |
| BT | Pass | 3:03pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:04pm |

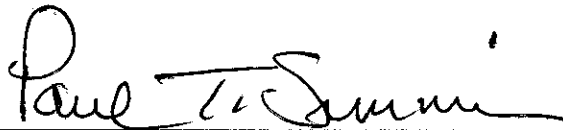
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:04pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:04pm |
| CAL | Pass | 3:04pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

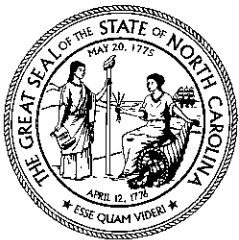
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County HARNETT Instrument Location HARNETT Co.
Instrument Serial No. 008730 LEC.

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

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

I certify that on the 02 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the 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 L. Sumner
Signature of Certifying Official

578
Certificate Number

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

Intox EC/IR-II: Subject Test

HARNETT COUNTY LEC 420

Serial Number: 008730
Test Date: 10/02/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

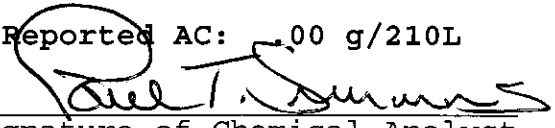
Test Type: Breath Test

Lot Number: AG722503

Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:45pm |
| AIR BLK | .00 | 1:46pm |
| ACCY CHK | .07 | 1:47pm |
| AIR BLK | .00 | 1:48pm |
| SUB TEST | .00 | 1:48pm |
| AIR BLK | .00 | 1:49pm |
| SUB TEST | .00 | 1:50pm |
| AIR BLK | .00 | 1:51pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY LEC 420

Serial Number: 008730 Test Record Number: 200
Test Date: 10/02/2008 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 | 1:54pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:54pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

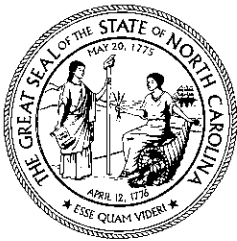
County NASH Instrument Location Rock Mount PD

Instrument Serial No. 008738 #1 GOVERNMENT PLAZA ROCK 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 13 day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

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

Intox EC/IR-II: Subject Test

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008738
Test Date: 10/13/2008

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

Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

Lot Number: AG723401
Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:35am |
| AIR BLK | .00 | 11:35am |
| ACCY CHK | .07 | 11:36am |
| AIR BLK | .00 | 11:37am |
| SUB TEST | .00 | 11:37am |
| AIR BLK | .00 | 11:38am |
| SUB TEST | .00 | 11:40am |
| AIR BLK | .00 | 11:40am |

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: 008738 Test Record Number: 102
Test Date: 10/13/2008 Test Time: 11:31am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:32am |
| FLO | Pass | 11:32am |
| FC | Pass | 11:32am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:32am |

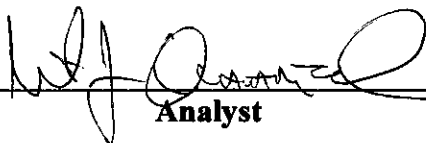
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:33am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH

Instrument Location REELLY MOUNT PD

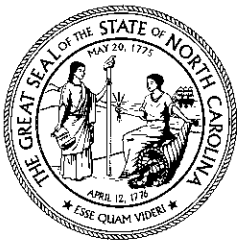
Instrument Serial No. 008741

1 GOVERNMENT PLAZA REELLY 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 13 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

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

Intox EC/IR-II: Subject Test

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741
Test Date: 10/13/2008

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

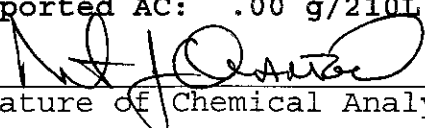
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

Lot Number: AG723401
Exp Date: 08/21/2009


| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:00am |
| AIR BLK | .00 | 11:01am |
| ACCY CHK | .07 | 11:02am |
| AIR BLK | .00 | 11:03am |
| SUB TEST | .00 | 11:04am |
| AIR BLK | .00 | 11:04am |
| SUB TEST | .00 | 11:08am |
| AIR BLK | .00 | 11:09am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 88
Test Date: 10/13/2008 Test Time: 11:10am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:11am |
| FLO | Pass | 11:11am |
| FC | Pass | 11:11am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:12am |

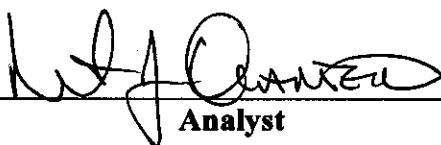
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:12am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:12am |
| CAL | Pass | 11:12am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake

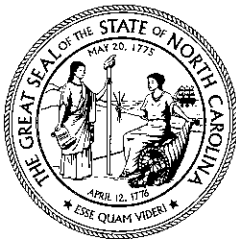
Instrument Location BAT Mobile Unit 4

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 11th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Daniel O. Truett SR
Signature of Certifying Official

651
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Record Number: 58
Test Date: 10/11/2008 Test Time: 7:17pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:17pm |
| FLO | Pass | 7:17pm |
| FC | Pass | 7:17pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:18pm |
| SRC | Pass | 7:18pm |
| DET | Pass | 7:18pm |
| BAR | Pass | 7:18pm |
| BT | Pass | 7:18pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:18pm |

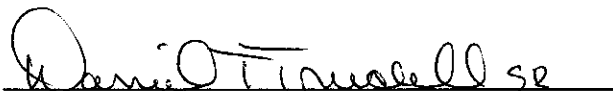
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:18pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:18pm |
| CAL | Pass | 7:18pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871
Test Date: 10/11/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

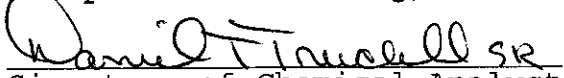
Test Type: Breath Test

Lot Number: AG816303

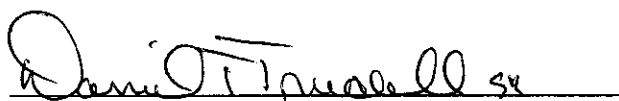
Exp Date: 06/11/2010

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:09pm |
| AIR BLK | .00 | 7:10pm |
| ACCY CHK | .07 | 7:11pm |
| AIR BLK | .00 | 7:12pm |
| SUB TEST | .00 | 7:12pm |
| AIR BLK | .00 | 7:13pm |
| SUB TEST | .00 | 7:15pm |
| AIR BLK | .00 | 7:16pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake

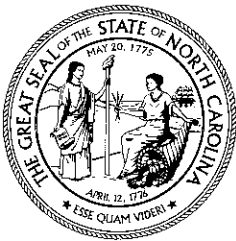
Instrument Location BAT Mobile Unit 4

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 11th day of October, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Daniel T. Trawell Sr
Signature of Certifying Official

651
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Record Number: 136
Test Date: 10/11/2008 Test Time: 6:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:58pm |
| FLO | Pass | 6:58pm |
| FC | Pass | 6:59pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:59pm |
| SRC | Pass | 6:59pm |
| DET | Pass | 6:59pm |
| BAR | Pass | 6:59pm |
| BT | Pass | 6:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:59pm |

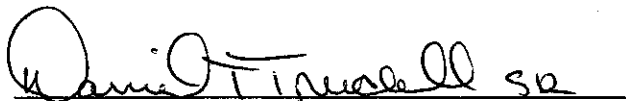
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:59pm |
| CAL | Pass | 6:59pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734
Test Date: 10/11/2008

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

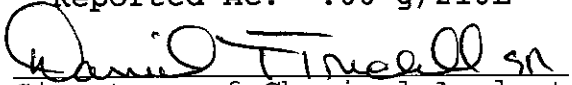
Analyst's Name: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
12/01/2007-12/01/2009

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


Lot Number: AG722501
Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:50pm |
| AIR BLK | .00 | 6:51pm |
| ACCY CHK | .07 | 6:51pm |
| AIR BLK | .00 | 6:52pm |
| SUB TEST | .00 | 6:53pm |
| AIR BLK | .00 | 6:54pm |
| SUB TEST | .00 | 6:55pm |
| AIR BLK | .00 | 6:56pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

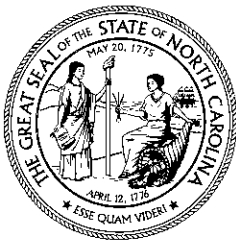
County Wake Instrument Location BAT mobile unit 4

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 11th day of October, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Daniel T. Truitt SR
Signature of Certifying Official

651
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Record Number: 97
Test Date: 10/11/2008 Test Time: 7:02pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:03pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:03pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717
Test Date: 10/11/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

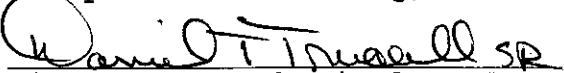
Test Type: Breath Test

Lot Number: AG723401

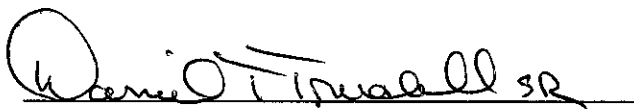
Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:52pm |
| AIR BLK | .00 | 6:53pm |
| ACCY CHK | .07 | 6:53pm |
| AIR BLK | .00 | 6:54pm |
| SUB TEST | .00 | 6:55pm |
| AIR BLK | .00 | 6:56pm |
| SUB TEST | .00 | 6:57pm |
| AIR BLK | .00 | 6:59pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

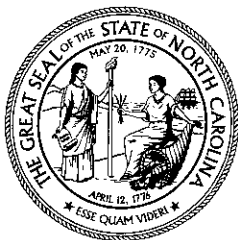
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County RICHMOND Instrument Location RICHMOND CO. MAGISTRATES
Instrument Serial No. 008701 OFFICE, 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 08 day of OCTOBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument 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 RICHMOND CO. MAG OFF 760

Serial Number: 008701
Test Date: 10/08/2008

Citation Number: M0000000-0
Subject's Name:

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

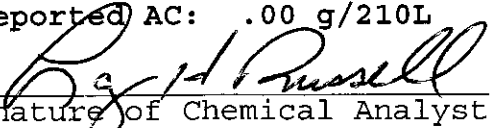
Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

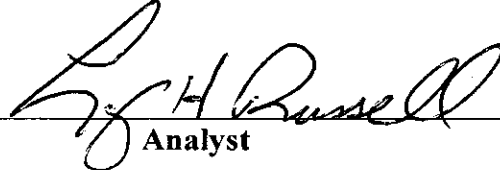
Lot Number: AG816303
Exp Date: 06/11/2010

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:34pm |
| AIR BLK | .00 | 3:35pm |
| ACCY CHK | .07 | 3:35pm |
| AIR BLK | .00 | 3:36pm |
| SUB TEST | .00 | 3:37pm |
| AIR BLK | .00 | 3:38pm |
| SUB TEST | .00 | 3:40pm |
| AIR BLK | .00 | 3:41pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 307
Test Date: 10/08/2008 Test Time: 3:41pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:42pm |
| FLO | Pass | 3:42pm |
| FC | Pass | 3:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:42pm |
| SRC | Pass | 3:42pm |
| DET | Pass | 3:42pm |
| BAR | Pass | 3:42pm |
| BT | Pass | 3:42pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:43pm |

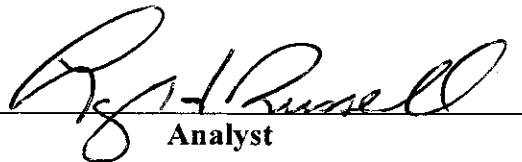
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:43pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:43pm |
| CAL | Pass | 3:43pm |

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**

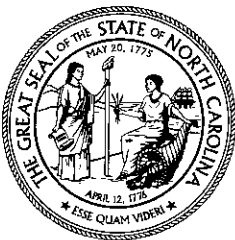
County ANSON Instrument Location ANSON Co. Sheriff's

Instrument Serial No. 008739 DEPT. WALESBORO

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

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

I certify that on the 08 day of OCTOBER, 20 08, the forgoing preventive maintenance procedures were performed on the instrument 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

ANSON ANSON CO. SD. 030

Serial Number: 008739
Test Date: 10/08/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG816303

Exp Date: 06/11/2010

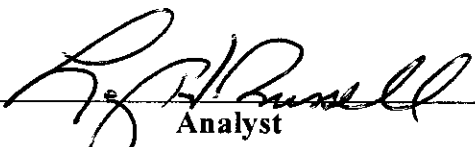
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:28pm |
| AIR BLK | .00 | 2:29pm |
| ACCY CHK | .07 | 2:30pm |
| AIR BLK | .00 | 2:31pm |
| SUB TEST | .00 | 2:31pm |
| AIR BLK | .00 | 2:32pm |
| SUB TEST | .00 | 2:33pm |
| AIR BLK | .00 | 2:34pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ANSON ANSON CO. SD. 030

Serial Number: 008739 Test Record Number: 63
Test Date: 10/08/2008 Test Time: 2:36pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:36pm |
| FLO | Pass | 2:36pm |
| FC | Pass | 2:36pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:36pm |
| SRC | Pass | 2:36pm |
| DET | Pass | 2:36pm |
| BAR | Pass | 2:36pm |
| BT | Pass | 2:36pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:37pm |

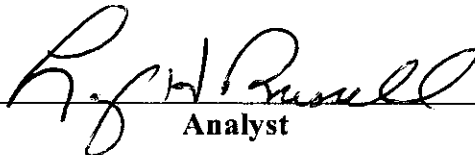
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:37pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:37pm |
| CAL | Pass | 2:37pm |

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**

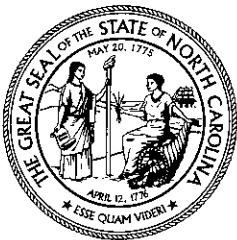
County ANSON Instrument Location ANSON Co. Sheriff's

Instrument Serial No. 008597 Dept, WADESBORO 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 08 day of OCTOBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument 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

ANSON ANSON CO. SD. 030

Serial Number: 008597
Test Date: 10/08/2008

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


Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG816303
Exp Date: 06/11/2010


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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR.



Analyst

Intox EC/IR-II: Preventive Maintenance

ANSON ANSON CO. SD. 030

Serial Number: 008597 Test Record Number: 124
Test Date: 10/08/2008 Test Time: 2:13pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:13pm |
| FLO | Pass | 2:13pm |
| FC | Pass | 2:13pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:13pm |
| SRC | Pass | 2:13pm |
| DET | Pass | 2:13pm |
| BAR | Pass | 2:13pm |
| BT | Pass | 2:13pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:14pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:14pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:14pm |
| CAL | Pass | 2:14pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

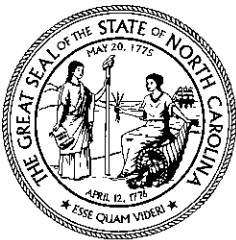
County PERSON Instrument Location PERSON CO. LEC

Instrument Serial No. 008693 120 COURT ST. ROXBORO, NC

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

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

I certify that on the 02 day of OCTOBER, 20 08 the forgoing preventive maintenance procedures were performed on the 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

6317

Certificate Number

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

Intox EC/IR-II: Subject Test

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693
Test Date: 10/02/2008

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

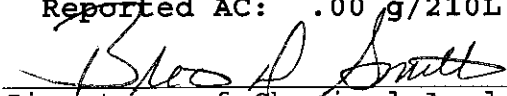
Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
12/01/2007-12/01/2009

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

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


| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:25pm |
| AIR BLK | .00 | 4:25pm |
| ACCY CHK | .07 | 4:26pm |
| AIR BLK | .00 | 4:27pm |
| SUB TEST | .00 | 4:27pm |
| AIR BLK | .00 | 4:28pm |
| SUB TEST | .00 | 4:30pm |
| AIR BLK | .00 | 4:31pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 279
Test Date: 10/02/2008 Test Time: 4:31pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:32pm |
| FLO | Pass | 4:32pm |
| FC | Pass | 4:32pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:32pm |
| SRC | Pass | 4:32pm |
| DET | Pass | 4:32pm |
| BAR | Pass | 4:32pm |
| BT | Pass | 4:32pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:33pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:33pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:33pm |
| CAL | Pass | 4:33pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

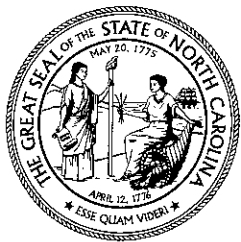
County PERSON Instrument Location PERSON CO. LEC

Instrument Serial No. 008880 120 COURT ST. ROXBORO, NC

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

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

I certify that on the 02 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880
Test Date: 10/02/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

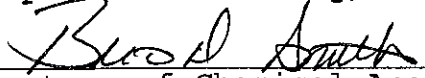
Test Type: Breath Test

Lot Number: AG814101

Exp Date: 05/20/2010

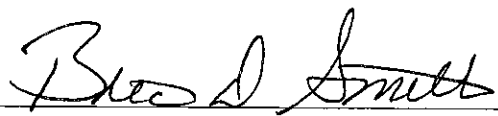
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:19pm |
| AIR BLK | .00 | 4:20pm |
| ACCY CHK | .08 | 4:20pm |
| AIR BLK | .00 | 4:21pm |
| SUB TEST | .00 | 4:22pm |
| AIR BLK | .00 | 4:22pm |
| SUB TEST | .00 | 4:24pm |
| AIR BLK | .00 | 4:25pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 78
Test Date: 10/02/2008 Test Time: 4:25pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:26pm |
| FLO | Pass | 4:26pm |
| FC | Pass | 4:26pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:26pm |
| SRC | Pass | 4:26pm |
| DET | Pass | 4:26pm |
| BAR | Pass | 4:26pm |
| BT | Pass | 4:26pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:26pm |

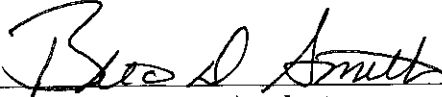
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:26pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:27pm |
| CAL | Pass | 4:27pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

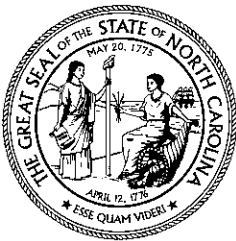
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County CASWELL Instrument Location YANCEYVILLE PD
Instrument Serial No. 008593 200 E. CHURCH ST. YANCEYVILLE, NC

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

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

I certify that on the 02 day of OCTOBER, 20 08 the forgoing preventive maintenance procedures were performed on the 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

CASWELL COUNTY YANCEYVILLE PD 160

Serial Number: 008593
Test Date: 10/02/2008

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

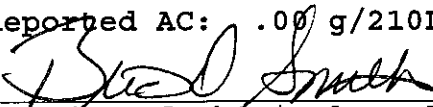
Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
12/01/2007-12/01/2009

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

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

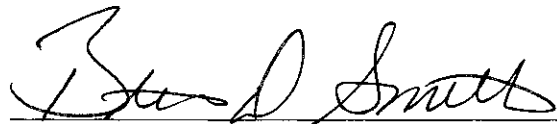
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:36pm |
| AIR BLK | .00 | 2:36pm |
| ACCY CHK | .07 | 2:37pm |
| AIR BLK | .00 | 2:38pm |
| SUB TEST | .00 | 2:38pm |
| AIR BLK | .00 | 2:39pm |
| SUB TEST | .00 | 2:41pm |
| AIR BLK | .00 | 2:42pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CASWELL COUNTY YANCEYVILLE PD 160

Serial Number: 008593 Test Record Number: 364
Test Date: 10/02/2008 Test Time: 2:43pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:44pm |
| SRC | Pass | 2:44pm |
| DET | Pass | 2:44pm |
| BAR | Pass | 2:44pm |
| BT | Pass | 2:44pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:44pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:44pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

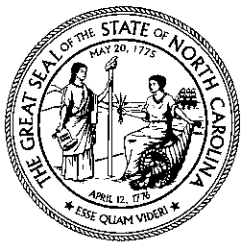
County ORANGE Instrument Location HILLSBOROUGH PD

Instrument Serial No. 008799 127 N. CHURTON ST. HILLSBOROUGH, NC

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

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

I certify that on the 02 day of OCTOBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bob J. 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

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799
Test Date: 10/02/2008

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
12/01/2007-12/01/2009

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

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

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:28pm |
| AIR BLK | .00 | 1:28pm |
| ACCY CHK | .07 | 1:29pm |
| AIR BLK | .00 | 1:30pm |
| SUB TEST | .00 | 1:31pm |
| AIR BLK | .00 | 1:32pm |
| SUB TEST | .00 | 1:33pm |
| AIR BLK | .00 | 1:34pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 127
Test Date: 10/02/2008 Test Time: 1:34pm 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**

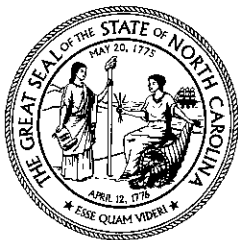
County ALAMANCE Instrument Location ALAMANCE CO. JAIL

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 01 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Brian D. Smith
Signature of Certifying Official

637
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853
Test Date: 10/01/2008

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

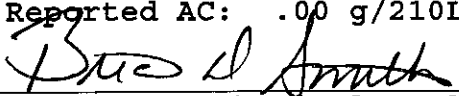
Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
12/01/2007-12/01/2009

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

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

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:18pm |
| AIR BLK | .00 | 2:19pm |
| ACCY CHK | .07 | 2:20pm |
| AIR BLK | .00 | 2:20pm |
| 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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 96
Test Date: 10/01/2008 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 | 2:26pm |
| SRC | Pass | 2:26pm |
| DET | Pass | 2:26pm |
| BAR | Pass | 2:26pm |
| BT | Pass | 2:26pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:27pm |


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**

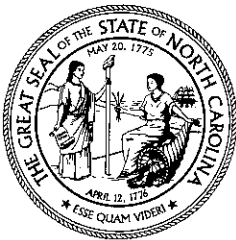
County ALAMANCE Instrument Location BURLINGTON PD

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 01 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Brian D. Smith
Signature of Certifying Official

637
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907

Test Date: 10/01/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

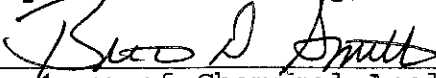
Test Type: Breath Test

Lot Number: AG814002

Exp Date: 05/19/2010

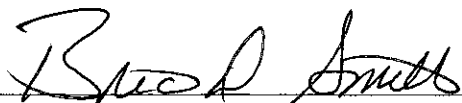
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:43pm |
| AIR BLK | .00 | 2:44pm |
| ACCY CHK | .07 | 2:45pm |
| AIR BLK | .00 | 2:46pm |
| SUB TEST | .00 | 2:46pm |
| AIR BLK | .00 | 2:47pm |
| SUB TEST | .00 | 2:49pm |
| AIR BLK | .00 | 2:50pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 111
Test Date: 10/01/2008 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 |

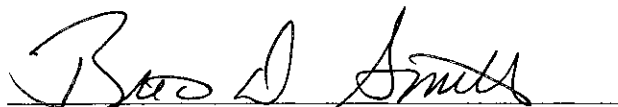
Printer Tests

| 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**

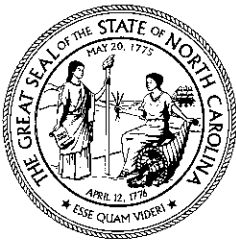
County ALAMANCE Instrument Location ALAMANCE CO. JAIL

Instrument Serial No. 108913 109 S. MARIE 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 1 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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

650
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913
Test Date: 10/01/2008

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

Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

Lot Number: AG816303
Exp Date: 06/11/2010

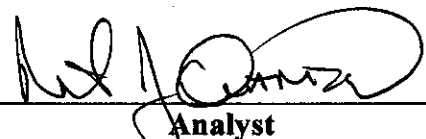
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:49pm |
| AIR BLK | .00 | 1:50pm |
| ACCY CHK | .07 | 1:50pm |
| AIR BLK | .00 | 1:51pm |
| SUB TEST | .00 | 1:52pm |
| AIR BLK | .00 | 1:53pm |
| SUB TEST | .00 | 1:54pm |
| AIR BLK | .00 | 1:55pm |

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: 137
Test Date: 10/01/2008 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**

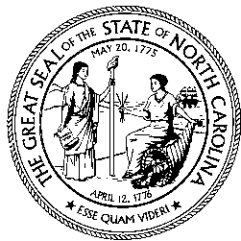
County ALAMANCE Instrument Location BURLINGTON P.D.

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

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

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

I certify that on the 1 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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

650
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812

Test Date: 10/01/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

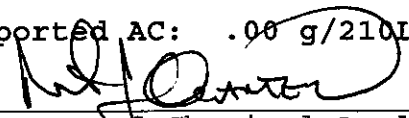
Test Type: Breath Test

Lot Number: AG814002

Exp Date: 05/19/2010

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:48pm |
| AIR BLK | .00 | 2:49pm |
| ACCY CHK | .07 | 2:49pm |
| AIR BLK | .00 | 2:50pm |
| SUB TEST | .00 | 2:51pm |
| AIR BLK | .00 | 2:52pm |
| SUB TEST | .00 | 2:53pm |
| AIR BLK | .00 | 2:54pm |

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: 124
Test Date: 10/01/2008 Test Time: 2:55pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:55pm |
| FLO | Pass | 2:55pm |
| FC | Pass | 2:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:55pm |
| SRC | Pass | 2:55pm |
| DET | Pass | 2:55pm |
| BAR | Pass | 2:55pm |
| BT | Pass | 2:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:56pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:56pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:56pm |
| CAL | Pass | 2:56pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

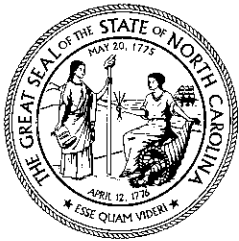
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County ORANGE Instrument Location CHAPEL HILL PD
Instrument Serial No. 008856 828 MARTIN LUTHER KING TR BLD
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 2 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

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

Intox EC/IR-II: Subject Test

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856
Test Date: 10/02/2008

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

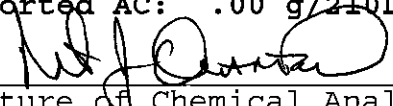
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

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

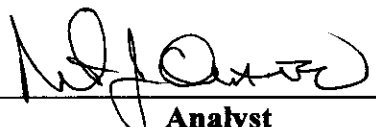
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 9:55am |
| AIR BLK | .00 | 9:56am |
| ACCY CHK | .07 | 9:56am |
| AIR BLK | .00 | 9:57am |
| SUB TEST | .00 | 9:58am |
| AIR BLK | .00 | 9:59am |
| SUB TEST | .00 | 10:00am |
| AIR BLK | .00 | 10:01am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 117
Test Date: 10/02/2008 Test Time: 10:10am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:10am |
| FLO | Pass | 10:10am |
| FC | Pass | 10:10am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:11am |

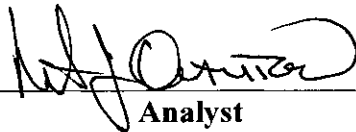
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:11am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

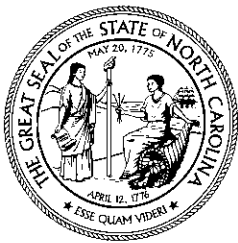
County ORANGE Instrument Location CHAPEL HILL PD

Instrument Serial No. 10 8839 828 HARTIN LUTHER KING, JR. BLD
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 2 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

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

Intox EC/IR-II: Subject Test

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839

Test Date: 10/02/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

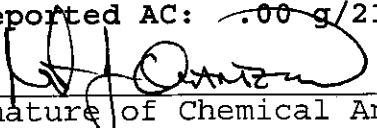
Test Type: Breath Test

Lot Number: AG814002

Exp Date: 05/19/2010

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:54am |
| AIR BLK | .00 | 9:55am |
| ACCY CHK | .07 | 9:55am |
| AIR BLK | .00 | 9:56am |
| SUB TEST | .00 | 9:57am |
| AIR BLK | .00 | 9:58am |
| SUB TEST | .00 | 9:59am |
| AIR BLK | .00 | 10:00am |

Reported AC: .00 g/210L



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: 116
Test Date: 10/02/2008 Test Time: 10:02am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:02am |
| FLO | Pass | 10:02am |
| FC | Pass | 10:02am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:02am |
| SRC | Pass | 10:02am |
| DET | Pass | 10:02am |
| BAR | Pass | 10:02am |
| BT | Pass | 10:02am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:03am |

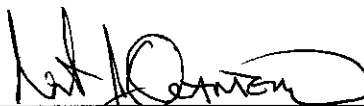
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:03am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:03am |
| CAL | Pass | 10:03am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

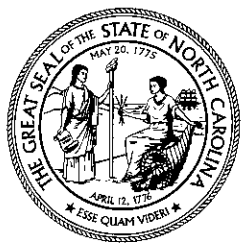
County CHATHAM Instrument Location PITTSBORO POLICE

Instrument Serial No. 008591 DEPT, 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 22 day of OCTOBER, 20 08 the forgoing preventive maintenance procedures were performed on the instrument 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 PITTSBORO PD 180

Serial Number: 008591

Test Date: 10/22/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

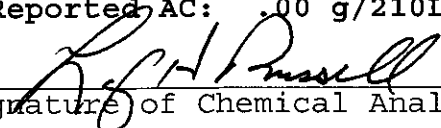
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CHATHAM PITTSBORO PD 180

Serial Number: 008591 Test Record Number: 214
Test Date: 10/22/2008 Test Time: 3:27pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:28pm |
| FLO | Pass | 3:28pm |
| FC | Pass | 3:28pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:28pm |
| SRC | Pass | 3:28pm |
| DET | Pass | 3:28pm |
| BAR | Pass | 3:28pm |
| BT | Pass | 3:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:29pm |

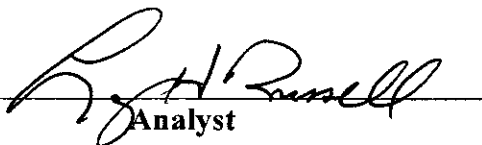
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:29pm |
| CAL | Pass | 3:29pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

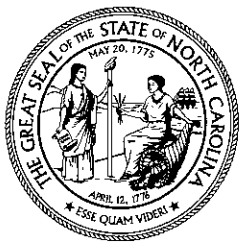
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County CHATHAM Instrument Location SILER CITY POLICE
Instrument Serial No. 008811 DEPT. SILER CITY, NC

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

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

I certify that on the 22 day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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 SILER CITY PD. 180

Serial Number: 008811
Test Date: 10/22/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

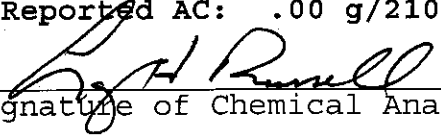
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

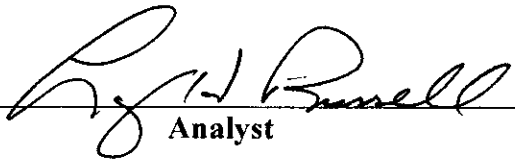
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:56pm |
| AIR BLK | .00 | 1:57pm |
| ACCY CHK | .07 | 1:58pm |
| AIR BLK | .00 | 1:58pm |
| SUB TEST | .00 | 2:00pm |
| AIR BLK | .00 | 2:01pm |
| SUB TEST | .00 | 2:03pm |
| AIR BLK | .00 | 2:04pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CHATHAM SILER CITY PD. 180

Serial Number: 008811 Test Record Number: 210
Test Date: 10/22/2008 Test Time: 2:06pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:06pm |
| FLO | Pass | 2:06pm |
| FC | Pass | 2:06pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:07pm |
| SRC | Pass | 2:07pm |
| DET | Pass | 2:07pm |
| BAR | Pass | 2:07pm |
| BT | Pass | 2:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:07pm |

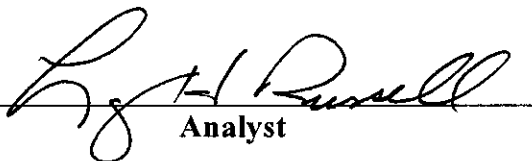
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:07pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:07pm |
| CAL | Pass | 2:07pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

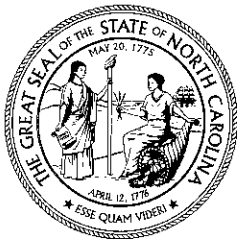
County CHOWAN Instrument Location CHOWAN CO. Public Safety CTR.

Instrument Serial No. 008895 305 W. FREE MASON ST., EDENTON, N.C.

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

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

I certify that on the 30th day of OCTOBER, 2008 the forgoing preventive maintenance procedures were performed on the instrument 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

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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895
Test Date: 10/30/2008

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

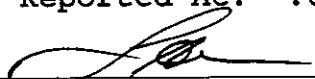
Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG809301
Exp Date: 04/02/2010

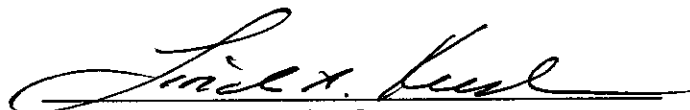
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:24pm |
| AIR BLK | .00 | 12:25pm |
| ACCY CHK | .07 | 12:26pm |
| AIR BLK | .00 | 12:27pm |
| SUB TEST | .00 | 12:27pm |
| AIR BLK | .00 | 12:28pm |
| SUB TEST | .00 | 12:29pm |
| AIR BLK | .00 | 12:30pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 104
Test Date: 10/30/2008 Test Time: 12:33pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:33pm |
| FLO | Pass | 12:33pm |
| FC | Pass | 12:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:33pm |
| SRC | Pass | 12:33pm |
| DET | Pass | 12:33pm |
| BAR | Pass | 12:33pm |
| BT | Pass | 12:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:34pm |

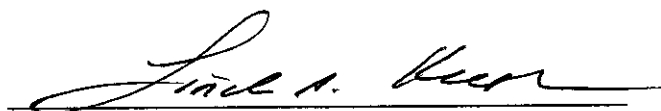
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:34pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:34pm |
| CAL | Pass | 12:34pm |

Preventive Maintenance
Status: Pass



Analyst