

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

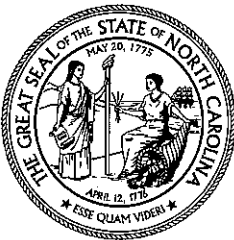
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pitt Instrument Location BAT Mobile Unit 4  
Instrument Serial No. 008134

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

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

I certify that on the 31<sup>st</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

1682E  
Certificate Number

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 BAT MOBILE UNIT 4 730

Serial Number: 008734

Test Date: 10/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302

Exp Date: 09/06/2013

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

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

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734      Test Record Number: 607  
Test Date: 10/31/2012      Test Time: 1:16pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

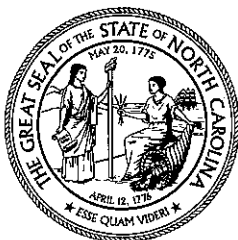
County Pitt Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008134

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

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

I certify that on the 31<sup>st</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

1682E  
Certificate Number

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 BAT MOBILE UNIT 4 730

Serial Number: 008734  
Test Date: 10/31/2012

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG920302  
Exp Date: 09/06/2013

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

Reported AC .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734      Test Record Number: 607  
Test Date: 10/31/2012      Test Time: 1:16pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

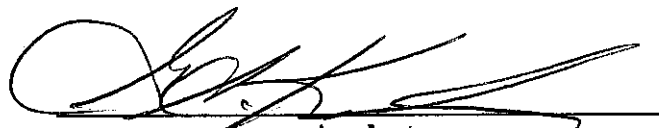
Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

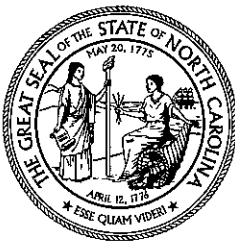
County Pitt Instrument Location BAT Mobile Lab. #4

Instrument Serial No. 008714

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

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

I certify that on the 31<sup>st</sup> day of October, 20     the forgoing preventive maintenance procedures were performed on the instrument 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

1682E  
Certificate Number

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 BAT MOBILE UNIT 4 730

Serial Number: 008717  
Test Date: 10/31/2012

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	1:09pm
AIR BLK	.00	1:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:10pm</b>
AIR BLK	.00	1:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:13pm</b>
AIR BLK	.00	1:14pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

*PITT COUNTY BAT MOBILE UNIT 4 730*

Serial Number: 008717      Test Record Number: 305  
Test Date: 10/31/2012      Test Time: 1:14pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
BT	Pass	1:15pm

**Blank Tests**

Test	Status	Time
AIR	Pass	1:16pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	1:16pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Pitt

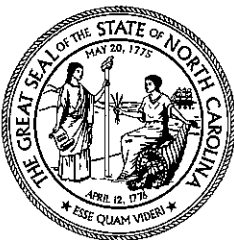
Instrument Location BTE Mobile Lab. 14

Instrument Serial No. 005714

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

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

I certify that on the 31<sup>st</sup> day of October, 20     the forgoing preventive maintenance procedures were performed on the instrument 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

1682F  
Certificate Number

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 BAT MOBILE UNIT 4 730

Serial Number: 008717  
Test Date: 10/31/2012

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	1:09pm
AIR BLK	.00	1:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:10pm</b>
AIR BLK	.00	1:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:13pm</b>
AIR BLK	.00	1:14pm

Reported AG: .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**

*PITT COUNTY BAT MOBILE UNIT 4 730*

Serial Number: 008717      Test Record Number: 305  
Test Date: 10/31/2012      Test Time: 1:14pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
BT	Pass	1:15pm

**Blank Tests**

Test	Status	Time
AIR	Pass	1:16pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	1:16pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

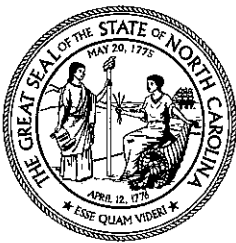
County Pitt Instrument Location BAT Mobile Unit 74

Instrument Serial No. 028871

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

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

I certify that on the 31<sup>st</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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

3682E  
Certificate Number

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 BAT MOBILE UNIT 4 730

Serial Number: 008871  
Test Date: 10/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: NC

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:18pm
ACCY CHK	.07	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008871      Test Record Number: 580  
Test Date: 10/31/2012      Test Time: 1:25pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

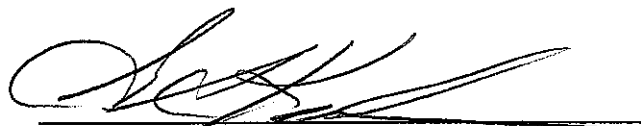
Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Pitt

Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008811

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

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

I certify that on the 31<sup>st</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

2182E  
Certificate Number

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 BAT MOBILE UNIT 4 730

Serial Number: 008871

Test Date: 10/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: NC

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:18pm
ACCY CHK	.07	1:19pm
AIR BLK	.00	1:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:20pm</b>
AIR BLK	.00	1:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:23pm</b>
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008871      Test Record Number: 580  
Test Date: 10/31/2012      Test Time: 1:25pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm


Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ALAMANCE 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 27<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

7682E  
Certificate Number

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008717  
Test Date: 10/27/2012

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:33pm</b>
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:36pm</b>
AIR BLK	.00	9:37pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008717      Test Record Number: 303  
Test Date: 10/27/2012      Test Time: 9:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:38pm
FLO	Pass	9:38pm
FC	Pass	9:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:38pm
SRC	Pass	9:38pm
DET	Pass	9:38pm
BAR	Pass	9:38pm
BT	Pass	9:38pm

Blank Tests

Test	Status	Time
AIR	Pass	9:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:39pm

CRC Tests

Test	Status	Time
COMP	Pass	9:39pm
CAL	Pass	9:39pm

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**

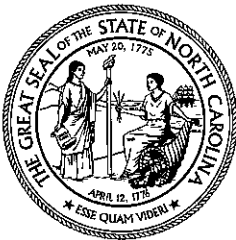
County Alamance Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008714

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

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

I certify that on the 27<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

7682E  
Certificate Number

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008717  
Test Date: 10/27/2012

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:33pm</b>
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:36pm</b>
AIR BLK	.00	9:37pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008717      Test Record Number: 303  
Test Date: 10/27/2012      Test Time: 9:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:38pm
FLO	Pass	9:38pm
FC	Pass	9:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:38pm
SRC	Pass	9:38pm
DET	Pass	9:38pm
BAR	Pass	9:38pm
BT	Pass	9:38pm

Blank Tests

Test	Status	Time
AIR	Pass	9:39pm

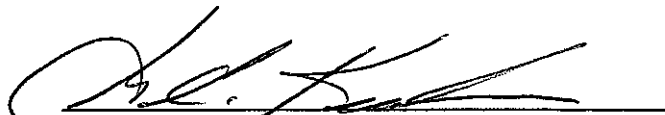
Printer Tests

Test	Status	Time
PRNT	Pass	9:39pm

CRC Tests

Test	Status	Time
COMP	Pass	9:39pm
CAL	Pass	9:39pm

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**

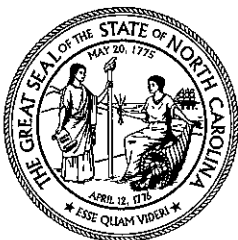
County ALAMANCE Instrument Location BAT Mobile Unit 4

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 27<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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

7682E  
Certificate Number

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008734  
Test Date: 10/27/2012

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	9:32pm
AIR BLK	.00	9:33pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:34pm</b>
AIR BLK	.00	9:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:37pm</b>
AIR BLK	.00	9:38pm

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008734      Test Record Number: 604  
Test Date: 10/27/2012      Test Time: 9:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pass	9:41pm

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm

CRC Tests

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ALAMANCE 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 25<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

1682E  
Certificate Number

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



Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008734  
Test Date: 10/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302

Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	9:32pm
AIR BLK	.00	9:33pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:34pm</b>
AIR BLK	.00	9:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:37pm</b>
AIR BLK	.00	9:38pm

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**

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008734      Test Record Number: 604  
Test Date: 10/27/2012      Test Time: 9:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pass	9:41pm

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

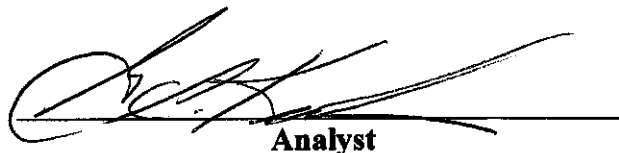
Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm

CRC Tests

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

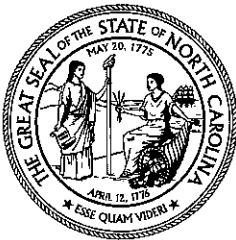
County ALAMANCE Instrument Location BA. M. Kelly &

Instrument Serial No. 008841

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

7682E  
Certificate Number

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008871  
Test Date: 10/27/2012

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

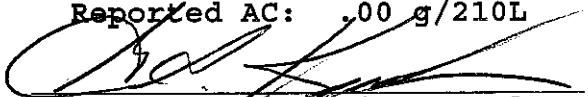
Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG203902  
Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	9:33pm
AIR BLK	.00	9:34pm
ACCY CHK	.07	9:34pm
AIR BLK	.00	9:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:36pm</b>
AIR BLK	.00	9:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:40pm</b>
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008871      Test Record Number: 575  
Test Date: 10/27/2012      Test Time: 9:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

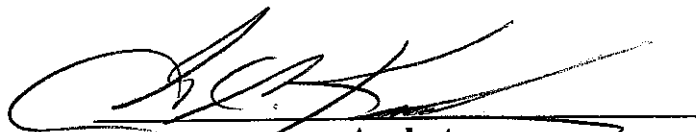
Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

CRC Tests

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

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 ALAMANCE

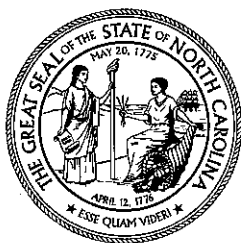
Instrument Location BA, M. K. K. Court 4

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 7<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

7682E  
Certificate Number

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008871  
Test Date: 10/27/2012

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

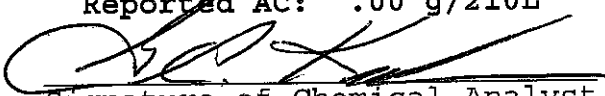
Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG203902  
Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	9:33pm
AIR BLK	.00	9:34pm
ACCY CHK	.07	9:34pm
AIR BLK	.00	9:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:36pm</b>
AIR BLK	.00	9:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:40pm</b>
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008871      Test Record Number: 575  
Test Date: 10/27/2012      Test Time: 9:42pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

CRC Tests

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

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**

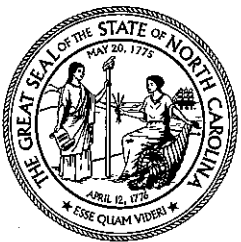
County ROBESON Instrument Location ROBESON CO. JAIL

Instrument Serial No. 008836 LUMBARTON, NC

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

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

I certify that on the 30 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. H. Russell  
Signature of Certifying Official

371  
Certificate Number

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

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

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836  
Test Date: 10/30/2012

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

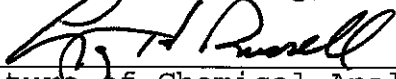
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
09/01/2011-09/01/2013

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

Lot Number: AG125602  
Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	1:19pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:20pm
AIR BLK	.00	1:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:23pm</b>
AIR BLK	.00	1:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:25pm</b>
AIR BLK	.00	1:26pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR

  
Analyst

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

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836      Test Record Number: 2253  
Test Date: 10/30/2012      Test Time: 1:27pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm

CRC Tests

Test	Status	Time
COMP	Pass	1:29pm
CAL	Pass	1:29pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

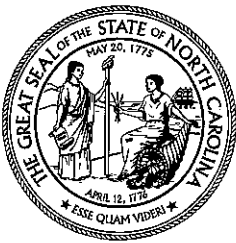
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ROBESON Instrument Location ROBESON CO. JAIL  
Instrument Serial No. 008805 LUMBERTON NC

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

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

I certify that on the 30 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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**

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805  
Test Date: 10/30/2012

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

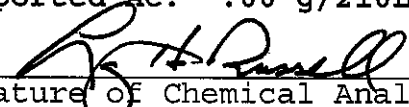
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
09/01/2011-09/01/2013

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

Lot Number: AG125602  
Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:17pm
ACCY CHK	.07	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805      Test Record Number: 2330  
Test Date: 10/30/2012      Test Time: 1:24pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

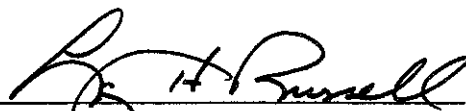
Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

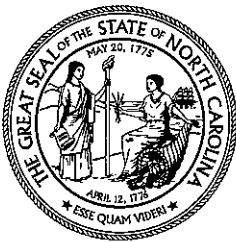
County ROBESON Instrument Location ST. PAULS POLICE DEPT.

Instrument Serial No. 008814 ST. PAULS, NC

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

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

I certify that on the 18 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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**

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814  
Test Date: 10/18/2012

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

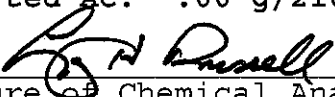
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
09/01/2011-09/01/2013

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

Lot Number: AG124904  
Exp Date: 09/06/2013

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814      Test Record Number: 372  
Test Date: 10/18/2012      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
FCL	Pass	10:42am
SRC	Pass	10:42am
DEF	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**

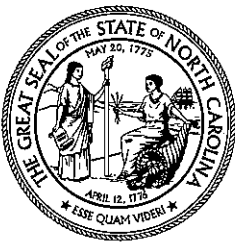
County ROBESON Instrument Location PEMBROKE POLICE DEPT

Instrument Serial No. 008837 PEMBROKE, NC

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

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

I certify that on the 18 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. H. Russell  
Signature of Certifying Official

371  
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY PEMBROKE POLICE DEPT  
770

Serial Number: 008837  
Test Date: 10/18/2012

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

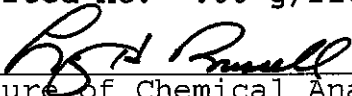
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
09/01/2011-09/01/2013

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

Lot Number: AG106701  
Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	9:29am
AIR BLK	.00	9:30am
ACCY CHK	.07	9:31am
AIR BLK	.00	9:32am
<b>SUB TEST</b>	<b>.00</b>	<b>9:32am</b>
AIR BLK	.00	9:33am
<b>SUB TEST</b>	<b>.00</b>	<b>9:35am</b>
AIR BLK	.00	9:36am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

**ROBESON COUNTY PEMBROKE POLICE DEPT 770**

Serial Number: 008837      Test Record Number: 354  
Test Date: 10/18/2012      Test Time: 9:36am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:37am

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:37am
SRC	Pass	9:37am
DET	Pass	9:37am
BAR	Pass	9:37am
BT	Pass	9:37am

**Blank Tests**

Test	Status	Time
AIR	Pass	9:38am

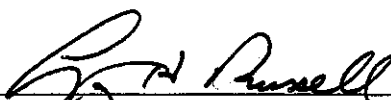
**Printer Tests**

Test	Status	Time
PRNT	Pass	9:38am

**CRC Tests**

Test	Status	Time
COMP	Pass	9:38am
CAL	Pass	9:38am

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**

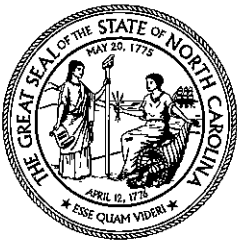
County MOORE Instrument Location Robbins Police DEPT.

Instrument Serial No. 008728 Robbins, NC

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

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

I certify that on the 17 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728

Test Date: 10/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

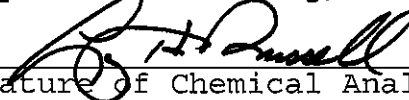
Test Type: Breath Test

Lot Number: AG204603

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	2:34pm
AIR BLK	.00	2:35pm
ACCY CHK	.08	2:36pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728      Test Record Number: 214  
Test Date: 10/17/2012      Test Time: 2:41pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:42pm
FLO	Pass	2:42pm
FC	Pass	2:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:42pm
SRC	Pass	2:42pm
DET	Pass	2:42pm
BAR	Pass	2:42pm
BT	Pass	2:42pm

Blank Tests

Test	Status	Time
AIR	Pass	2:43pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm

CRC Tests

Test	Status	Time
COMP	Pass	2:43pm
CAL	Pass	2:43pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

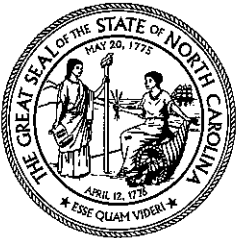
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ROBERSON Instrument Location REDSPRINGS POLICE DEPT  
Instrument Serial No. 008857 REDSPRINGS, NC

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

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

I certify that on the 17 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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**

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857

Test Date: 10/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

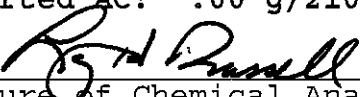
Test Type: Breath Test

Lot Number: AG106701

Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	12:26pm
AIR BLK	.00	12:27pm
ACCY CHK	.07	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch  
Department of Health and Human Services**

**Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857      Test Record Number: 294  
Test Date: 10/17/2012      Test Time: 12:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
BT	Pass	12:36pm

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	12:37pm
CAL	Pass	12:37pm

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**

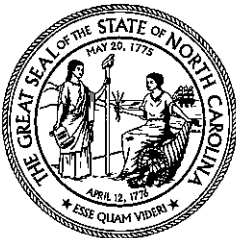
County LEE Instrument Location LEE Co. JAIL

Instrument Serial No. 008645 SANFORD, NC

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

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

I certify that on the 09 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. H. Russell  
Signature of Certifying Official

371  
Certificate Number

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

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

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645  
Test Date: 10/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG104004


Exp Date: 02/09/2013

Test	g/210L	Time
DIAG	Pass	5:34pm
AIR BLK	.00	5:35pm
ACCY CHK	.08	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:37pm
AIR BLK	.00	5:38pm
SUB TEST	.00	5:40pm
AIR BLK	.00	5:41pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

**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**

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645      Test Record Number: 1159  
Test Date: 10/09/2012      Test Time: 5:46pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:47pm
FLO	Pass	5:47pm
FC	Pass	5:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:47pm
SRC	Pass	5:47pm
DET	Pass	5:47pm
BAR	Pass	5:47pm
BT	Pass	5:47pm

Blank Tests

Test	Status	Time
AIR	Pass	5:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:48pm

CRC Tests

Test	Status	Time
COMP	Pass	5:48pm
CAL	Pass	5:48pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

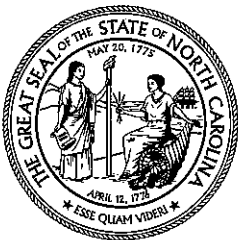
County HARNETT Instrument Location HARNETT CO. DETENTION CENTER

Instrument Serial No. 008730 LILLINGTON 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 09 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730  
Test Date: 10/09/2012

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

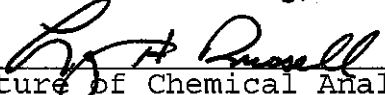
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
09/01/2011-09/01/2013

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

Lot Number: AG206102  
Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	3:20pm
AIR BLK	.00	3:21pm
ACCY CHK	.08	3:21pm
AIR BLK	.00	3:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:23pm</b>
AIR BLK	.00	3:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:25pm</b>
AIR BLK	.00	3:26pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730      Test Record Number: 1415  
Test Date: 10/09/2012      Test Time: 3:30pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:31pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

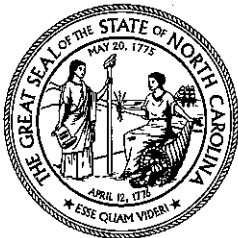
County HARNETT Instrument Location HARNETT Co. DETENTION CTR.

Instrument Serial No. 008729 LILLINGTON, 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 09 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729  
Test Date: 10/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502

Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	3:12pm
AIR BLK	.00	3:12pm
ACCY CHK	.07	3:13pm
AIR BLK	.00	3:14pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:15pm</b>
AIR BLK	.00	3:16pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:17pm</b>
AIR BLK	.00	3:18pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729      Test Record Number: 1553  
Test Date: 10/09/2012      Test Time: 3:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:21pm
FLO	Pass	3:21pm
FC	Pass	3:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:22pm
SRC	Pass	3:22pm
DET	Pass	3:22pm
BAR	Pass	3:22pm
BT	Pass	3:22pm

Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm

CRC Tests

Test	Status	Time
COMP	Pass	3:22pm
CAL	Pass	3:22pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

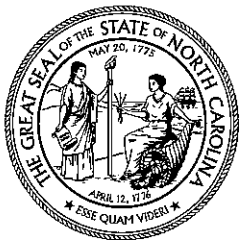
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Macon Instrument Location Macon Co. Magistrate  
Instrument Serial No. 008795 Highlands, NC

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

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

I certify that on the 26 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul R. Cutler  
Signature of Certifying Official

635  
Certificate Number

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

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

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795  
Test Date: 10/26/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101

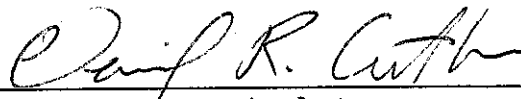
Exp Date: 02/10/2013

Test	g/210L	Time
DIAG	Pass	11:55am
AIR BLK	.00	11:56am
ACCY CHK	.07	11:56am
AIR BLK	.00	11:57am
<b>SUB TEST</b>	<b>.00</b>	<b>11:58am</b>
AIR BLK	.00	11:59am
<b>SUB TEST</b>	<b>.00</b>	<b>12:00pm</b>
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795      Test Record Number: 268  
Test Date: 10/26/2012      Test Time: 12:03pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:04pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:04pm
SRC	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:04pm

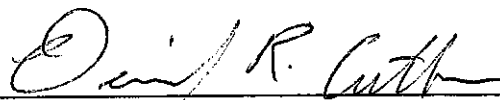
**Printer Tests**

Test	Status	Time
PRNT	Pass	12:05pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:05pm
CAL	Pass	12:05pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

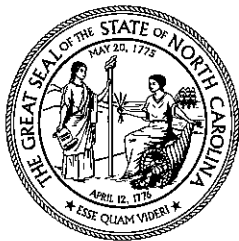
County Haywood Instrument Location Haywood Co. Jail

Instrument Serial No. 008714 Waynesville, NC

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

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

I certify that on the 2 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Luth  
Signature of Certifying Official

635  
Certificate Number

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

Intox EC/IR-II: Subject Test

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714  
Test Date: 10/02/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203103

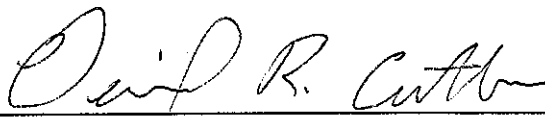
Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.07	11:58am
AIR BLK	.00	11:59am
<b>SUB TEST</b>	<b>.00</b>	<b>12:00pm</b>
AIR BLK	.00	12:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:02pm</b>
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst



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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714      Test Record Number: 770  
Test Date: 10/02/2012      Test Time: 12:04pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:05pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	12:05pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:06pm
CAL	Pass	12:06pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

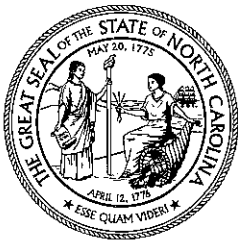
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 2 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Carter  
Signature of Certifying Official

635  
Certificate Number

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

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712

Test Date: 10/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205401

Exp Date: 02/23/2014

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712      Test Record Number: 1275  
Test Date: 10/02/2012      Test Time: 11:44am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:45am
FLO	Pass	11:45am
FC	Pass	11:45am

**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	11:46am

**Printer Tests**

Test	Status	Time
PRNT	Pass	11:46am

**CRC Tests**

Test	Status	Time
COMP	Pass	11:46am
CAL	Pass	11:46am

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**

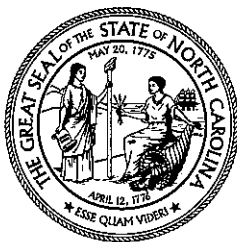
County Scotland-Laurinburg Instrument Location Bat mobile unit 2

Instrument Serial No 008601

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

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

I certify that on the 19 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B Skunasi  
Signature of Certifying Official

644  
Certificate Number

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

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

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008601  
Test Date: 10/19/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205401

Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	9:32pm
AIR BLK	.00	9:33pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:35pm</b>
AIR BLK	.00	9:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:38pm</b>
AIR BLK	.00	9:38pm

Reported AC: .00 g/210L

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

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008601      Test Record Number: 711  
Test Date: 10/19/2012      Test Time: 9:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:42pm
FLO	Pass	9:42pm
FC	Pass	9:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:42pm
SRC	Pass	9:42pm
DET	Pass	9:42pm
BAR	Pass	9:42pm
BT	Pass	9:42pm

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

Donya B Skinner  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

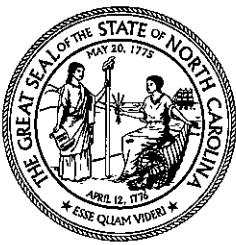
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Scotland-Laurinburg Instrument Location Bot mobile Unit 2  
Instrument Serial No. 008736

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

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

I certify that on the 19 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joyce B Skinner  
Signature of Certifying Official

644  
Certificate Number

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



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

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736

Test Date: 10/19/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.07	9:29pm
AIR BLK	.00	9:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:31pm</b>
AIR BLK	.00	9:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:33pm</b>
AIR BLK	.00	9:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

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

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736      Test Record Number: 522  
Test Date: 10/19/2012      Test Time: 9:36pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:36pm
FLO	Pass	9:36pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm

CRC Tests

Test	Status	Time
COMP	Pass	9:37pm
CAL	Pass	9:37pm

Preventive Maintenance  
Status: Pass

*Janya B Skinner*  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

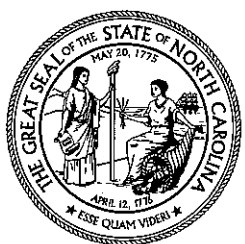
County Pitt Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008134

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

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

I certify that on the 31<sup>st</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

1682E  
Certificate Number

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 BAT MOBILE UNIT 4 730

Serial Number: 008734  
Test Date: 10/31/2012

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

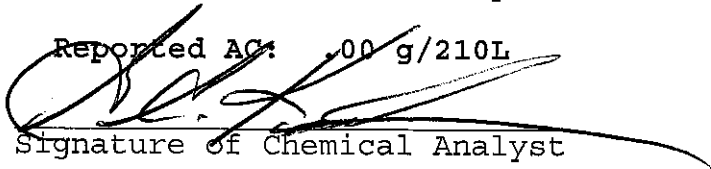
Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG920302  
Exp Date: 09/06/2013

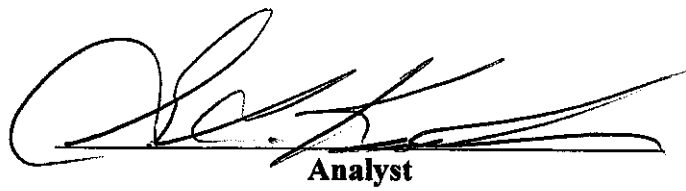
Test	g/210L	Time
DIAG	Pass	1:09pm
AIR BLK	.00	1:10pm
ACCY CHK	.07	1:10pm
AIR BLK	.00	1:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:12pm</b>
AIR BLK	.00	1:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:14pm</b>
AIR BLK	.00	1:15pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734      Test Record Number: 607  
Test Date: 10/31/2012      Test Time: 1:16pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

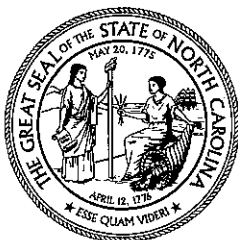
County Pitt Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008134

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

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

I certify that on the 31<sup>st</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

1682E  
Certificate Number

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 BAT MOBILE UNIT 4 730

Serial Number: 008734

Test Date: 10/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302

Exp Date: 09/06/2013

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

Reported AC .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734      Test Record Number: 607  
Test Date: 10/31/2012      Test Time: 1:16pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
BT	Pass	1:17pm

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

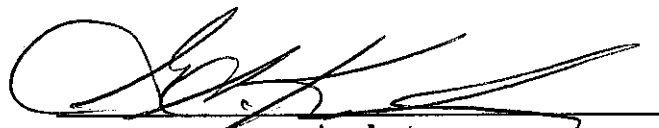
Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

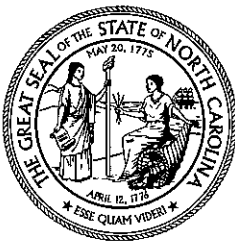
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pitt Instrument Location BAT Mobile Lab. 4  
Instrument Serial No. 008714

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

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

I certify that on the 31<sup>st</sup> day of October, 20     the forgoing preventive maintenance procedures were performed on the instrument 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

1682E  
Certificate Number

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 BAT MOBILE UNIT 4 730

Serial Number: 008717  
Test Date: 10/31/2012

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	1:09pm
AIR BLK	.00	1:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:10pm</b>
AIR BLK	.00	1:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:13pm</b>
AIR BLK	.00	1:14pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008717      Test Record Number: 305  
Test Date: 10/31/2012      Test Time: 1:14pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
BT	Pass	1:15pm

Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Pitt

Instrument Location BTE Mobile Lab 14

Instrument Serial No. 005714

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

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

I certify that on the 31<sup>st</sup> day of October, 20     the forgoing preventive maintenance procedures were performed on the instrument 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

1682F  
Certificate Number

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 BAT MOBILE UNIT 4 730

Serial Number: 008717  
Test Date: 10/31/2012

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	1:09pm
AIR BLK	.00	1:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:10pm</b>
AIR BLK	.00	1:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:13pm</b>
AIR BLK	.00	1:14pm

Reported AG: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

*PITT COUNTY BAT MOBILE UNIT 4 730*

Serial Number: 008717      Test Record Number: 305  
Test Date: 10/31/2012      Test Time: 1:14pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
BT	Pass	1:15pm

**Blank Tests**

Test	Status	Time
AIR	Pass	1:16pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	1:16pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

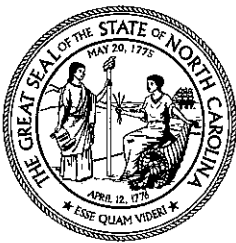
County Pitt Instrument Location BAT Mobile Unit 74

Instrument Serial No. 028871

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

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

I certify that on the 31<sup>st</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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

3682E  
Certificate Number

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 BAT MOBILE UNIT 4 730

Serial Number: 008871

Test Date: 10/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: NC

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

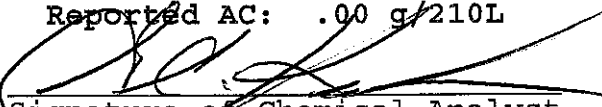
Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:18pm
ACCY CHK	.07	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



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

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008871      Test Record Number: 580  
Test Date: 10/31/2012      Test Time: 1:25pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

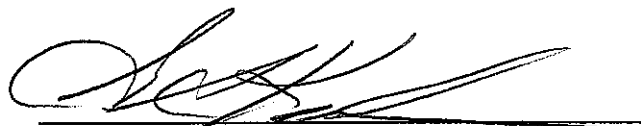
Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Pitt

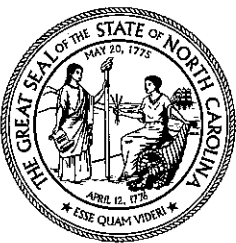
Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008811

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

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

I certify that on the 31<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

2182E  
Certificate Number

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 BAT MOBILE UNIT 4 730

Serial Number: 008871

Test Date: 10/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: NC

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:18pm
ACCY CHK	.07	1:19pm
AIR BLK	.00	1:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:20pm</b>
AIR BLK	.00	1:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:23pm</b>
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008871      Test Record Number: 580  
Test Date: 10/31/2012      Test Time: 1:25pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm


Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

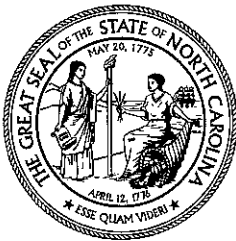
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ALAMANCE 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 27<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

7682E  
Certificate Number

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008717  
Test Date: 10/27/2012

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:33pm</b>
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:36pm</b>
AIR BLK	.00	9:37pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008717      Test Record Number: 303  
Test Date: 10/27/2012      Test Time: 9:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:38pm
FLO	Pass	9:38pm
FC	Pass	9:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:38pm
SRC	Pass	9:38pm
DET	Pass	9:38pm
BAR	Pass	9:38pm
BT	Pass	9:38pm

Blank Tests

Test	Status	Time
AIR	Pass	9:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:39pm

CRC Tests

Test	Status	Time
COMP	Pass	9:39pm
CAL	Pass	9:39pm

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**

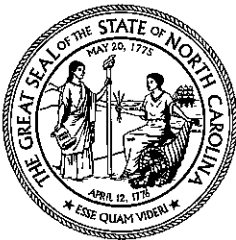
County Alamance Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008714

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

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

I certify that on the 27<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

7682E  
Certificate Number

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



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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008717  
Test Date: 10/27/2012

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:33pm</b>
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:36pm</b>
AIR BLK	.00	9:37pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008717      Test Record Number: 303  
Test Date: 10/27/2012      Test Time: 9:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:38pm
FLO	Pass	9:38pm
FC	Pass	9:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:38pm
SRC	Pass	9:38pm
DET	Pass	9:38pm
BAR	Pass	9:38pm
BT	Pass	9:38pm

Blank Tests

Test	Status	Time
AIR	Pass	9:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:39pm

CRC Tests

Test	Status	Time
COMP	Pass	9:39pm
CAL	Pass	9:39pm

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**

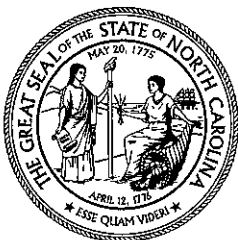
County ALAMANCE Instrument Location BAT Mobile Unit 4

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 27<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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

7682E  
Certificate Number

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008734  
Test Date: 10/27/2012

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	9:32pm
AIR BLK	.00	9:33pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:34pm</b>
AIR BLK	.00	9:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:37pm</b>
AIR BLK	.00	9:38pm

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008734      Test Record Number: 604  
Test Date: 10/27/2012      Test Time: 9:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pass	9:41pm

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm

CRC Tests

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

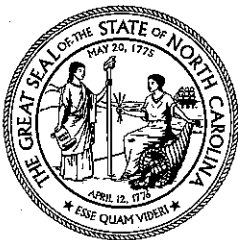
County ALAMANCE Instrument Location IBAT Mobile Unit 4

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 25<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

1682E  
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008734  
Test Date: 10/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302

Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	9:32pm
AIR BLK	.00	9:33pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:34pm</b>
AIR BLK	.00	9:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:37pm</b>
AIR BLK	.00	9:38pm

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**

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008734      Test Record Number: 604  
Test Date: 10/27/2012      Test Time: 9:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pass	9:41pm

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

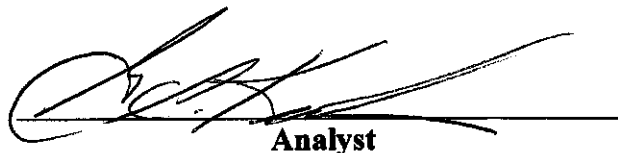
Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm

CRC Tests

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

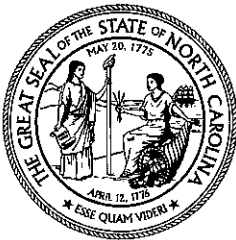
County ALAMANCE Instrument Location BA. M. Kelly &

Instrument Serial No. 008841

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

7682E  
Certificate Number

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008871  
Test Date: 10/27/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	9:33pm
AIR BLK	.00	9:34pm
ACCY CHK	.07	9:34pm
AIR BLK	.00	9:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:36pm</b>
AIR BLK	.00	9:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:40pm</b>
AIR BLK	.00	9:41pm

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008871      Test Record Number: 575  
Test Date: 10/27/2012      Test Time: 9:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

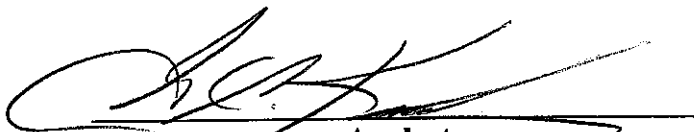
Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

CRC Tests

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

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 ALAMANCE

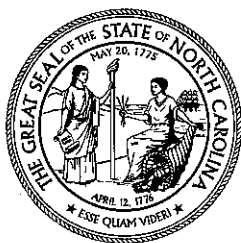
Instrument Location BA, M. K. Whitecourt 4

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 7<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

7682E  
Certificate Number

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

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008871  
Test Date: 10/27/2012

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

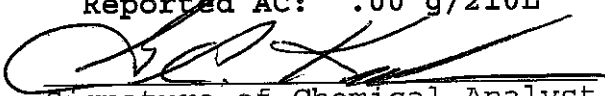
Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG203902  
Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	9:33pm
AIR BLK	.00	9:34pm
ACCY CHK	.07	9:34pm
AIR BLK	.00	9:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:36pm</b>
AIR BLK	.00	9:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:40pm</b>
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

ALAMANCE COUNTY BAT MOBILE UNIT 4 000

Serial Number: 008871      Test Record Number: 575  
Test Date: 10/27/2012      Test Time: 9:42pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

CRC Tests

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

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**

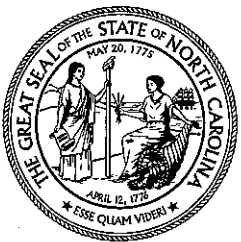
County ROBESON Instrument Location ROBESON CO. JAIL

Instrument Serial No. 008836 LUMBARTON, NC

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

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

I certify that on the 30 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



*R. H. Russell*  
Signature of Certifying Official

371  
Certificate Number

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

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

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836  
Test Date: 10/30/2012

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

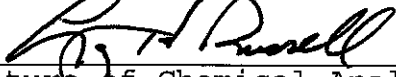
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
09/01/2011-09/01/2013

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

Lot Number: AG125602  
Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	1:19pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:20pm
AIR BLK	.00	1:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:23pm</b>
AIR BLK	.00	1:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:25pm</b>
AIR BLK	.00	1:26pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836      Test Record Number: 2253  
Test Date: 10/30/2012      Test Time: 1:27pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm

CRC Tests

Test	Status	Time
COMP	Pass	1:29pm
CAL	Pass	1:29pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

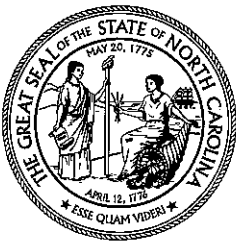
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ROBESON Instrument Location ROBESON CO. JAIL  
Instrument Serial No. 008805 LUMBERTON NC

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

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

I certify that on the 30 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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**

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805  
Test Date: 10/30/2012

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

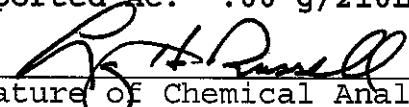
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
09/01/2011-09/01/2013

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

Lot Number: AG125602  
Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:17pm
ACCY CHK	.07	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805      Test Record Number: 2330  
Test Date: 10/30/2012      Test Time: 1:24pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

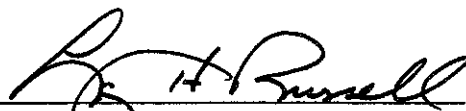
Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

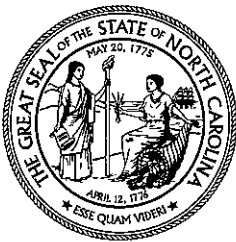
County ROBESON Instrument Location ST. PAULS POLICE DEPT.

Instrument Serial No. 008814 ST. PAULS, NC

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

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

I certify that on the 18 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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**

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814  
Test Date: 10/18/2012

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

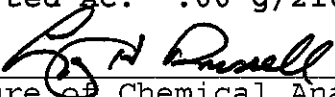
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
09/01/2011-09/01/2013

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

Lot Number: AG124904  
Exp Date: 09/06/2013

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814      Test Record Number: 372  
Test Date: 10/18/2012      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
FCL	Pass	10:42am
SRC	Pass	10:42am
DEF	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**

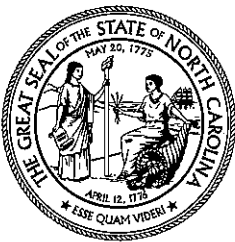
County ROBESON Instrument Location PEMBROKE POLICE DEPT

Instrument Serial No. 008837 PEMBROKE, NC

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

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

I certify that on the 18 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. H. Russell  
Signature of Certifying Official

371  
Certificate Number

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



Intox EC/IR-II: Subject Test

ROBESON COUNTY PEMBROKE POLICE DEPT  
770

Serial Number: 008837  
Test Date: 10/18/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
09/01/2011-09/01/2013

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

Lot Number: AG106701  
Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	9:29am
AIR BLK	.00	9:30am
ACCY CHK	.07	9:31am
AIR BLK	.00	9:32am
<b>SUB TEST</b>	<b>.00</b>	<b>9:32am</b>
AIR BLK	.00	9:33am
<b>SUB TEST</b>	<b>.00</b>	<b>9:35am</b>
AIR BLK	.00	9:36am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

**ROBESON COUNTY PEMBROKE POLICE DEPT 770**

Serial Number: 008837      Test Record Number: 354  
Test Date: 10/18/2012      Test Time: 9:36am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:37am

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:37am
SRC	Pass	9:37am
DET	Pass	9:37am
BAR	Pass	9:37am
BT	Pass	9:37am

**Blank Tests**

Test	Status	Time
AIR	Pass	9:38am

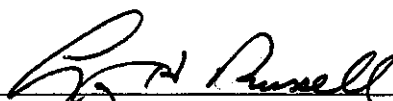
**Printer Tests**

Test	Status	Time
PRNT	Pass	9:38am

**CRC Tests**

Test	Status	Time
COMP	Pass	9:38am
CAL	Pass	9:38am

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**

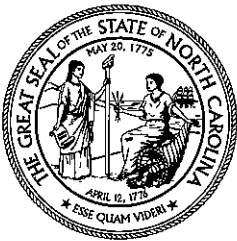
County MOORE Instrument Location Robbins Police DEPT.

Instrument Serial No. 008728 Robbins, NC

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

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

I certify that on the 17 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728

Test Date: 10/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

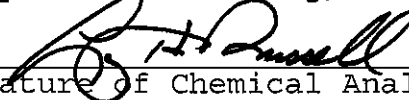
Test Type: Breath Test

Lot Number: AG204603

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	2:34pm
AIR BLK	.00	2:35pm
ACCY CHK	.08	2:36pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728      Test Record Number: 214  
Test Date: 10/17/2012      Test Time: 2:41pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:42pm
FLO	Pass	2:42pm
FC	Pass	2:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:42pm
SRC	Pass	2:42pm
DET	Pass	2:42pm
BAR	Pass	2:42pm
BT	Pass	2:42pm

Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm

CRC Tests

Test	Status	Time
COMP	Pass	2:43pm
CAL	Pass	2:43pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

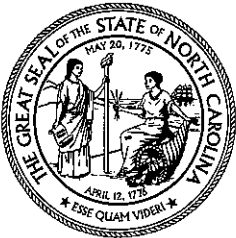
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ROBERSON Instrument Location REDSPRINGS POLICE DEPT  
Instrument Serial No. 008857 REDSPRINGS, NC

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

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

I certify that on the 17 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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**

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857

Test Date: 10/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG106701

Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	12:26pm
AIR BLK	.00	12:27pm
ACCY CHK	.07	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch  
Department of Health and Human Services**

**Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857      Test Record Number: 294  
Test Date: 10/17/2012      Test Time: 12:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
BT	Pass	12:36pm

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	12:37pm
CAL	Pass	12:37pm

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**

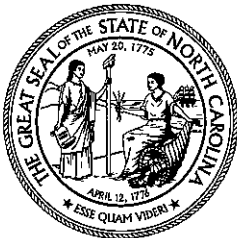
County LEE Instrument Location LEE Co. JAIL

Instrument Serial No. 008645 SANFORD, NC

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

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

I certify that on the 09 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. H. Russell  
Signature of Certifying Official

371  
Certificate Number

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

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

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645  
Test Date: 10/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG104004


Exp Date: 02/09/2013

Test	g/210L	Time
DIAG	Pass	5:34pm
AIR BLK	.00	5:35pm
ACCY CHK	.08	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:37pm
AIR BLK	.00	5:38pm
SUB TEST	.00	5:40pm
AIR BLK	.00	5:41pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

**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**

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645      Test Record Number: 1159  
Test Date: 10/09/2012      Test Time: 5:46pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:47pm
FLO	Pass	5:47pm
FC	Pass	5:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:47pm
SRC	Pass	5:47pm
DET	Pass	5:47pm
BAR	Pass	5:47pm
BT	Pass	5:47pm

Blank Tests

Test	Status	Time
AIR	Pass	5:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:48pm

CRC Tests

Test	Status	Time
COMP	Pass	5:48pm
CAL	Pass	5:48pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

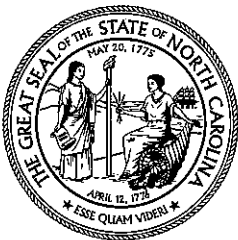
County HARNETT Instrument Location HARNETT Co. DETENTION CENTER

Instrument Serial No. 008730 LILLINGTON 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 09 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730  
Test Date: 10/09/2012

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

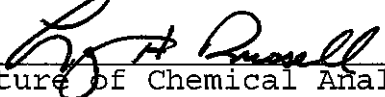
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
09/01/2011-09/01/2013

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

Lot Number: AG206102  
Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	3:20pm
AIR BLK	.00	3:21pm
ACCY CHK	.08	3:21pm
AIR BLK	.00	3:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:23pm</b>
AIR BLK	.00	3:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:25pm</b>
AIR BLK	.00	3:26pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730      Test Record Number: 1415  
Test Date: 10/09/2012      Test Time: 3:30pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:31pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

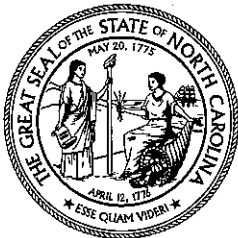
County HARNETT Instrument Location HARNETT Co. DETENTION CTR.

Instrument Serial No. 008729 LILLINGTON, 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 09 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729  
Test Date: 10/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG123502

Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	3:12pm
AIR BLK	.00	3:12pm
ACCY CHK	.07	3:13pm
AIR BLK	.00	3:14pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:15pm</b>
AIR BLK	.00	3:16pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:17pm</b>
AIR BLK	.00	3:18pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729      Test Record Number: 1553  
Test Date: 10/09/2012      Test Time: 3:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:21pm
FLO	Pass	3:21pm
FC	Pass	3:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:22pm
SRC	Pass	3:22pm
DET	Pass	3:22pm
BAR	Pass	3:22pm
BT	Pass	3:22pm

Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm

CRC Tests

Test	Status	Time
COMP	Pass	3:22pm
CAL	Pass	3:22pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

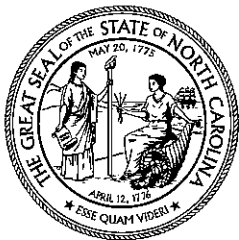
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Macon Instrument Location Macon Co. Magistrate  
Instrument Serial No. 008795 Highlands, NC

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

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

I certify that on the 26 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul R. Cutler  
Signature of Certifying Official

635  
Certificate Number

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

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

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795  
Test Date: 10/26/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101

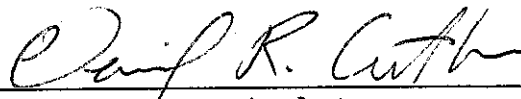
Exp Date: 02/10/2013

Test	g/210L	Time
DIAG	Pass	11:55am
AIR BLK	.00	11:56am
ACCY CHK	.07	11:56am
AIR BLK	.00	11:57am
<b>SUB TEST</b>	<b>.00</b>	<b>11:58am</b>
AIR BLK	.00	11:59am
<b>SUB TEST</b>	<b>.00</b>	<b>12:00pm</b>
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795      Test Record Number: 268  
Test Date: 10/26/2012      Test Time: 12:03pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:04pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:04pm
SRC	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:04pm

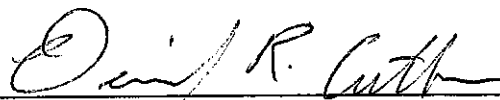
**Printer Tests**

Test	Status	Time
PRNT	Pass	12:05pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:05pm
CAL	Pass	12:05pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

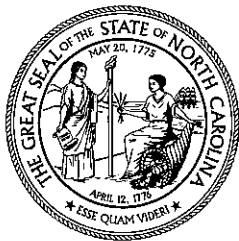
County Haywood Instrument Location Haywood Co. Jail

Instrument Serial No. 008714 Waynesville, NC

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

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

I certify that on the 2 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Luth  
Signature of Certifying Official

635  
Certificate Number

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

Intox EC/IR-II: Subject Test

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714  
Test Date: 10/02/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203103

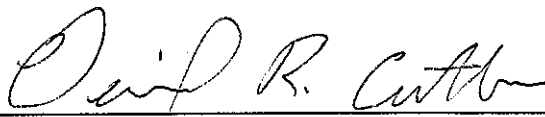
Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.07	11:58am
AIR BLK	.00	11:59am
<b>SUB TEST</b>	<b>.00</b>	<b>12:00pm</b>
AIR BLK	.00	12:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:02pm</b>
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714      Test Record Number: 770  
Test Date: 10/02/2012      Test Time: 12:04pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:05pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	12:05pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:06pm
CAL	Pass	12:06pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

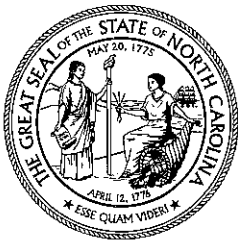
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 2 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Carter  
Signature of Certifying Official

635  
Certificate Number

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



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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712  
Test Date: 10/02/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205401

Exp Date: 02/23/2014

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712      Test Record Number: 1275  
Test Date: 10/02/2012      Test Time: 11:44am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:45am
FLO	Pass	11:45am
FC	Pass	11:45am

**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	11:46am

**Printer Tests**

Test	Status	Time
PRNT	Pass	11:46am

**CRC Tests**

Test	Status	Time
COMP	Pass	11:46am
CAL	Pass	11:46am

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**

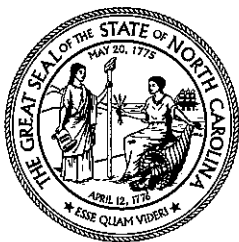
County Scotland-Laurinburg Instrument Location Bat mobile unit 2

Instrument Serial No 008601

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

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

I certify that on the 19 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B Skunasi 644  
Signature of Certifying Official Certificate Number

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

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

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008601  
Test Date: 10/19/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205401

Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	9:32pm
AIR BLK	.00	9:33pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:35pm</b>
AIR BLK	.00	9:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:38pm</b>
AIR BLK	.00	9:38pm

Reported AC: .00 g/210L

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

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008601      Test Record Number: 711  
Test Date: 10/19/2012      Test Time: 9:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:42pm
FLO	Pass	9:42pm
FC	Pass	9:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:42pm
SRC	Pass	9:42pm
DET	Pass	9:42pm
BAR	Pass	9:42pm
BT	Pass	9:42pm

Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

Donya B Skinner  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

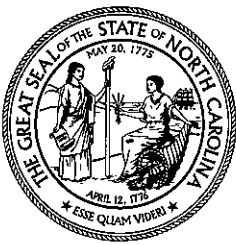
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Scotland-Laurinburg Instrument Location Bot mobile Unit 2  
Instrument Serial No. 008736

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

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

I certify that on the 19 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joyce B Skinner  
Signature of Certifying Official

644  
Certificate Number

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

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

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736

Test Date: 10/19/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.07	9:29pm
AIR BLK	.00	9:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:31pm</b>
AIR BLK	.00	9:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:33pm</b>
AIR BLK	.00	9:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

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

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736      Test Record Number: 522  
Test Date: 10/19/2012      Test Time: 9:36pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:36pm
FLO	Pass	9:36pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm

CRC Tests

Test	Status	Time
COMP	Pass	9:37pm
CAL	Pass	9:37pm

Preventive Maintenance  
Status: Pass

*Janya B Skinner*  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

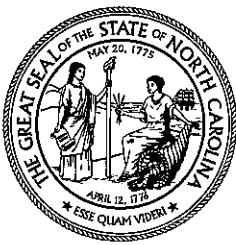
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Scotland-Laurinburg Instrument Location Batmobile Unit 2  
Instrument Serial No. 008929

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

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

I certify that on the 19 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donna B Skinner  
Signature of Certifying Official

644  
Certificate Number

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

Intox EC/IR-II: Subject Test

SCOTLAND COUNTY BATMOBILE UNIT 2 820

Serial Number: 008929  
Test Date: 10/19/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENACE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	9:43pm
AIR BLK	.00	9:44pm
ACCY CHK	.08	9:45pm
AIR BLK	.00	9:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:46pm</b>
AIR BLK	.00	9:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:49pm</b>
AIR BLK	.00	9:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

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

Intox EC/IR-II: Preventive Maintenance

SCOTLAND COUNTY BATMOBILE UNIT 2 820

Serial Number: 008929      Test Record Number: 578  
Test Date: 10/19/2012      Test Time: 9:52pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:52pm
FLO	Pass	9:52pm
FC	Pass	9:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:52pm
SRC	Pass	9:52pm
DET	Pass	9:52pm
BAR	Pass	9:52pm
BT	Pass	9:52pm

Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:53pm

CRC Tests

Test	Status	Time
COMP	Pass	9:53pm
CAL	Pass	9:53pm

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**

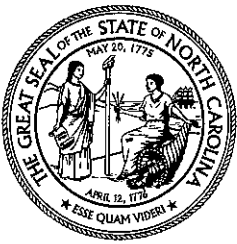
County Wake-Garner Instrument Location Bat mobile Unit 2

Instrument Serial No 008736

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

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

I certify that on the 26 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B Skinner 644  
Signature of Certifying Official Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736  
Test Date: 10/26/2012

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

Analyst's Name: SKINNER, TONYA B  
Permit Number: 13651E  
Effective:  
10/01/2011-10/01/2013

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

Lot Number: AG204603  
Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	10:21pm
AIR BLK	.00	10:22pm
ACCY CHK	.07	10:22pm
AIR BLK	.00	10:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:24pm</b>
AIR BLK	.00	10:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:26pm</b>
AIR BLK	.00	10:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736      Test Record Number: 525  
Test Date: 10/26/2012      Test Time: 10:31pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:31pm
FLO	Pass	10:31pm
FC	Pass	10:31pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm

CRC Tests

Test	Status	Time
COMP	Pass	10:32pm
CAL	Pass	10:32pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

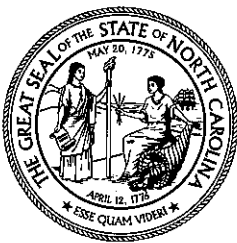
County Wake - Garner Instrument Location Bat Mobile Unit 2

Instrument Serial No 008929

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

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

I certify that on the 26 day of October, 2012, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donya B Skinner  
Signature of Certifying Official

644  
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929

Test Date: 10/26/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	10:22pm
AIR BLK	.00	10:23pm
ACCY CHK	.08	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst



Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Record Number: 581  
Test Date: 10/26/2012 Test Time: 10:32pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:33pm

CRC Tests

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

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**

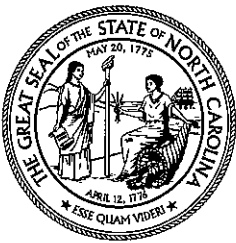
County Wake-Garner Instrument Location Pat Mobile Unit 2

Instrument Serial No. 008601

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

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

I certify that on the 26 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jonny B Skinner  
Signature of Certifying Official

644  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601  
Test Date: 10/26/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205401

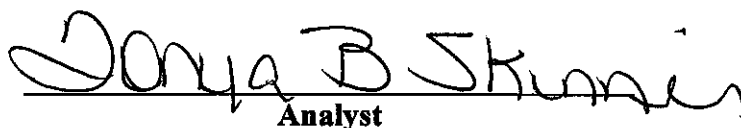
Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	10:25pm
AIR BLK	.00	10:26pm
ACCY CHK	.07	10:27pm
AIR BLK	.00	10:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:28pm</b>
AIR BLK	.00	10:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:31pm</b>
AIR BLK	.00	10:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601      Test Record Number: 714  
Test Date: 10/26/2012      Test Time: 10:39pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

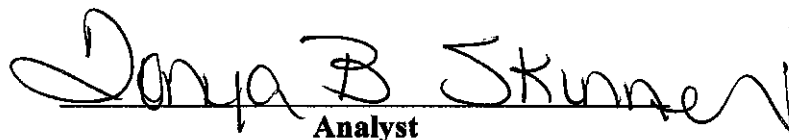
Printer Tests

Test	Status	Time
PRNT	Pass	10:41pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

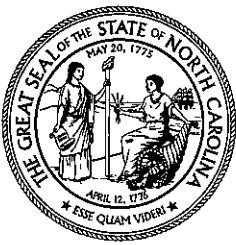
County Randolph Archdale Instrument Location Bat mobile Unit 2

Instrument Serial No 008736

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

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

I certify that on the 27 day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donya B Skinner  
Signature of Certifying Official

644  
Certificate Number

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

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

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736  
Test Date: 10/27/2012

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

Analyst's Name: SKINNER, TONYA B  
Permit Number: 13651E  
Effective:  
10/01/2011-10/01/2013

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

Lot Number: AG204603  
Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.07	10:29pm
AIR BLK	.00	10:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:30pm</b>
AIR BLK	.00	10:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:33pm</b>
AIR BLK	.00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736      Test Record Number: 530  
Test Date: 10/27/2012      Test Time: 10:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:35pm
FLO	Pass	10:35pm
FC	Pass	10:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:35pm
SRC	Pass	10:35pm
DET	Pass	10:35pm
BAR	Pass	10:35pm
BT	Pass	10:35pm

Blank Tests

Test	Status	Time
AIR	Pass	10:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:36pm

CRC Tests

Test	Status	Time
COMP	Pass	10:36pm
CAL	Pass	10:36pm

Preventive Maintenance  
Status: Pass

Sonya B Skinner  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Randolph-Archdale Instrument Location Bat Mobile Unit 2

Instrument Serial No 008929

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

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

I certify that on the 27 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jonny B Skinner  
Signature of Certifying Official

674  
Certificate Number

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



Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008929  
Test Date: 10/27/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	10:28pm
AIR BLK	.00	10:29pm
ACCY CHK	.08	10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008929 Test Record Number: 589  
Test Date: 10/27/2012 Test Time: 10:37pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:38pm
SRC	Pass	10:38pm
DET	Pass	10:38pm
BAR	Pass	10:38pm
BT	Pass	10:38pm

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	10:39pm
CAL	Pass	10:39pm

Preventive Maintenance  
Status: Pass

*Donna B Skinner*  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

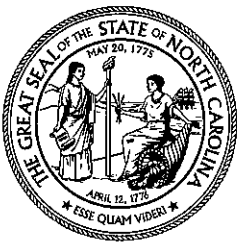
County Randolph-Archdale Instrument Location Bat Mobile Unit 2

Instrument Serial No 008601

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

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

I certify that on the 27 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jonya B Skinner  
Signature of Certifying Official

644  
Certificate Number

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

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008601  
Test Date: 10/27/2012

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

Analyst's Name: SKINNER, TONYA B  
Permit Number: 13651E  
Effective:  
10/01/2011-10/01/2013

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

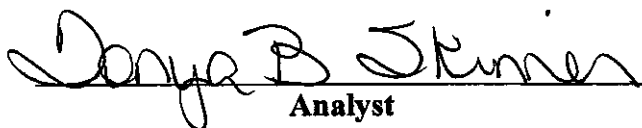
Lot Number: AG205401  
Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	10:32pm
AIR BLK	.00	10:33pm
ACCY CHK	.07	10:34pm
AIR BLK	.00	10:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:35pm</b>
AIR BLK	.00	10:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:38pm</b>
AIR BLK	.00	10:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

**RANDOLPH COUNTY BAT MOBILE UNIT 2 750**

Serial Number: 008601      Test Record Number: 718  
Test Date: 10/27/2012      Test Time: 10:48pm 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

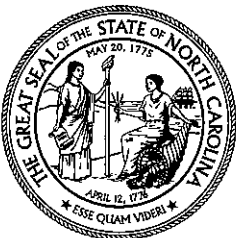
County Greensboro Instrument Location Bat mobile unit 2

Instrument Serial No. 008929

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

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

I certify that on the 12 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donya B Skinner  
Signature of Certifying Official

644  
Certificate Number

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

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

GREENSBORO BATMOBILE UNIT 2 400

Serial Number: 008929  
Test Date: 10/12/2012

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

Analyst's Name: SKINNER, TONYA B  
Permit Number: 13651E  
Effective:  
10/01/2011-10/01/2013

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

Lot Number: AG204603  
Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.08	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GREENSBORO BATMOBILE UNIT 2 400

Serial Number: 008929      Test Record Number: 574  
Test Date: 10/12/2012      Test Time: 9:36pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:37pm
FLO	Pass	9:37pm
FC	Pass	9:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:37pm
SRC	Pass	9:37pm
DET	Pass	9:37pm
BAR	Pass	9:37pm
BT	Pass	9:37pm

Blank Tests

Test	Status	Time
AIR	Pass	9:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:38pm

CRC Tests

Test	Status	Time
COMP	Pass	9:38pm
CAL	Pass	9:38pm

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

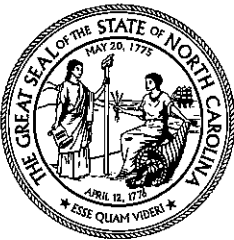
County Greensboro Instrument Location Bat Mobile Unit 2

Instrument Serial No. DD8601

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

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

I certify that on the 12 day of October, 2012, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B Skinner 444  
Signature of Certifying Official Certificate Number

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

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

GREENSBORO BAT MOBILE UNIT 2 400

Serial Number: 008601  
Test Date: 10/12/2012

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

Analyst's Name: SKINNER, TONYA B  
Permit Number: 13651E  
Effective:  
10/01/2011-10/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:33pm</b>
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:35pm</b>
AIR BLK	.00	9:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GREENSBORO BAT MOBILE UNIT 2 400

Serial Number: 008601      Test Record Number: 708  
Test Date: 10/12/2012      Test Time: 9:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:51pm
FLO	Pass	9:51pm
FC	Pass	9:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT	Pass	9:51pm

Blank Tests

Test	Status	Time
AIR	Pass	9:52pm

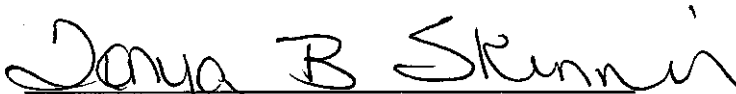
Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm

CRC Tests

Test	Status	Time
COMP	Pass	9:52pm
CAL	Pass	9:52pm

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**

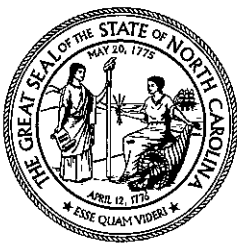
County Greensboro Instrument Location Bar Mobile Unit 2

Instrument Serial No. 008734

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

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

I certify that on the 12 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B Skinner  
Signature of Certifying Official

644  
Certificate Number

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

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

GREENSBORO BAT MOBILE UNIT 2 400

Serial Number: 008736  
Test Date: 10/12/2012

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

Analyst's Name: SKINNER, TONYA B  
Permit Number: 13651E  
Effective:  
10/01/2011-10/01/2013

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

Lot Number: AG204603  
Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	9:42pm
AIR BLK	.00	9:43pm
ACCY CHK	.07	9:43pm
AIR BLK	.00	9:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:45pm</b>
AIR BLK	.00	9:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:47pm</b>
AIR BLK	.00	9:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

GREENSBORO BAT MOBILE UNIT 2 400

Serial Number: 008736      Test Record Number: 518  
Test Date: 10/12/2012      Test Time: 9:52pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	9:52pm
FLO	Pass	9:52pm
FC	Pass	9:52pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:52pm
SRC	Pass	9:52pm
DET	Pass	9:52pm
BAR	Pass	9:52pm
BT	Pass	9:52pm

**Blank Tests**

Test	Status	Time
AIR	Pass	9:53pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	9:53pm

**CRC Tests**

Test	Status	Time
COMP	Pass	9:53pm
CAL	Pass	9:53pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

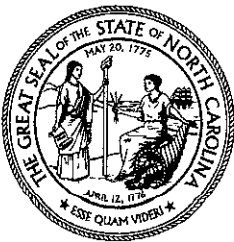
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County GASTON Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008707 GASTONIA, NC

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

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

I certify that on the 5 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the 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 Benson  
Signature of Certifying Official

648  
Certificate Number

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

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

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008707

Test Date: 10/05/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.08	9:29pm
AIR BLK	.00	9:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:30pm</b>
AIR BLK	.00	9:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:33pm</b>
AIR BLK	.00	9:34pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008707      Test Record Number: 1548  
Test Date: 10/05/2012      Test Time: 9:36pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:36pm
FLO	Pass	9:36pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:37pm

CRC Tests

Test	Status	Time
COMP	Pass	9:37pm
CAL	Pass	9:37pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

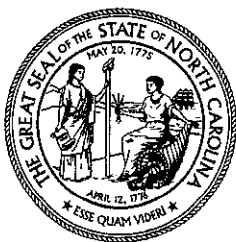
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County GASTON Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008647 GASTONIA, NC

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

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

I certify that on the 5 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the 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 B...  
Signature of Certifying Official

648  
Certificate Number

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

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

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008647

Test Date: 10/05/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	9:24pm
AIR BLK	.00	9:25pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:28pm</b>
AIR BLK	.00	9:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:30pm</b>
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008647      Test Record Number: 1490  
Test Date: 10/05/2012      Test Time: 9:32pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:32pm
FLO	Pass	9:32pm
FC	Pass	9:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:33pm
SRC	Pass	9:33pm
DET	Pass	9:33pm
BAR	Pass	9:33pm
BT	Pass	9:33pm

Blank Tests

Test	Status	Time
AIR	Pass	9:33pm


Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

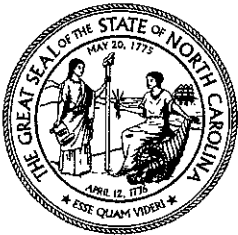
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ROWAN Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008647 KANNAH POLIS, NC

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

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

I certify that on the 6 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the 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 Bano  
Signature of Certifying Official

648  
Certificate Number

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

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

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008647

Test Date: 10/06/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	10:21pm
AIR BLK	.00	10:22pm
ACCY CHK	.07	10:22pm
AIR BLK	.00	10:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:24pm</b>
AIR BLK	.00	10:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:26pm</b>
AIR BLK	.00	10:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008647      Test Record Number: 1495  
Test Date: 10/06/2012      Test Time: 10:27pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:28pm
FLO	Pass	10:28pm
FC	Pass	10:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:28pm
SRC	Pass	10:28pm
DET	Pass	10:28pm
BAR	Pass	10:28pm
BT	Pass	10:28pm

Blank Tests

Test	Status	Time
AIR	Pass	10:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:29pm

CRC Tests

Test	Status	Time
COMP	Pass	10:29pm
CAL	Pass	10:29pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

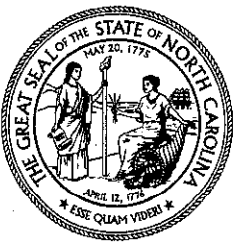
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County ROWAN Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008707 KANNAPOLIS, NC

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

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

I certify that on the 6 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes  
Signature of Certifying Official

648  
Certificate Number

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



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

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008707

Test Date: 10/06/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

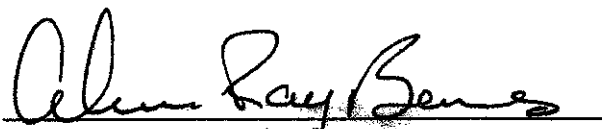
Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.08	10:29pm
AIR BLK	.00	10:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:30pm</b>
AIR BLK	.00	10:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:32pm</b>
AIR BLK	.00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008707      Test Record Number: 1551  
Test Date: 10/06/2012      Test Time: 10:34pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	10:35pm

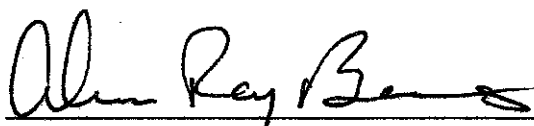
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:35pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

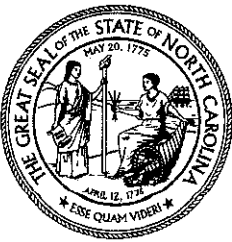
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CABARRUS Instrument Location BAT MOBILE 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 13 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the 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 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: 10/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	3:09pm
AIR BLK	.00	3:10pm
ACCY CHK	.08	3:11pm
AIR BLK	.00	3:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:12pm</b>
AIR BLK	.00	3:13pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:15pm</b>
AIR BLK	.00	3:16pm

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: 1556  
Test Date: 10/13/2012      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	3:18pm

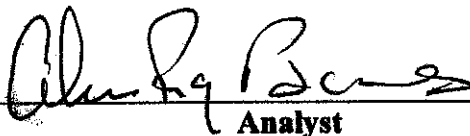
**Printer Tests**

Test	Status	Time
PRNT	Pass	3:18pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

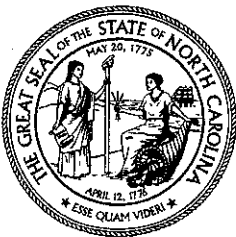
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County 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 13 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the 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 Benez  
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: 10/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903

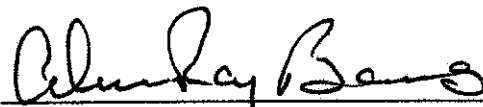
Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	3:08pm
AIR BLK	.00	3:09pm
ACCY CHK	.07	3:10pm
AIR BLK	.00	3:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:11pm</b>
AIR BLK	.00	3:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:14pm</b>
AIR BLK	.00	3:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647      Test Record Number: 1503  
Test Date: 10/13/2012      Test Time: 3:16pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

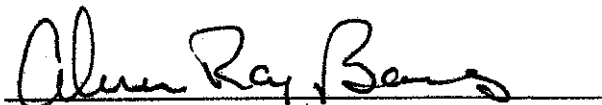
Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm

CRC Tests

Test	Status	Time
COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008647 CHARLOTTE, NC

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

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

I certify that on the 18 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes  
Signature of Certifying Official

648  
Certificate Number

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

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

**MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590**

Serial Number: 008647  
Test Date: 10/18/2012

Citation Number: M0000000-0

Subject's Name:

*PREVENTIVE, MAINTENANCE*

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903

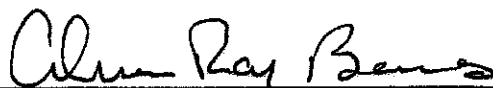
Exp Date: 02/08/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

**MECKLENBURG COUNTY BAT MOBILE UNIT 3 590**

Serial Number: 008647      Test Record Number: 1509  
Test Date: 10/18/2012      Test Time: 10:43pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	10:44pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	10:44pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

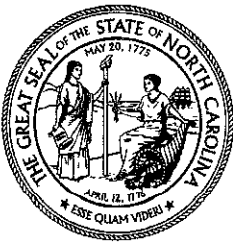
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008707 CHARLOTTE, NC

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

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

I certify that on the 18 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the 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 Benez  
Signature of Certifying Official

648  
Certificate Number

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

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008707

Test Date: 10/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	10:37pm
AIR BLK	.00	10:38pm
ACCY CHK	.08	10:39pm
AIR BLK	.00	10:39pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:40pm</b>
AIR BLK	.00	10:41pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:42pm</b>
AIR BLK	.00	10:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

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

**MECKLENBURG COUNTY BAT MOBILE UNIT 3 590**

Serial Number: 008707      Test Record Number: 1560  
Test Date: 10/18/2012      Test Time: 10:44pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	10:45pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	10:45pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

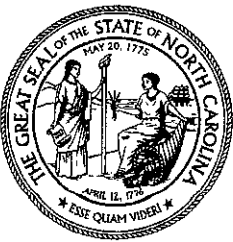
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008707 CHARLOTTE, NC

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

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

I certify that on the 25 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the 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 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**

**MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590**

Serial Number: 008707  
Test Date: 10/25/2012

Citation Number: M0000000-0  
Subject's Name:

**PREVENTIVE, MAINTENANCE**

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	10:23pm
AIR BLK	.00	10:24pm
ACCY CHK	.08	10:24pm
AIR BLK	.00	10:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:26pm</b>
AIR BLK	.00	10:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:28pm</b>
AIR BLK	.00	10:29pm

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

Signature of Chemical Analyst

Court CVR

  
Analyst



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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707      Test Record Number: 1563  
Test Date: 10/25/2012      Test Time: 10:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:30pm
FLO	Pass	10:30pm
FC	Pass	10:30pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:31pm


Printer Tests

Test	Status	Time
PRNT	Pass	10:31pm

CRC Tests

Test	Status	Time
COMP	Pass	10:31pm
CAL	Pass	10:31pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

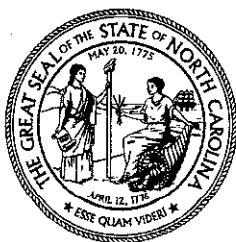
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008647 CHARLOTTE, NC

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

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

I certify that on the 25 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the 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 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**

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008647  
Test Date: 10/25/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	10:17pm
AIR BLK	.00	10:18pm
ACCY CHK	.07	10:18pm
AIR BLK	.00	10:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:20pm</b>
AIR BLK	.00	10:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:23pm</b>
AIR BLK	.00	10:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

**MECKLENBURG COUNTY BAT MOBILE UNIT 3 590**

Serial Number: 008647      Test Record Number: 1513  
Test Date: 10/25/2012      Test Time: 10:25pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:26pm
FLO	Pass	10:26pm
FC	Pass	10:26pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:26pm
SRC	Pass	10:26pm
DET	Pass	10:26pm
BAR	Pass	10:26pm
BT	Pass	10:26pm

**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	10:27pm
CAL	Pass	10:27pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

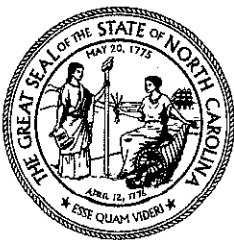
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County MECKLENBURG Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008616 CHARLOTTE, NC

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

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

I certify that on the 25 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the 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 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**

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008616  
Test Date: 10/25/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.08	10:29pm
AIR BLK	.00	10:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:30pm</b>
AIR BLK	.00	10:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:33pm</b>
AIR BLK	.00	10:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

**MECKLENBURG COUNTY BAT MOBILE UNIT 3 590**

Serial Number: 008616      Test Record Number: 1501  
Test Date: 10/25/2012      Test Time: 10:34pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	10:35pm

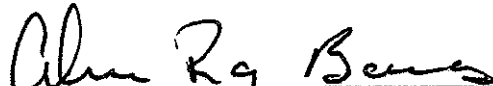
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:35pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

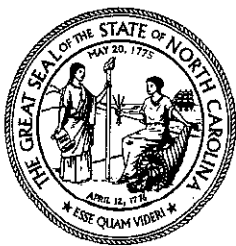
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County 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, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes  
Signature of Certifying Official

648  
Certificate Number

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



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

**GUILFORD COUNTY BAT MOBILE UNIT 3 400**

Serial Number: 008616  
Test Date: 10/31/2012

Citation Number: M0000000-0

Subject's Name:

*PREVENTIVE, MAINTENANCE*

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: *BARNES, ALVIN R*

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903

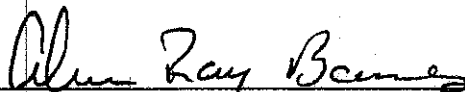
Exp Date: 02/08/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616      Test Record Number: 1505  
Test Date: 10/31/2012      Test Time: 10:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:42pm
FLO	Pass	10:42pm
FC	Pass	10:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:42pm
SRC	Pass	10:42pm
DET	Pass	10:42pm
BAR	Pass	10:42pm
BT	Pass	10:42pm

Blank Tests

Test	Status	Time
AIR	Pass	10:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:43pm

CRC Tests

Test	Status	Time
COMP	Pass	10:43pm
CAL	Pass	10:43pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

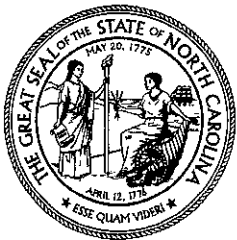
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County GUILFORD Instrument Location 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 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes

Signature of Certifying Official

648

Certificate Number

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

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

**GUILFORD COUNTY BAT MOBILE UNIT 3 400**

Serial Number: 008647  
Test Date: 10/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	10:28pm
AIR BLK	.00	10:29pm
ACCY CHK	.07	10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Record Number: 1522  
Test Date: 10/31/2012 Test Time: 10:36pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:36pm
FLO	Pass	10:36pm
FC	Pass	10:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:37pm
SRC	Pass	10:37pm
DET	Pass	10:37pm
BAR	Pass	10:37pm
BT	Pass	10:37pm

Blank Tests

Test	Status	Time
AIR	Pass	10:37pm

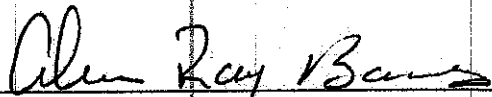
Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm

CRC Tests

Test	Status	Time
COMP	Pass	10:37pm
CAL	Pass	10:37pm

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

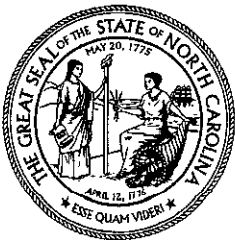
County GUILFORD Instrument Location BAT MOBILE UNIT 3

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, 20 12 the forgoing preventive maintenance procedures were performed on the 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 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**

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707  
Test Date: 10/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

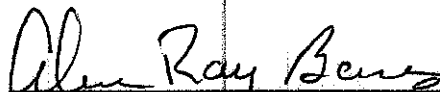
Exp Date: 02/08/2014

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

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

**GUILFORD COUNTY BAT MOBILE UNIT 3 400**

Serial Number: 008707      Test Record Number: 1569  
Test Date: 10/31/2012      Test Time: 10:37pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:37pm
FLO	Pass	10:37pm
FC	Pass	10:37pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:38pm
SRC	Pass	10:38pm
DET	Pass	10:38pm
BAR	Pass	10:38pm
BT	Pass	10:38pm

**Blank Tests**

Test	Status	Time
AIR	Pass	10:38pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	10:38pm

**CRC Tests**

Test	Status	Time
COMP	Pass	10:38pm
CAL	Pass	10:38pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE

Instrument Location RAF MOBILE UNIT #5

Instrument Serial No. 008600

APR PD

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

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

I certify that on the 19<sup>th</sup> day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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

056  
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: 1094  
Test Date: 10/19/2012      Test Time: 11:23pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:23pm
FLO	Pass	11:23pm
FC	Pass	11:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:23pm
SRC	Pass	11:23pm
DET	Pass	11:23pm
BAR	Pass	11:23pm
BT	Pass	11:23pm

Blank Tests

Test	Status	Time
AIR	Pass	11:24pm

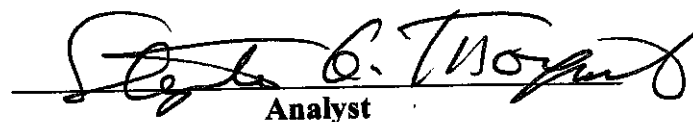
Printer Tests

Test	Status	Time
PRNT	Pass	11:24pm

CRC Tests

Test	Status	Time
COMP	Pass	11:24pm
CAL	Pass	11:24pm

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600  
Test Date: 10/19/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203

Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	11:09pm
AIR BLK	.00	11:10pm
ACCY CHK	.08	11:10pm
AIR BLK	.00	11:12pm
SUB TEST	.00	11:14pm
AIR BLK	.00	11:14pm
SUB TEST	.00	11:16pm
AIR BLK	.00	11:17pm

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 But Mobile Unit #5

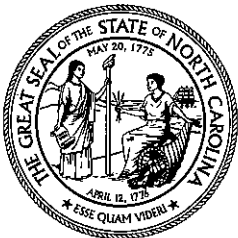
Instrument Serial No. 008698

APEX

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

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

I certify that on the 19<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

636  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698      Test Record Number: 880  
Test Date: 10/19/2012      Test Time: 11:13pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:13pm
FLO	Pass	11:13pm
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	11:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:14pm

CRC Tests

Test	Status	Time
COMP	Pass	11:14pm
CAL	Pass	11:14pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698  
Test Date: 10/19/2012

Citation Number: M0000000-0  
Subject's Name:

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

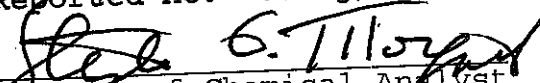
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 9372E  
Effective:  
10/01/2011-10/01/2013

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

Lot Number: AG108203  
Exp Date: 03/23/2013

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

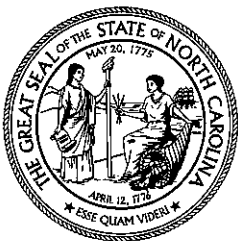
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location BAT MOBILE UNIT #5  
Instrument Serial No. 008788 APEX

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

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

I certify that on the 19<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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<sup>o</sup> EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788      Test Record Number: 719  
Test Date: 10/19/2012      Test Time: 11:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:21pm
FLO	Pass	11:21pm
FC	Pass	11:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:21pm
SRC	Pass	11:21pm
DET	Pass	11:21pm
BAR	Pass	11:21pm
BT	Pass	11:21pm

Blank Tests

Test	Status	Time
AIR	Pass	11:22pm

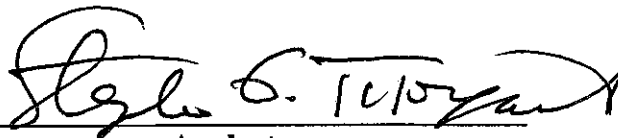
Printer Tests

Test	Status	Time
PRNT	Pass	11:22pm

CRC Tests

Test	Status	Time
COMP	Pass	11:22pm
CAL	Pass	11:22pm

Preventive Maintenance  
Status: Pass



Analyst



Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788  
Test Date: 10/19/2012

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

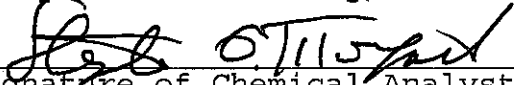
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 9372E  
Effective:  
10/01/2011-10/01/2013

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

Lot Number: AG123502  
Exp Date: 08/23/2013

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

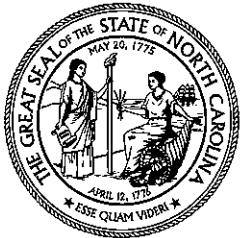
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

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 31<sup>st</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Rob E. Thomas 656  
Signature of Certifying Official Certificate Number

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

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

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600      Test Record Number: 1105  
Test Date: 10/31/2012      Test Time: 10:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:52pm
FLO	Pass	10:52pm
FC	Pass	10:52pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:52pm

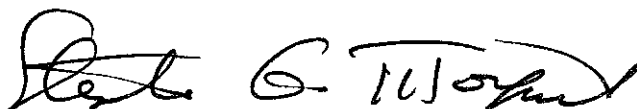
Printer Tests

Test	Status	Time
PRNT	Pass	10:52pm

CRC Tests

Test	Status	Time
COMP	Pass	10:53pm
CAL	Pass	10:53pm

Preventive Maintenance  
Status: Pass



**Analyst**

Intox EC/IR-II: Subject Test

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600

Test Date: 10/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203

Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.07	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

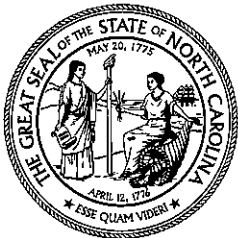
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County PITT Instrument Location BAT MOBILE UNIT #5  
Instrument Serial No. 005698 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 31<sup>st</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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: 008698      Test Record Number: 890  
Test Date: 10/31/2012      Test Time: 11:08pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	11:09pm

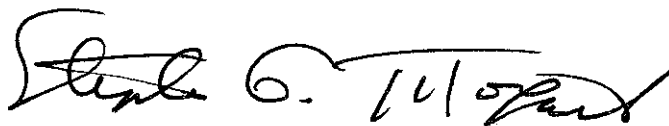
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:09pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass



**Analyst**

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

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698  
Test Date: 10/31/2012

Citation Number: M0000000-0  
Subject's Name:

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

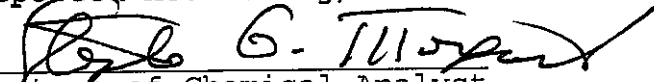
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 9372E  
Effective:  
10/01/2011-10/01/2013

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

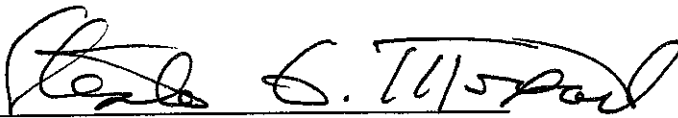
Lot Number: AG108203  
Exp Date: 03/23/2013

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

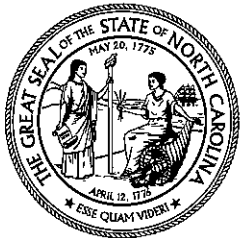
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Pitt Instrument Location ISAT 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 31<sup>st</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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: 729  
Test Date: 10/31/2012      Test Time: 10:55pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:56pm
FLO	Pass	10:56pm
FC	Pass	10:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:56pm
SRC	Pass	10:56pm
DET	Pass	10:56pm
BAR	Pass	10:56pm
BT	Pass	10:56pm

Blank Tests

Test	Status	Time
AIR	Pass	10:57pm

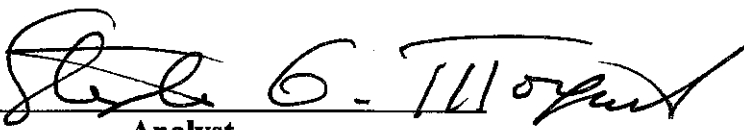
Printer Tests

Test	Status	Time
PRNT	Pass	10:57pm

CRC Tests

Test	Status	Time
COMP	Pass	10:57pm
CAL	Pass	10:57pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788  
Test Date: 10/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

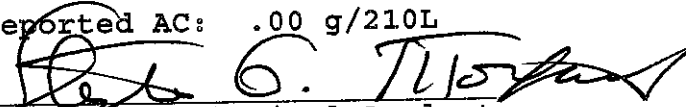
Test Type: Breath Test

Lot Number: AG123502

Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	9:45pm
AIR BLK	.00	9:46pm
ACCY CHK	.07	9:47pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm

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

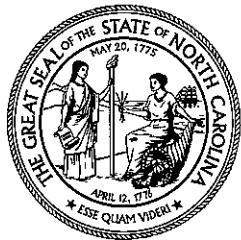
Instrument Serial No. 008600

RALPH

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

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

I certify that on the 28<sup>th</sup> day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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: 008600      Test Record Number: 1098  
Test Date: 10/28/2012      Test Time: 12:56am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:57am

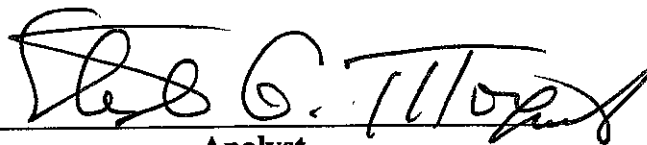
Printer Tests

Test	Status	Time
PRNT	Pass	12:58am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910.

Serial Number: 008600  
Test Date: 10/28/2012

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

Analyst's Name: MORGART, STEPHEN G  
Permit Number: 9372E  
Effective:  
10/01/2011-10/01/2013

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

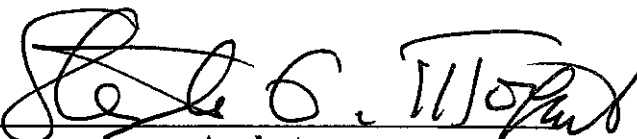
Lot Number: AG108203  
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	12:45am
AIR BLK	.00	12:46am
ACCY CHK	.07	12:46am
AIR BLK	.00	12:47am
SUB TEST	.00	12:49am
AIR BLK	.00	12:49am
SUB TEST	.00	12:51am
AIR BLK	.00	12:52am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

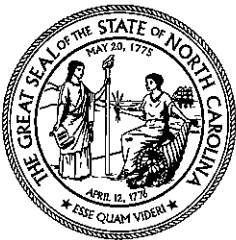
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location BOA Mobile Unit #2  
Instrument Serial No. 008698 RACION

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

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

I certify that on the 28<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steve G. Howard 636  
Signature of Certifying Official Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698      Test Record Number: 884  
Test Date: 10/28/2012      Test Time: 1:01am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:02am
FLO	Pass	1:02am
FC	Pass	1:02am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:02am

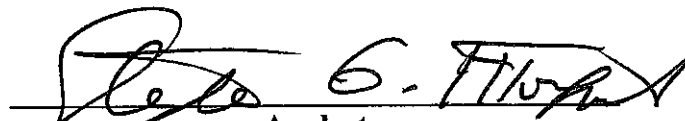
Printer Tests

Test	Status	Time
PRNT	Pass	1:03am

CRC Tests

Test	Status	Time
COMP	Pass	1:03am
CAL	Pass	1:03am

Preventive Maintenance  
Status: Pass

  
Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698  
Test Date: 10/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

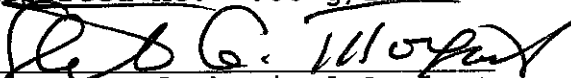
Test Type: Breath Test

Lot Number: AG108203

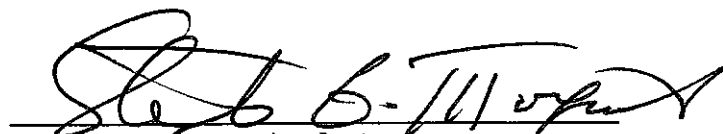
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	12:48am
AIR BLK	.00	12:49am
ACCY CHK	.07	12:50am
AIR BLK	.00	12:51am
<b>SUB TEST</b>	<b>.00</b>	<b>12:51am</b>
AIR BLK	.00	12:52am
<b>SUB TEST</b>	<b>.00</b>	<b>12:54am</b>
AIR BLK	.00	12:54am

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. 008788 RALPHEN

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

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

I certify that on the 28<sup>TH</sup> day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steve G. Tillman  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788      Test Record Number: 723  
Test Date: 10/28/2012      Test Time: 12:57am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:58am
SRC	Pass	12:58am
DET	Pass	12:58am
BAR	Pass	12:58am
BT	Pass	12:58am

Blank Tests

Test	Status	Time
AIR	Pass	12:59am

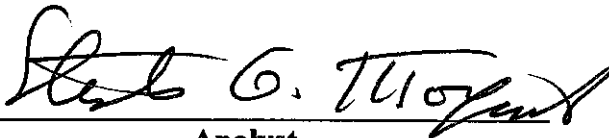
Printer Tests

Test	Status	Time
PRNT	Pass	12:59am

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788  
Test Date: 10/28/2012

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

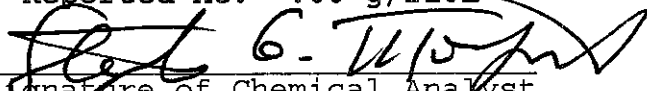
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 9372E  
Effective:  
10/01/2011-10/01/2013

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


Lot Number: AG123502  
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	12:47am
AIR BLK	.00	12:48am
ACCY CHK	.07	12:48am
AIR BLK	.00	12:49am
<b>SUB TEST</b>	<b>.00</b>	<b>12:49am</b>
AIR BLK	.00	12:50am
<b>SUB TEST</b>	<b>.00</b>	<b>12:52am</b>
AIR BLK	.00	12:53am

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**

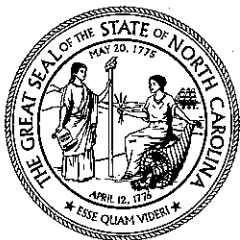
County Carteret Instrument Location BAT Mobile unit 6

Instrument Serial No. 008869 Newport

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

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

I certify that on the 12 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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: 008869      Test Record Number: 874  
Test Date: 10/12/2012      Test Time: 8:39pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:39pm
FLO	Pass	8:39pm
FC	Pass	8:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:40pm
SRC	Pass	8:40pm
DET	Pass	8:40pm
BAR	Pass	8:40pm
BT	Pass	8:40pm

Blank Tests

Test	Status	Time
AIR	Pass	8:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:40pm

CRC Tests

Test	Status	Time
COMP	Pass	8:41pm
CAL	Pass	8:41pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869  
Test Date: 10/12/2012

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

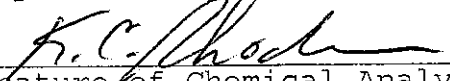
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
10/01/2011-10/01/2013

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

Lot Number: AG123501  
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.08	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

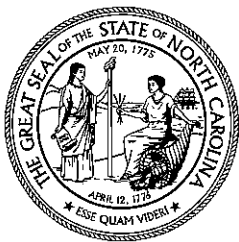
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County New Hanover Instrument Location BAT Mobile Unit 4  
Instrument Serial No. 008898 New Hanover Sheriff

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2012 the forgoing preventive maintenance procedures were performed on the 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. Phoebe  
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**

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898      Test Record Number: 843  
Test Date: 10/31/2012      Test Time: 6:05pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:06pm
FLO	Pass	6:06pm
FC	Pass	6:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:06pm
SRC	Pass	6:06pm
DET	Pass	6:06pm
BAR	Pass	6:06pm
BT	Pass	6:06pm

Blank Tests

Test	Status	Time
AIR	Pass	6:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:07pm

CRC Tests

Test	Status	Time
COMP	Pass	6:07pm
CAL	Pass	6:07pm

Preventive Maintenance  
Status: Pass

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



Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY BAT MOBILE UNIT 6  
640

Serial Number: 008898  
Test Date: 10/31/2012

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

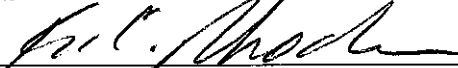
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
10/01/2011-10/01/2013

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

Lot Number: AG201802  
Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	5:58pm
AIR BLK	.00	5:59pm
ACCY CHK	.08	5:59pm
AIR BLK	.00	6:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:01pm</b>
AIR BLK	.00	6:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:03pm</b>
AIR BLK	.00	6:04pm

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**

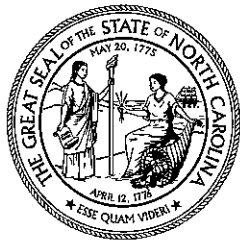
County New Hanover Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008939 New Hanover Sheriff

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2012 the forgoing preventive maintenance procedures were performed on the 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. Phoad  
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

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939      Test Record Number: 819  
Test Date: 10/31/2012      Test Time: 6:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:09pm
FLO	Pass	6:09pm
FC	Pass	6:09pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	6:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:10pm

CRC Tests

Test	Status	Time
COMP	Pass	6:10pm
CAL	Pass	6:10pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

NEW HANOVER COUNTY BAT MOBILE UNIT 6  
640

Serial Number: 008939  
Test Date: 10/31/2012

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


Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
10/01/2011-10/01/2013

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

Lot Number: AG123501  
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	5:58pm
AIR BLK	.00	5:59pm
ACCY CHK	.08	6:00pm
AIR BLK	.00	6:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:01pm</b>
AIR BLK	.00	6:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:04pm</b>
AIR BLK	.00	6:05pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

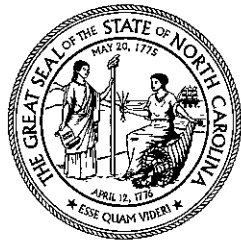
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CRAVEN Instrument Location BAT Mobile Unit 6  
Instrument Serial No. 008898 BRIDGETON

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2012 the forgoing preventive maintenance procedures were performed on the 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. Phelan  
Signature of Certifying Official

601  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898      Test Record Number: 837  
Test Date: 10/23/2012      Test Time: 6:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:15pm
FLO	Pass	6:15pm
FC	Pass	6:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:16pm
SRC	Pass	6:16pm
DET	Pass	6:16pm
BAR	Pass	6:16pm
BT	Pass	6:16pm

Blank Tests

Test	Status	Time
AIR	Pass	6:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:16pm

CRC Tests

Test	Status	Time
COMP	Pass	6:16pm
CAL	Pass	6:16pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898  
Test Date: 10/23/2012

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

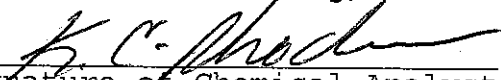
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
10/01/2011-10/01/2013

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

Lot Number: AG201802  
Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	5:58pm
AIR BLK	.00	5:59pm
ACCY CHK	.08	6:00pm
AIR BLK	.00	6:01pm
SUB TEST	.00	6:01pm
AIR BLK	.00	6:02pm
SUB TEST	.00	6:04pm
AIR BLK	.00	6:04pm

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

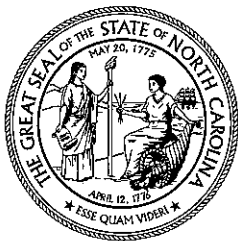
County New Hanover Instrument Location BAT Mobile unit 6

Instrument Serial No. 008869 New Hanover Sheriff

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2012 the forgoing preventive maintenance procedures were performed on the 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

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869      Test Record Number: 879  
Test Date: 10/31/2012      Test Time: 6:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:04pm
FLO	Pass	6:04pm
FC	Pass	6:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:04pm
SRC	Pass	6:04pm
DET	Pass	6:04pm
BAR	Pass	6:04pm
BT	Pass	6:04pm

Blank Tests

Test	Status	Time
AIR	Pass	6:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:05pm

CRC Tests

Test	Status	Time
COMP	Pass	6:05pm
CAL	Pass	6:05pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY BAT MOBILE UNIT 6

640

Serial Number: 008869

Test Date: 10/31/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG123501

Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	5:57pm
AIR BLK	.00	5:58pm
ACCY CHK	.08	5:58pm
AIR BLK	.00	5:59pm
SUB TEST	.00	6:00pm
AIR BLK	.00	6:01pm
SUB TEST	.00	6:02pm
AIR BLK	.00	6:03pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

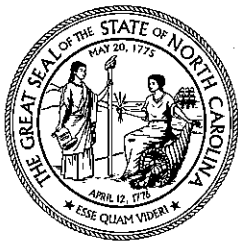
County GRANVILLE Instrument Location OXFORD P.D.

Instrument Serial No. 008923 204 E M'CIANAHAN ST OXFORD, 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 29 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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**

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923  
Test Date: 10/29/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

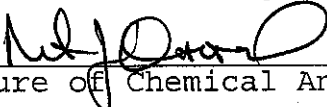
Test Type: Breath Test

Lot Number: AG202602

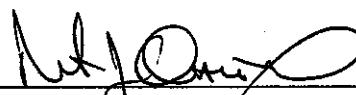
Exp Date: 01/26/2014

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.07	11:59am
AIR BLK	.00	11:59am
<b>SUB TEST</b>	<b>.00</b>	<b>12:00pm</b>
AIR BLK	.00	12:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:03pm</b>
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923      Test Record Number: 842  
Test Date: 10/29/2012      Test Time: 12:04pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm

CRC Tests

Test	Status	Time
COMP	Pass	12:06pm
CAL	Pass	12:06pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

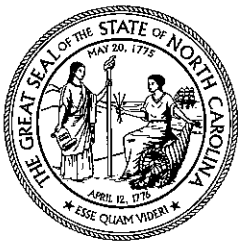
County NASH Instrument Location NASH CO. JAIL

Instrument Serial No. 008630 NASHVILLE, 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 25 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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: 10/25/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
09/01/2011-09/01/2013

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

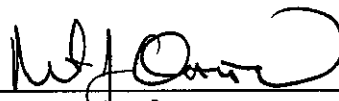
Lot Number: AG125603  
Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm

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: 2534  
Test Date: 10/25/2012      Test Time: 2:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:28pm
SRC	Pass	2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

Blank Tests

Test	Status	Time
AIR	Pass	2:29pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

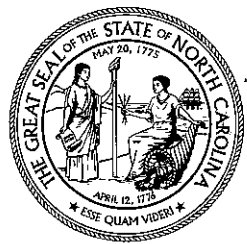
County NASH Instrument Location ROCKY MOUNT P.D.

Instrument Serial No. 008741 #1 GOVERNMENT PLAZA ROCKY MOUNT, 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 25 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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: 10/25/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
09/01/2011-09/01/2013

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


Lot Number: AG125603  
Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	12:24pm
AIR BLK	.00	12:25pm
ACCY CHK	.07	12:26pm
AIR BLK	.00	12:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:27pm</b>
AIR BLK	.00	12:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:30pm</b>
AIR BLK	.00	12:30pm

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: 1135  
Test Date: 10/25/2012      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

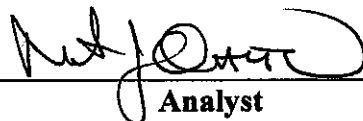
Printer Tests

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**

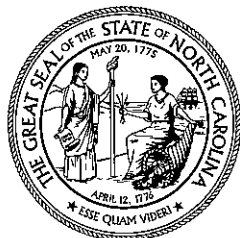
County NASH Instrument Location Rocky Mount P.D.

Instrument Serial No. 008740 #1 GOVERNMENT PLAZA ROCKY MOUNT, P.D.

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

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

I certify that on the 25 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]  
Signature of Certifying Official

652

Certificate Number

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

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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740  
Test Date: 10/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

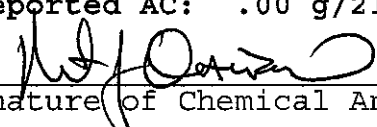
Test Type: Breath Test

Lot Number: AG104101

Exp Date: 02/10/2013

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

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: 377  
Test Date: 10/25/2012      Test Time: 1:01pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

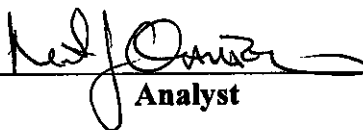
Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location APEX P.S.S. # 4

Instrument Serial No. 008621 1615 E. WILLIAMS ST. APEX, N.C

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

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

I certify that on the 23 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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**

WAKE COUNTY APEX PD

Serial Number: 008621

Test Date: 10/23/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

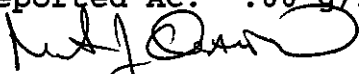
Test Type: Breath Test

Lot Number: AG205401

Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	3:09pm
AIR BLK	.00	3:10pm
ACCY CHK	.08	3:10pm
AIR BLK	.00	3:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:12pm</b>
AIR BLK	.00	3:13pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:14pm</b>
AIR BLK	.00	3:15pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

WAKE COUNTY APEX PD

Serial Number: 008621      Test Record Number: 1150  
Test Date: 10/23/2012      Test Time: 3:17pm EDT  
System Check: Passed

**Baseline Tests**

Test	Status	Time
IR	Pass	3:18pm
FLO	Pass	3:18pm
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

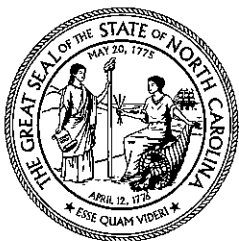
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County WARREN Instrument Location WARREN CO JAIL  
Instrument Serial No. 008793 HW4 58 WARRETON, N.C.

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

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

I certify that on the 22 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



N. J. [Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793  
Test Date: 10/22/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	1:33pm
AIR BLK	.00	1:34pm
ACCY CHK	.08	1:35pm
AIR BLK	.00	1:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:36pm</b>
AIR BLK	.00	1:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:39pm</b>
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793      Test Record Number: 596  
Test Date: 10/22/2012      Test Time: 1:41pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:42pm
FLO	Pass	1:42pm
FC	Pass	1:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:42pm
SRC	Pass	1:42pm
DET	Pass	1:42pm
BAR	Pass	1:42pm
BT	Pass	1:42pm

Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

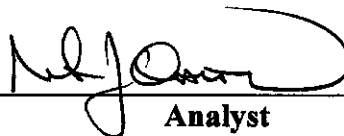
Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm

CRC Tests

Test	Status	Time
COMP	Pass	1:43pm
CAL	Pass	1:43pm

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 WARREN Instrument Location NORLINA P.D.  
Instrument Serial No. 008945 101 MAIN ST. NORLINA, N.C.

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

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

I certify that on the 22 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ned J. [Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945  
Test Date: 10/22/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
09/01/2011-09/01/2013

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


Lot Number: AG104101  
Exp Date: 02/10/2013

Test	g/210L	Time
DIAG	Pass	12:28pm
AIR BLK	.00	12:29pm
ACCY CHK	.07	12:29pm
AIR BLK	.00	12:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:32pm</b>
AIR BLK	.00	12:33pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:34pm</b>
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945      Test Record Number: 240  
Test Date: 10/22/2012      Test Time: 12:38pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	12:39pm

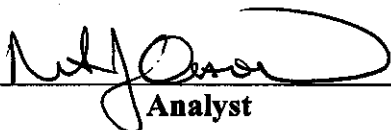
**Printer Tests**

Test	Status	Time
PRNT	Pass	12:39pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

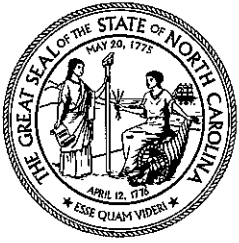
County Bertie Instrument Location Bertie Co. S.O.

Instrument Serial No. 008897 104 Dundee St., Windsor, N.C.

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

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

I certify that on the 17<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. [Signature]  
Signature of Certifying Official

643  
Certificate Number

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



Intox EC/IR-II: Subject Test

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897  
Test Date: 10/17/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

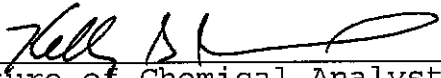
Test Type: Breath Test

Lot Number: AG206103

Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	11:16am
AIR BLK	.00	11:17am
ACCY CHK	.08	11:17am
AIR BLK	.00	11:18am
<b>SUB TEST</b>	<b>.00</b>	<b>11:19am</b>
AIR BLK	.00	11:20am
<b>SUB TEST</b>	<b>.00</b>	<b>11:21am</b>
AIR BLK	.00	11:22am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897      Test Record Number: 710  
Test Date: 10/17/2012      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

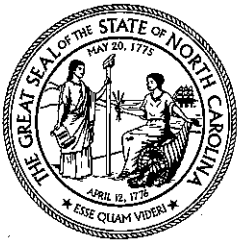
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Dare Instrument Location Kill Devil Hills P.D.  
Instrument Serial No. 008844 102 Town Hall Dr., Kill Devil Hills, NC

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

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

I certify that on the 16<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly A. [Signature]  
Signature of Certifying Official

643  
Certificate Number

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

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

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844  
Test Date: 10/16/2012

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


Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
08/01/2011-08/01/2013

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

Lot Number: AG206103  
Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	2:09pm
AIR BLK	.00	2:09pm
ACCY CHK	.08	2:10pm
AIR BLK	.00	2:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:11pm</b>
AIR BLK	.00	2:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:14pm</b>
AIR BLK	.00	2:15pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*DARE COUNTY KILL DEVIL HILLS PD 270*

Serial Number: 008844      Test Record Number: 1182  
Test Date: 10/16/2012      Test Time: 2:15pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	2:16pm
FLO	Pass	2:16pm
FC	Pass	2:16pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
BT	Pass	2:16pm

**Blank Tests**

Test	Status	Time
AIR	Pass	2:17pm

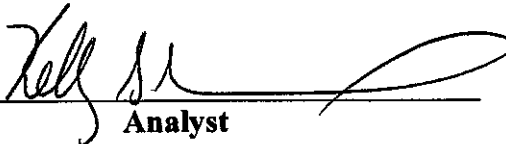
**Printer Tests**

Test	Status	Time
PRNT	Pass	2:17pm

**CRC Tests**

Test	Status	Time
COMP	Pass	2:17pm
CAL	Pass	2:17pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

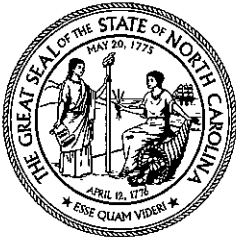
County Currituck Instrument Location Currituck Co. S.O. - Corolla

Instrument Serial No. 008949 1123 Ocean Trail, Corolla, NC.

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

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

I certify that on the 16<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kell H. [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**

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949  
Test Date: 10/16/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG204602

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.08	12:16pm
AIR BLK	.00	12:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:18pm</b>
AIR BLK	.00	12:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:20pm</b>
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*CURRITUCK COUNTY SO-COROLLA 260*

Serial Number: 008949      Test Record Number: 266  
Test Date: 10/16/2012      Test Time: 12:24pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	12:25pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	12:25pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

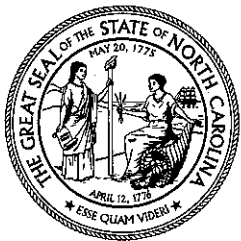
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 26<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

643

Certificate Number

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

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646  
Test Date: 10/26/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204602

Exp Date: 02/15/2014

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

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: 1807  
Test Date: 10/26/2012      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 Dare

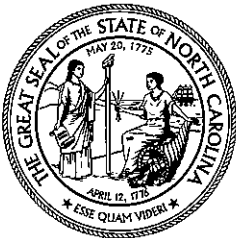
Instrument Location Dare Co. Detention Center

Instrument Serial No. 008804 1044 Driftwood Dr., Manteo, 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, 20 12 the forgoing preventive maintenance procedures were performed on the 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. 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**

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804  
Test Date: 10/22/2012

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


Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
08/01/2011-08/01/2013

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

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

Test	g/210L	Time
DIAG	Pass	12:40pm
AIR BLK	.00	12:41pm
ACCY CHK	.08	12:42pm
AIR BLK	.00	12:43pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:43pm</b>
AIR BLK	.00	12:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:46pm</b>
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804      Test Record Number: 1041  
Test Date: 10/22/2012      Test Time: 12:48pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:48pm
SRC	Pass	12:48pm
DET	Pass	12:48pm
BAR	Pass	12:48pm
BT	Pass	12:48pm

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm

CRC Tests

Test	Status	Time
COMP	Pass	12:49pm
CAL	Pass	12:49pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

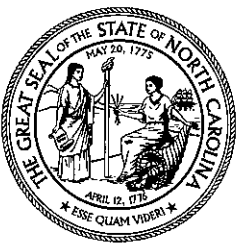
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Dare Instrument Location Dare Co Detention Center  
Instrument Serial No. 008783 1044 Driftwood Dr., Manteo, N.C.

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

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

I certify that on the 22<sup>nd</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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 DETENTION CE 270

Serial Number: 008783  
Test Date: 10/22/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

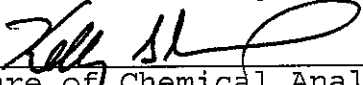
Test Type: Breath Test

Lot Number: AG204602

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	12:01pm
AIR BLK	.00	12:02pm
ACCY CHK	.08	12:03pm
AIR BLK	.00	12:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:05pm</b>
AIR BLK	.00	12:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:08pm</b>
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783      Test Record Number: 365  
Test Date: 10/22/2012      Test Time: 12:12pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	12:13pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	12:13pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:13pm
CAL	Pass	12:13pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County 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 2 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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: 10/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	11:48am
AIR BLK	.00	11:49am
ACCY CHK	.08	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725      Test Record Number: 2567  
Test Date: 10/02/2012      Test Time: 11:55am EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	11:56am

**Printer Tests**

Test	Status	Time
PRNT	Pass	11:56am

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

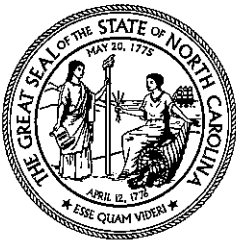
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Alleghany Instrument Location Alleghany Co Jail  
Instrument Serial No. 008890 SPARTA, NC

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

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

I certify that on the 5 day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890  
Test Date: 10/05/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

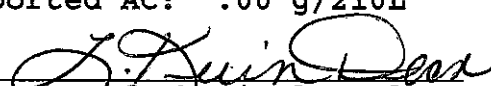
Test Type: Breath Test

Lot Number: AG200905

Exp Date: 01/09/2014

Test	g/210L	Time
DIAG	Pass	1:14pm
AIR BLK	.00	1:15pm
ACCY CHK	.07	1:16pm
AIR BLK	.00	1:16pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:17pm</b>
AIR BLK	.00	1:18pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:19pm</b>
AIR BLK	.00	1:20pm

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**

**ALLEGHANY COUNTY ALLEGHANY CO JAIL 020**

Serial Number: 008890      Test Record Number: 366  
Test Date: 10/05/2012      Test Time: 1:21pm EDT

System Check: Passed

**Baseline Tests**

Test	Status	Time
IR	Pass	1:21pm
FLO	Pass	1:21pm
FC	Pass	1:21pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	1:21pm
SRC	Pass	1:21pm
DET	Pass	1:21pm
BAR	Pass	1:21pm
BT	Pass	1:21pm

**Blank Tests**

Test	Status	Time
AIR	Pass	1:22pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	1:22pm

**CRC Tests**

Test	Status	Time
COMP	Pass	1:22pm
CAL	Pass	1:22pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

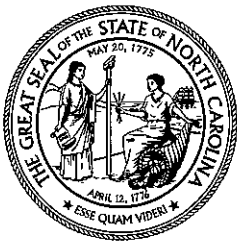
County Ashe Instrument Location Ashe Co. Jail

Instrument Serial No. 008849 JEFFERSON, N.C.

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

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

I certify that on the 5 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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**

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849  
Test Date: 10/05/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

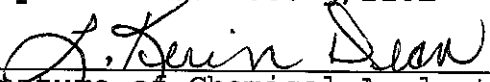
Test Type: Breath Test

Lot Number: AG200905

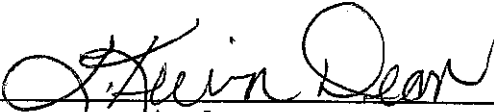
Exp Date: 01/09/2014

Test	g/210L	Time
DIAG	Pass	3:16pm
AIR BLK	.00	3:17pm
ACCY CHK	.07	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:22pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849      Test Record Number: 675  
Test Date: 10/05/2012      Test Time: 3:23pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:23pm
FLO	Pass	3:23pm
FC	Pass	3:24pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm

CRC Tests

Test	Status	Time
COMP	Pass	3:25pm
CAL	Pass	3:25pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

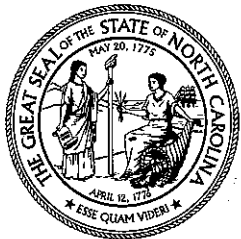
County Guilford Instrument Location Greensboro Jail

Instrument Serial No. 008794

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

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

I certify that on the 22 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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: 10/22/2012

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

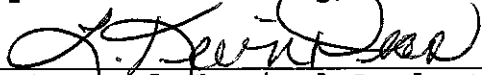
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
06/01/2011-06/01/2013

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

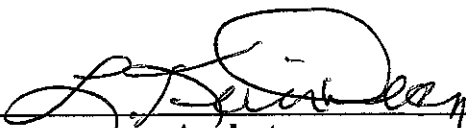
Lot Number: AG206103  
Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	2:00pm
AIR BLK	.00	2:01pm
ACCY CHK	.08	2:01pm
AIR BLK	.00	2:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:03pm</b>
AIR BLK	.00	2:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:05pm</b>
AIR BLK	.00	2:06pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*GUILFORD COUNTY GREENSBORO JAIL 400*

Serial Number: 008794      Test Record Number: 2458  
Test Date: 10/22/2012      Test Time: 2:07pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	2:07pm
FLO	Pass	2:07pm
FC	Pass	2:07pm

**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	2:08pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	2:08pm

**CRC Tests**

Test	Status	Time
COMP	Pass	2:08pm
CAL	Pass	2:08pm

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 Guilford Instrument Location Greensboro Jail  
Instrument Serial No. 008790

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

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

I certify that on the 22 day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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. J. Hunt  
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: 10/22/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

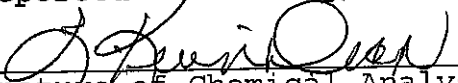
Test Type: Breath Test

Lot Number: AG206103

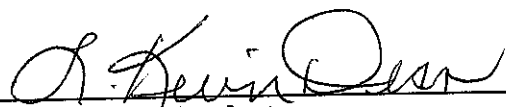
Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	2:40pm
AIR BLK	.00	2:40pm
ACCY CHK	.07	2:41pm
AIR BLK	.00	2:42pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:43pm</b>
AIR BLK	.00	2:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:45pm</b>
AIR BLK	.00	2:46pm

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: 3305  
Test Date: 10/22/2012      Test Time: 2:47pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:47pm
FLO	Pass	2:47pm
FC	Pass	2:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:47pm
SRC	Pass	2:47pm
DET	Pass	2:47pm
BAR	Pass	2:47pm
BT	Pass	2:47pm

Blank Tests

Test	Status	Time
AIR	Pass	2:48pm

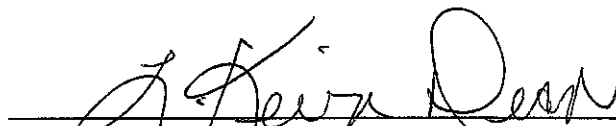
Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm

CRC Tests

Test	Status	Time
COMP	Pass	2:48pm
CAL	Pass	2:48pm

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford Instrument Location Greensboro Jail  
Instrument Serial No. 008638

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

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

I certify that on the 22 day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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. Keirle  
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: 008638  
Test Date: 10/22/2012

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

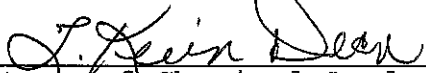
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
06/01/2011-06/01/2013

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

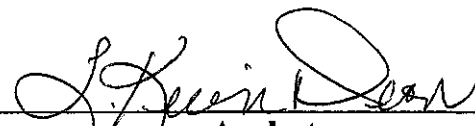
Lot Number: AG206102  
Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	3:04pm
AIR BLK	.00	3:05pm
ACCY CHK	.07	3:05pm
AIR BLK	.00	3:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:07pm</b>
AIR BLK	.00	3:08pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:09pm</b>
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

**GUILFORD COUNTY GREENSBORO JAIL 400**

Serial Number: 008638      Test Record Number: 502  
Test Date: 10/22/2012      Test Time: 3:12pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:12pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
BT	Pass	3:12pm

**Blank Tests**

Test	Status	Time
AIR	Pass	3:13pm

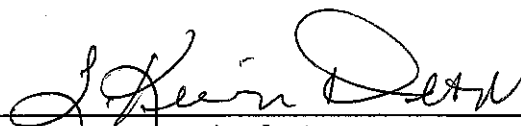
**Printer Tests**

Test	Status	Time
PRNT	Pass	3:13pm

**CRC Tests**

Test	Status	Time
COMP	Pass	3:13pm
CAL	Pass	3:13pm

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

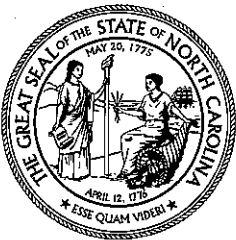
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County 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 24 day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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 Deane  
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: 10/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

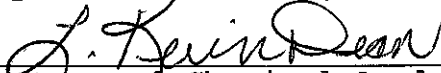
Test Type: Breath Test

Lot Number: AG125603

Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	3:10pm
AIR BLK	.00	3:10pm
ACCY CHK	.08	3:11pm
AIR BLK	.00	3:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:13pm</b>
AIR BLK	.00	3:14pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:15pm</b>
AIR BLK	.00	3:16pm

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: 1288  
Test Date: 10/24/2012      Test Time: 3:17pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:17pm
SRC	Pass	3:17pm
DET	Pass	3:17pm
BAR	Pass	3:17pm
BT	Pass	3:17pm

Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

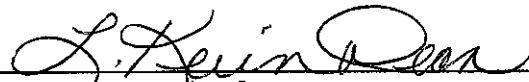
Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Davidson Instrument Location Thomasville Police  
Instrument Serial No. 008872 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 24 day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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: 10/24/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

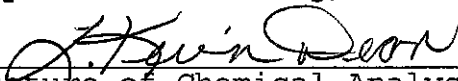
Test Type: Breath Test

Lot Number: AG125603

Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	1:11pm
AIR BLK	.00	1:11pm
ACCY CHK	.07	1:12pm
AIR BLK	.00	1:13pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:14pm</b>
AIR BLK	.00	1:14pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:16pm</b>
AIR BLK	.00	1:17pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872      Test Record Number: 944  
Test Date: 10/24/2012      Test Time: 1:17pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

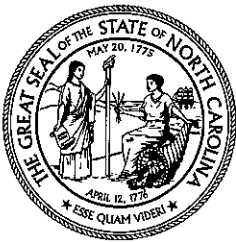
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County 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 24 day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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. Quinton  
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: 10/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG125602

Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	2:08pm
AIR BLK	.00	2:09pm
ACCY CHK	.08	2:10pm
AIR BLK	.00	2:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:11pm</b>
AIR BLK	.00	2:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:14pm</b>
AIR BLK	.00	2:15pm

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: 1058  
Test Date: 10/24/2012      Test Time: 2:15pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	2:16pm
FLO	Pass	2:16pm
FC	Pass	2:16pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
BT	Pass	2:16pm

**Blank Tests**

Test	Status	Time
AIR	Pass	2:16pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	2:17pm

**CRC Tests**

Test	Status	Time
COMP	Pass	2:17pm
CAL	Pass	2:17pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

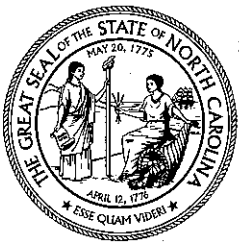
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rutherford Instrument Location Forest City PD  
Instrument Serial No. 008889 187 S. Church St. Forest City  
828-245-5555

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 18 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Mark J. [Signature]  
Signature of Certifying Official

656  
Certificate Number

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

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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889  
Test Date: 10/02/2012

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

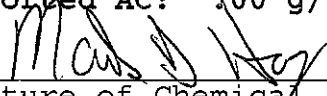
Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
02/01/2012-02/01/2014

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

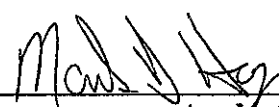
Lot Number: AG123501  
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	11:31am
AIR BLK	.00	11:31am
ACCY CHK	.07	11:32am
AIR BLK	.00	11:33am
<b>SUB TEST</b>	<b>.00</b>	<b>11:34am</b>
AIR BLK	.00	11:34am
<b>SUB TEST</b>	<b>.00</b>	<b>11:36am</b>
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889      Test Record Number: 447  
Test Date: 10/02/2012      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

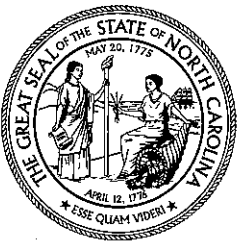
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Gaston Instrument Location Gaston County S.O.  
Instrument Serial No. 008643 425 N. Marietta St., Gastonia  
704-869-6800

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

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

I certify that on the 3<sup>rd</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M. D. Hay  
Signature of Certifying Official

656  
Certificate Number

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



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

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643  
Test Date: 10/03/2012

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

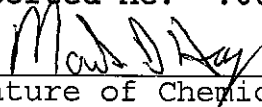
Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
02/01/2012-02/01/2014

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

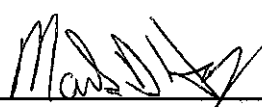
Lot Number: AG203102  
Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	8:23am
AIR BLK	.00	8:23am
ACCY CHK	.08	8:24am
AIR BLK	.00	8:25am
<b>SUB TEST</b>	<b>.00</b>	<b>8:25am</b>
AIR BLK	.00	8:26am
<b>SUB TEST</b>	<b>.00</b>	<b>8:28am</b>
AIR BLK	.00	8:29am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643      Test Record Number: 1525  
Test Date: 10/03/2012      Test Time: 8:20am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:21am

Printer Tests

Test	Status	Time
PRNT	Pass	8:21am

CRC Tests

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

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

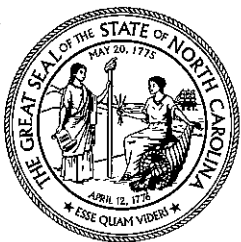
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Iredell Instrument Location Statesville PD  
Instrument Serial No. 008619 330 S. Tradd St., Statesville  
704-878-3406

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

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

I certify that on the 3<sup>rd</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M. J. [Signature]  
Signature of Certifying Official

656  
Certificate Number

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

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

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619      Test Record Number: 813  
Test Date: 10/03/2012      Test Time: 7:11pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	7:13pm


Printer Tests

Test	Status	Time
PRNT	Pass	7:13pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

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

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

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619  
Test Date: 10/03/2012

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

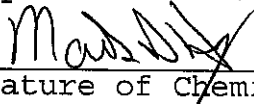
Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
02/01/2012-02/01/2014

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

Lot Number: AG120101  
Exp Date: 07/20/2013

Test	g/210L	Time
DIAG	Pass	7:16pm
AIR BLK	.00	7:17pm
ACCY CHK	.08	7:18pm
AIR BLK	.00	7:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>7:19pm</b>
AIR BLK	.00	7:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>7:22pm</b>
AIR BLK	.00	7:23pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

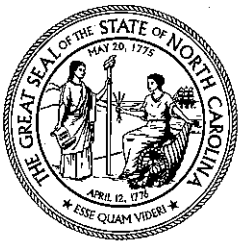
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Cornelius P.D.  
Instrument Serial No. 008092 21440 Catawba Ave., Cornelius  
704-892-1363

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

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

I certify that on the 3<sup>rd</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Mark Dill  
Signature of Certifying Official

656  
Certificate Number

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

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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692  
Test Date: 10/03/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

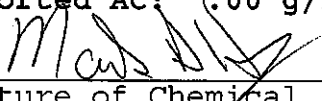
Test Type: Breath Test

Lot Number: AG201801

Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	8:13pm
AIR BLK	.00	8:13pm
ACCY CHK	.07	8:14pm
AIR BLK	.00	8:15pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:16pm</b>
AIR BLK	.00	8:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:18pm</b>
AIR BLK	.00	8:19pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692      Test Record Number: 1758  
Test Date: 10/03/2012      Test Time: 8:08pm 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	8:09pm
SRC	Pass	8:09pm
DET	Pass	8:09pm
BAR	Pass	8:09pm
BT	Pass	8:09pm

Blank Tests

Test	Status	Time
AIR	Pass	8:10pm

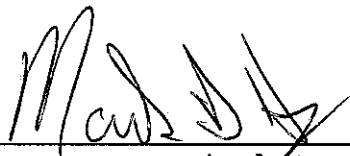
Printer Tests

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

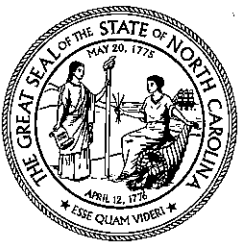
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Iredell Instrument Location Iredell County S.O.  
Instrument Serial No. 008809 221 E. Water St., Statesville  
704-878-3131

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

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

I certify that on the 10<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Mark D. Kay  
Signature of Certifying Official

656  
Certificate Number

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

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

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809  
Test Date: 10/10/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

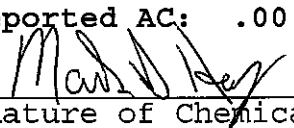
Test Type: Breath Test

Lot Number: AG201801

Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	8:44am
AIR BLK	.00	8:45am
ACCY CHK	.07	8:46am
AIR BLK	.00	8:47am
<b>SUB TEST</b>	<b>.00</b>	<b>8:47am</b>
AIR BLK	.00	8:49am
<b>SUB TEST</b>	<b>.00</b>	<b>8:50am</b>
AIR BLK	.00	8:51am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*IREDELL COUNTY IREDELL COUNTY SD 480*

Serial Number: 008809      Test Record Number: 2094  
Test Date: 10/10/2012      Test Time: 8:53am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:53am
FLO	Pass	8:53am
FC	Pass	8:53am

Temperature Tests

Test	Status	Time
FC1	Pass	8:53am
SRC	Pass	8:53am
DET	Pass	8:53am
BAR	Pass	8:53am
BT	Pass	8:53am

Blank Tests

Test	Status	Time
AIR	Pass	8:54am

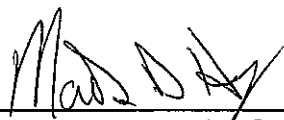
Printer Tests

Test	Status	Time
PRNT	Pass	8:54am

CRC Tests

Test	Status	Time
COMP	Pass	8:54am
CAL	Pass	8:54am

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Iredell Instrument Location Mooreville P.D.  
Instrument Serial No. 008685 750 W. Iredell Ave., Mooreville  
704-664-3311

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

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

I certify that on the 10<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Mark D. Hg.  
Signature of Certifying Official

656  
Certificate Number

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

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

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685  
Test Date: 10/10/2012

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

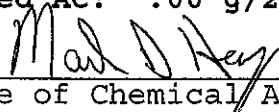
Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
02/01/2012-02/01/2014

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

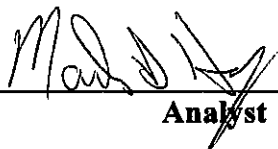
Lot Number: AG203103  
Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	9:34am
AIR BLK	.00	9:35am
ACCY CHK	.08	9:35am
AIR BLK	.00	9:36am
<b>SUB TEST</b>	<b>.00</b>	<b>9:37am</b>
AIR BLK	.00	9:38am
<b>SUB TEST</b>	<b>.00</b>	<b>9:39am</b>
AIR BLK	.00	9:40am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685      Test Record Number: 1748  
Test Date: 10/10/2012      Test Time: 9:42am EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:42am
SRC	Pass	9:42am
DET	Pass	9:42am
BAR	Pass	9:42am
BT	Pass	9:42am

**Blank Tests**

Test	Status	Time
AIR	Pass	9:43am

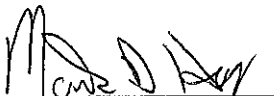
**Printer Tests**

Test	Status	Time
PRNT	Pass	9:43am

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

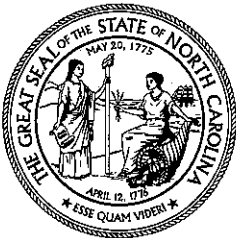
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Lincoln Instrument Location Lincoln County Courthouse  
Instrument Serial No. 008823 #1 Court Square Lincoln  
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 10<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Maria H.  
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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823      Test Record Number: 943  
Test Date: 10/10/2012      Test Time: 10:47am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:48am
FLO	Pass	10:48am
FC	Pass	10:48am

Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

Blank Tests

Test	Status	Time
AIR	Pass	10:49am

Printer Tests

Test	Status	Time
PRNT	Pass	10:49am

CRC Tests

Test	Status	Time
COMP	Pass	10:49am
CAL	Pass	10:49am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823  
Test Date: 10/10/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

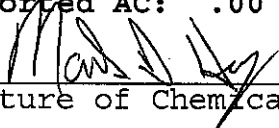
Test Type: Breath Test

Lot Number: AG206102

Exp Date: 03/14/2014

Test	g/210L	Time
DIAG	Pass	10:52am
AIR BLK	.00	10:53am
ACCY CHK	.08	10:53am
AIR BLK	.00	10:54am
<b>SUB TEST</b>	<b>.00</b>	<b>10:55am</b>
AIR BLK	.00	10:56am
<b>SUB TEST</b>	<b>.00</b>	<b>10:57am</b>
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location CMPO LEC  
Instrument Serial No. 008691 601 E. Trade St., Charlotte

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

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

I certify that on the 11<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M. D. [Signature]  
Signature of Certifying Official

656  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691  
Test Date: 10/11/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

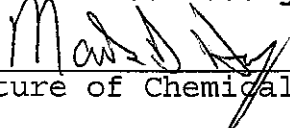
Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
02/01/2012-02/01/2014

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test


Lot Number: AG203102  
Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	10:32am
AIR BLK	.00	10:33am
ACCY CHK	.08	10:34am
AIR BLK	.00	10:35am
<b>SUB TEST</b>	<b>.00</b>	<b>10:35am</b>
AIR BLK	.00	10:36am
<b>SUB TEST</b>	<b>.00</b>	<b>10:38am</b>
AIR BLK	.00	10:39am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691      Test Record Number: 3498  
Test Date: 10/11/2012      Test Time: 10:40am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

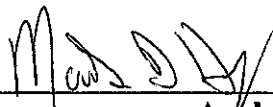
Printer Tests

Test	Status	Time
PRNT	Pass	10:42am

CRC Tests

Test	Status	Time
COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

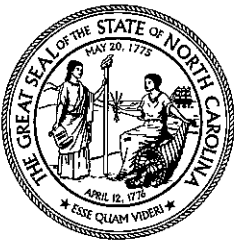
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location CMPD LEC  
Instrument Serial No. 008594 601 E. Trade St., Charlotte

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Mark J. Hey  
Signature of Certifying Official

656  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594  
Test Date: 10/11/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

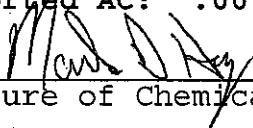
Test Type: Breath Test

Lot Number: AG203102

Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	10:14am
AIR BLK	.00	10:15am
ACCY CHK	.07	10:16am
AIR BLK	.00	10:17am
<b>SUB TEST</b>	<b>.00</b>	<b>10:18am</b>
AIR BLK	.00	10:19am
<b>SUB TEST</b>	<b>.00</b>	<b>10:20am</b>
AIR BLK	.00	10:21am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594      Test Record Number: 988  
Test Date: 10/11/2012      Test Time: 10:23am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:23am
FLO	Pass	10:23am
FC	Pass	10:23am

Temperature Tests

Test	Status	Time
FC1	Pass	10:23am
SRC	Pass	10:23am
DET	Pass	10:23am
BAR	Pass	10:23am
BT	Pass	10:23am

Blank Tests

Test	Status	Time
AIR	Pass	10:24am


Printer Tests

Test	Status	Time
PRNT	Pass	10:24am

CRC Tests

Test	Status	Time
COMP	Pass	10:24am
CAL	Pass	10:24am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

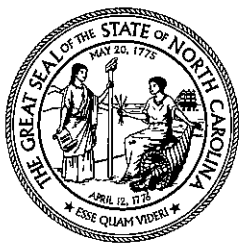
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Alexander Instrument Location Alexander County, SD  
Instrument Serial No. 008813 29 W. Main St., Taylorsville  
828-632-4658

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M. D. H.  
Signature of Certifying Official

656  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.



Intox EC/IR-II: Subject Test

ALEXANDER COUNTY ALEXANDER COUNTY SD  
010

Serial Number: 008813  
Test Date: 10/17/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

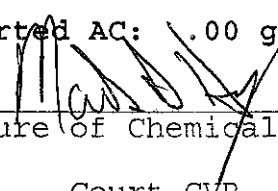
Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
02/01/2012-02/01/2014

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG201801  
Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	1:04pm
AIR BLK	.00	1:05pm
ACCY CHK	.07	1:06pm
AIR BLK	.00	1:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:07pm</b>
AIR BLK	.00	1:08pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:10pm</b>
AIR BLK	.00	1:11pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813      Test Record Number: 1048  
Test Date: 10/17/2012      Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:13pm
FLO	Pass	1:13pm
FC	Pass	1:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm

CRC Tests

Test	Status	Time
COMP	Pass	1:14pm
CAL	Pass	1:14pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

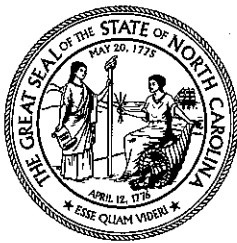
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD -North  
Instrument Serial No. 008690 5225 Spector Dr., Charlotte  
707-853-0180

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22nd day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M. D. Hays  
Signature of Certifying Official

656  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD 590

Serial Number: 008690      Test Record Number: 3467  
Test Date: 10/22/2012      Test Time: 1:08pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
BT	Pass	1:09pm

Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm

CRC Tests

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Subject Test**

MECKLENBURG COUNTY SD 590

Serial Number: 008690  
Test Date: 10/22/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

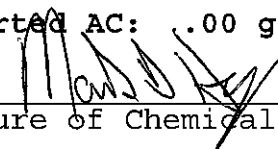
Test Type: Breath Test

Lot Number: AG203103

Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:15pm
ACCY CHK	.08	1:16pm
AIR BLK	.00	1:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:18pm</b>
AIR BLK	.00	1:18pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:20pm</b>
AIR BLK	.00	1:21pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

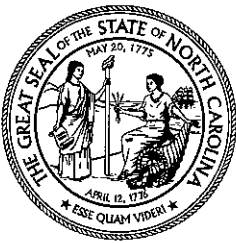
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County SD North  
Instrument Serial No. 008665 5225 Spector Dr., Charlotte  
704-353-0180

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22<sup>nd</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Mark D. Hays  
Signature of Certifying Official

656  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SD 590

Serial Number: 008665      Test Record Number: 2720  
Test Date: 10/22/2012      Test Time: 12:47pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:47pm
FLO	Pass	12:47pm
FC	Pass	12:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

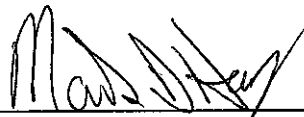
Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm

CRC Tests

Test	Status	Time
COMP	Pass	12:48pm
CAL	Pass	12:48pm

Preventive Maintenance  
Status: Pass



Analyst

**Intox EC/IR-II: Subject Test**

MECKLENBURG COUNTY SD 590

Serial Number: 008665

Test Date: 10/22/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203102

Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	12:53pm
AIR BLK	.00	12:54pm
ACCY CHK	.08	12:54pm
AIR BLK	.00	12:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:56pm</b>
AIR BLK	.00	12:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:58pm</b>
AIR BLK	.00	12:59pm

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 Pineville PD  
Instrument Serial No. 008703 427 Main St. Pineville  
704-889-2231

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22<sup>nd</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Mandy [Signature]  
Signature of Certifying Official

656  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703      Test Record Number: 4958  
Test Date: 10/22/2012      Test Time: 11:35am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:36am
FLO	Pass	11:36am
FC	Pass	11:36am

Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
BT	Pass	11:36am

Blank Tests

Test	Status	Time
AIR	Pass	11:37am


Printer Tests

Test	Status	Time
PRNT	Pass	11:37am

CRC Tests

Test	Status	Time
COMP	Pass	11:37am
CAL	Pass	11:37am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Subject Test**

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703

Test Date: 10/22/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203103

Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:40am
ACCY CHK	.08	11:41am
AIR BLK	.00	11:42am
<b>SUB TEST</b>	<b>.00</b>	<b>11:43am</b>
AIR BLK	.00	11:44am
<b>SUB TEST</b>	<b>.00</b>	<b>11:46am</b>
AIR BLK	.00	11:46am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

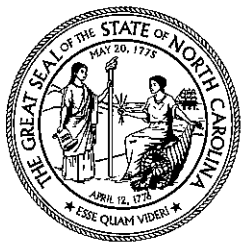
County Johnston Instrument Location Selma Police Dept.

Instrument Serial No. 008595 Selma, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22nd day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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 Ottomello 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: Subject Test**

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595  
Test Date: 10/22/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

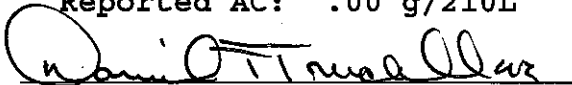
Test Type: Breath Test

Lot Number: AG124904


Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	10:07am
AIR BLK	.00	10:08am
ACCY CHK	.07	10:09am
AIR BLK	.00	10:10am
<b>SUB TEST</b>	<b>.00</b>	<b>10:10am</b>
AIR BLK	.00	10:11am
<b>SUB TEST</b>	<b>.00</b>	<b>10:13am</b>
AIR BLK	.00	10:14am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595      Test Record Number: 622  
Test Date: 10/22/2012      Test Time: 10:15am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:16am
FLO	Pass	10:16am
FC	Pass	10:16am

Temperature Tests

Test	Status	Time
FC1	Pass	10:16am
SRC	Pass	10:16am
DET	Pass	10:16am
BAR	Pass	10:16am
BT	Pass	10:16am

Blank Tests

Test	Status	Time
AIR	Pass	10:17am


Printer Tests

Test	Status	Time
PRNT	Pass	10:17am

CRC Tests

Test	Status	Time
COMP	Pass	10:17am
CAL	Pass	10:17am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

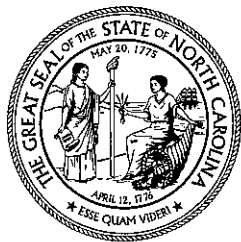
County Buncombe Instrument Location Buncombe Co. Jail

Instrument Serial No. 008631 Asheville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] Signature of Certifying Official 649 Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL  
100

Serial Number: 008631  
Test Date: 10/01/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203103


Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	1:50pm
AIR BLK	.00	1:51pm
ACCY CHK	.08	1:51pm
AIR BLK	.00	1:52pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:53pm</b>
AIR BLK	.00	1:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:55pm</b>
AIR BLK	.00	1:56pm

Reported AC: .00 g/210L

\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**



**Intox EC/IR-II: Preventive Maintenance**

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631      Test Record Number: 2840  
Test Date: 10/01/2012      Test Time: 2:00pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:00pm
FLO	Pass	2:00pm
FC	Pass	2:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:00pm
SRC	Pass	2:00pm
DET	Pass	2:00pm
BAR	Pass	2:00pm
BT	Pass	2:00pm

Blank Tests

Test	Status	Time
AIR	Pass	2:01pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:01pm

CRC Tests

Test	Status	Time
COMP	Pass	2:01pm
CAL	Pass	2:01pm

Preventive Maintenance  
Status: *Pass*

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

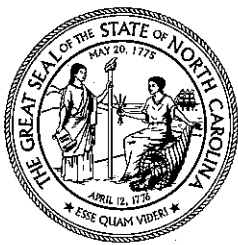
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Yancey Instrument Location Yancey Co. Jail  
Instrument Serial No. 008653 Burnsville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27 day of September, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653  
Test Date: 09/27/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205401

Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:59pm
ACCY CHK	.08	3:00pm
AIR BLK	.00	3:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:01pm</b>
AIR BLK	.00	3:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:04pm</b>
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

**Intox EC/IR-II: Preventive Maintenance**

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653      Test Record Number: 861  
Test Date: 09/27/2012      Test Time: 3:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:08pm
FLO	Pass	3:08pm
FC	Pass	3:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:08pm
SRC	Pass	3:08pm
DET	Pass	3:08pm
BAR	Pass	3:08pm
BT	Pass	3:08pm

Blank Tests

Test	Status	Time
AIR	Pass	3:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm

CRC Tests

Test	Status	Time
COMP	Pass	3:09pm
CAL	Pass	3:09pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

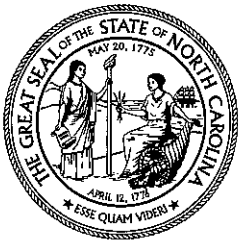
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pitt Instrument Location Ayden P.D.  
Instrument Serial No. 00866666 4144 West Ave., Ayden, 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, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly St  
Signature of Certifying Official

643  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

PITT AYDEN PD 730

Serial Number: 008666

Test Date: 10/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG102701

Exp Date: 01/27/2013

Test	g/210L	Time
DIAG	Pass	11:39am
AIR BLK	.00	11:40am
ACCY CHK	.07	11:40am
AIR BLK	.00	11:41am
<b>SUB TEST</b>	<b>.00</b>	<b>11:42am</b>
AIR BLK	.00	11:42am
<b>SUB TEST</b>	<b>.00</b>	<b>11:44am</b>
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

PITT AYDEN PD 730

Serial Number: 008666      Test Record Number: 613  
Test Date: 10/02/2012      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 Lenoir Instrument Location Lenoir Co. S.O.

Instrument Serial No. 008639 130 Queen St., Kinston, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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**

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Date: 10/08/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203102

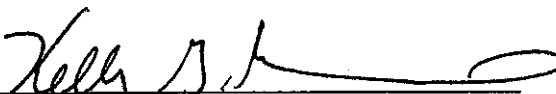
Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	9:29am
AIR BLK	.00	9:30am
ACCY CHK	.07	9:30am
AIR BLK	.00	9:31am
<b>SUB TEST</b>	<b>.00</b>	<b>9:32am</b>
AIR BLK	.00	9:33am
<b>SUB TEST</b>	<b>.00</b>	<b>9:34am</b>
AIR BLK	.00	9:35am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639      Test Record Number: 1852  
Test Date: 10/08/2012      Test Time: 9:36am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:37am

Temperature Tests

Test	Status	Time
FC1	Pass	9:37am
SRC	Pass	9:37am
DET	Pass	9:37am
BAR	Pass	9:37am
BT	Pass	9:37am

Blank Tests

Test	Status	Time
AIR	Pass	9:37am

Printer Tests

Test	Status	Time
PRNT	Pass	9:38am

CRC Tests

Test	Status	Time
COMP	Pass	9:38am
CAL	Pass	9:38am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

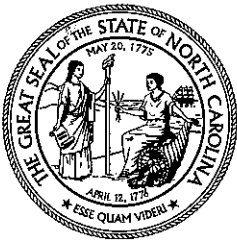
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Lenoir Instrument Location Kinston P.D.  
Instrument Serial No. 008624 205 E. King St., Kinston, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Leah HO

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: 10/08/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206103

Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	10:19am
AIR BLK	.00	10:20am
ACCY CHK	.08	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

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: 1167  
Test Date: 10/08/2012      Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:27am
FLO	Pass	10:27am
FC	Pass	10:27am

Temperature Tests

Test	Status	Time
FC1	Pass	10:27am
SRC	Pass	10:27am
DET	Pass	10:27am
BAR	Pass	10:27am
BT	Pass	10:27am

Blank Tests

Test	Status	Time
AIR	Pass	10:28am

Printer Tests

Test	Status	Time
PRNT	Pass	10:28am

CRC Tests

Test	Status	Time
COMP	Pass	10:28am
CAL	Pass	10:28am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

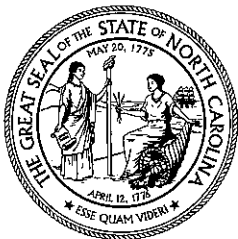
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CASWELL Instrument Location SHP CASWELL OFFICE  
Instrument Serial No. 008593 956 FIRE TOWER RD, BIANCH, 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 10 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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**

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593  
Test Date: 10/10/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

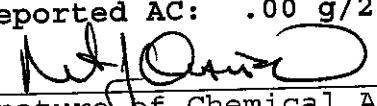
Test Type: Breath Test

Lot Number: AG125603

Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	2:13pm
AIR BLK	.00	2:14pm
ACCY CHK	.08	2:14pm
AIR BLK	.00	2:15pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:16pm</b>
AIR BLK	.00	2:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:18pm</b>
AIR BLK	.00	2:19pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593      Test Record Number: 874  
Test Date: 10/10/2012      Test Time: 2:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:21pm
FLO	Pass	2:21pm
FC	Pass	2:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:21pm
SRC	Pass	2:21pm
DET	Pass	2:21pm
BAR	Pass	2:21pm
BT	Pass	2:21pm

Blank Tests

Test	Status	Time
AIR	Pass	2:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:22pm

CRC Tests

Test	Status	Time
COMP	Pass	2:22pm
CAL	Pass	2:22pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

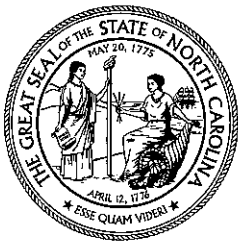
County Carteret Instrument Location Carteret County

Instrument Serial No. 008882 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, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882  
Test Date: 10/02/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501

Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	10:15am
AIR BLK	.00	10:15am
ACCY CHK	.07	10:16am
AIR BLK	.00	10:17am
<b>SUB TEST</b>	<b>.00</b>	<b>10:18am</b>
AIR BLK	.00	10:19am
<b>SUB TEST</b>	<b>.00</b>	<b>10:20am</b>
AIR BLK	.00	10:21am

Reported AC: .00 g/210L

*R E Hall*

Signature of Chemical Analyst

Court CVR

*Randy E Hall*  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882      Test Record Number: 580  
Test Date: 10/02/2012      Test Time: 10:22am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:23am
FLO	Pass	10:23am
FC	Pass	10:23am

Temperature Tests

Test	Status	Time
FC1	Pass	10:23am
SRC	Pass	10:23am
DET	Pass	10:23am
BAR	Pass	10:23am
BT	Pass	10:23am

Blank Tests

Test	Status	Time
AIR	Pass	10:24am

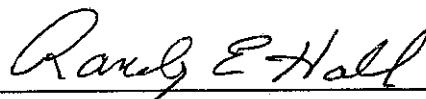
Printer Tests

Test	Status	Time
PRNT	Pass	10:24am

CRC Tests

Test	Status	Time
COMP	Pass	10:24am
CAL	Pass	10:24am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

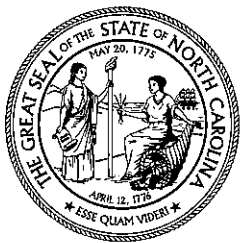
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CARTERET Instrument Location CARTERET COUNTY  
Instrument Serial No. 008605 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, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605  
Test Date: 10/02/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501

Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	10:17am
AIR BLK	.00	10:17am
ACCY CHK	.08	10:18am
AIR BLK	.00	10:19am
<b>SUB TEST</b>	<b>.00</b>	<b>10:20am</b>
AIR BLK	.00	10:20am
<b>SUB TEST</b>	<b>.00</b>	<b>10:22am</b>
AIR BLK	.00	10:23am

Reported AC: .00 g/210L

*RE Hall*

Signature of Chemical Analyst

Court CVR

*Randy E Hall*  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605      Test Record Number: 2634  
Test Date: 10/02/2012      Test Time: 10:31am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:31am
FLO	Pass	10:31am
FC	Pass	10:32am

Temperature Tests

Test	Status	Time
FC1	Pass	10:32am
SRC	Pass	10:32am
DET	Pass	10:32am
BAR	Pass	10:32am
BT	Pass	10:32am

Blank Tests

Test	Status	Time
AIR	Pass	10:32am


Printer Tests

Test	Status	Time
PRNT	Pass	10:32am

CRC Tests

Test	Status	Time
COMP	Pass	10:33am
CAL	Pass	10:33am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

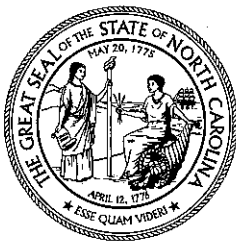
County Carteret Instrument Location Morehead City P.D.

Instrument Serial No. 008731

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731  
Test Date: 10/02/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male

Driver's License State: XX  
Driver's License Number: NONE

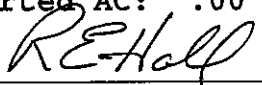
Analyst's Name: HALL, RANDY E  
Permit Number: 03462E  
Effective:  
09/01/2011-09/01/2013

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test


Lot Number: AG124904  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	11:19am
AIR BLK	.00	11:20am
ACCY CHK	.08	11:21am
AIR BLK	.00	11:22am
<b>SUB TEST</b>	<b>.00</b>	<b>11:22am</b>
AIR BLK	.00	11:23am
<b>SUB TEST</b>	<b>.00</b>	<b>11:24am</b>
AIR BLK	.00	11:25am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



**Intox EC/IR-II: Preventive Maintenance**

**CARTERET COUNTY MOREHEAD CITY PD 150**

Serial Number: 008731      Test Record Number: 1220  
Test Date: 10/02/2012      Test Time: 11:26am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:27am
FLO	Pass	11:27am
FC	Pass	11:27am

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
DET	Pass	11:27am
BAR	Pass	11:27am
BT	Pass	11:27am

**Blank Tests**

Test	Status	Time
AIR	Pass	11:27am


**Printer Tests**

Test	Status	Time
PRNT	Pass	11:28am

**CRC Tests**

Test	Status	Time
COMP	Pass	11:28am
CAL	Pass	11:28am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

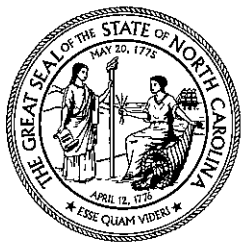
County Carteret Instrument Location Atlantic Beach P.D.

Instrument Serial No. 008785

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785  
Test Date: 10/02/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

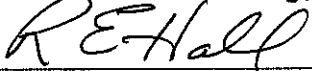
Test Type: Breath Test

Lot Number: AG202602


Exp Date: 01/26/2014

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.08	11:56am
AIR BLK	.00	11:57am
<b>SUB TEST</b>	<b>.00</b>	<b>11:57am</b>
AIR BLK	.00	11:58am
<b>SUB TEST</b>	<b>.00</b>	<b>12:00pm</b>
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785      Test Record Number: 580  
Test Date: 10/02/2012      Test Time: 12:04pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

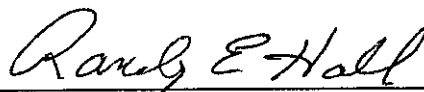
Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm

CRC Tests

Test	Status	Time
COMP	Pass	12:06pm
CAL	Pass	12:06pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

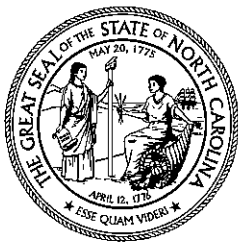
County Carteret Instrument Location EMERALD ISLE A.A.

Instrument Serial No. 008620

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620

Test Date: 10/02/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

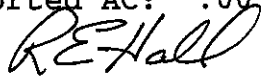
Test Type: Breath Test

Lot Number: AG102701

Exp Date: 01/27/2013

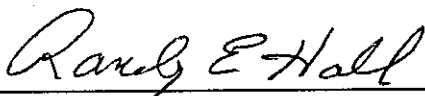
Test	g/210L	Time
DIAG	Pass	12:51pm
AIR BLK	.00	12:51pm
ACCY CHK	.08	12:52pm
AIR BLK	.00	12:53pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:53pm</b>
AIR BLK	.00	12:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:56pm</b>
AIR BLK	.00	12:57pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**Intox EC/IR-II: Preventive Maintenance**

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620      Test Record Number: 1390  
Test Date: 10/02/2012      Test Time: 12:57pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:57pm
FLO	Pass	12:57pm
FC	Pass	12:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:58pm
SRC	Pass	12:58pm
DET	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

Blank Tests

Test	Status	Time
AIR	Pass	12:58pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm

CRC Tests

Test	Status	Time
COMP	Pass	12:58pm
CAL	Pass	12:58pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

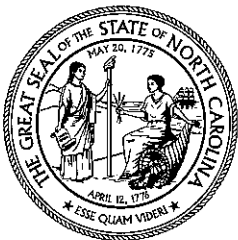
County CRAVEN Instrument Location HAVELOCK P.D.

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 3 day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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: 10/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123501

Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	9:29am
AIR BLK	.00	9:30am
ACCY CHK	.08	9:31am
AIR BLK	.00	9:32am
<b>SUB TEST</b>	<b>.00</b>	<b>9:32am</b>
AIR BLK	.00	9:33am
<b>SUB TEST</b>	<b>.00</b>	<b>9:35am</b>
AIR BLK	.00	9:36am

Reported AC: .00 g/210L

*R E 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: 599

Test Date: 10/03/2012      Test Time: 9:36am EDT

System Check: Passed

**Baseline Tests**

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:37am

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:37am
SRC	Pass	9:37am
DET	Pass	9:37am
BAR	Pass	9:37am
BT	Pass	9:37am

**Blank Tests**

Test	Status	Time
AIR	Pass	9:38am


**Printer Tests**

Test	Status	Time
PRNT	Pass	9:38am

**CRC Tests**

Test	Status	Time
COMP	Pass	9:38am
CAL	Pass	9:38am

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 CRAVEN

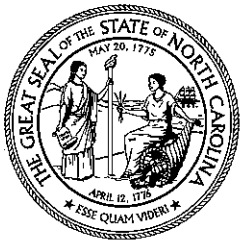
Instrument Location MCAS CHERRY POINT PMO

Instrument Serial No. 010819

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2012 the forgoing preventive maintenance procedures were performed on the 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: 010819  
Test Date: 10/03/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG202602

Exp Date: 01/26/2014


Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:26am
ACCY CHK	.08	10:26am
AIR BLK	.00	10:27am
<b>SUB TEST</b>	<b>.00</b>	<b>10:28am</b>
AIR BLK	.00	10:29am
<b>SUB TEST</b>	<b>.00</b>	<b>10:30am</b>
AIR BLK	.00	10:31am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

*CRAVEN COUNTY MCAS CHERRY POINT 240*

Serial Number: 010819      Test Record Number: 270  
Test Date: 10/03/2012      Test Time: 10:32am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:32am

Temperature Tests

Test	Status	Time
FC1	Pass	10:32am
SRC	Pass	10:32am
DET	Pass	10:32am
BAR	Pass	10:32am
BT	Pass	10:32am

Blank Tests

Test	Status	Time
AIR	Pass	10:33am


Printer Tests

Test	Status	Time
PRNT	Pass	10:33am

CRC Tests

Test	Status	Time
COMP	Pass	10:33am
CAL	Pass	10:33am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

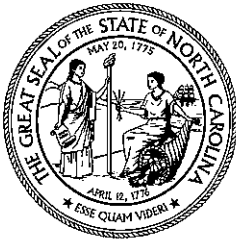
County CRAVEN Instrument Location NEW BERN T.O.

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 3 day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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 Hill  
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: 10/03/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

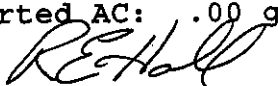
Analyst's Name: HALL, RANDY E  
Permit Number: 03462E  
Effective:  
09/01/2011-09/01/2013

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG203103  
Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	11:29am
AIR BLK	.00	11:29am
ACCY CHK	.07	11:30am
AIR BLK	.00	11:31am
<b>SUB TEST</b>	<b>.00</b>	<b>11:31am</b>
AIR BLK	.00	11:32am
<b>SUB TEST</b>	<b>.00</b>	<b>11:34am</b>
AIR BLK	.00	11:35am

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: 890  
Test Date: 10/03/2012      Test Time: 11:36am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:36am
FLO	Pass	11:36am
FC	Pass	11:36am

Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
BT	Pass	11:36am

Blank Tests

Test	Status	Time
AIR	Pass	11:37am


Printer Tests

Test	Status	Time
PRNT	Pass	11:37am

CRC Tests

Test	Status	Time
COMP	Pass	11:37am
CAL	Pass	11:37am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

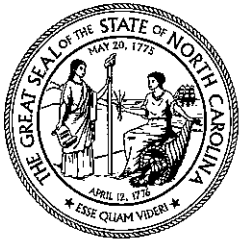
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CRAVEN Instrument Location CRAVEN County  
Instrument Serial No. 008732 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 3 day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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 Ethell  
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: 10/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

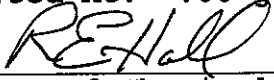
Test Type: Breath Test

Lot Number: AG202602

Exp Date: 01/26/2014

Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:31pm
ACCY CHK	.08	12:32pm
AIR BLK	.00	12:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:33pm</b>
AIR BLK	.00	12:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:35pm</b>
AIR BLK	.00	12:36pm

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: 810  
Test Date: 10/03/2012      Test Time: 12:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:37pm
FLO	Pass	12:37pm
FC	Pass	12:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

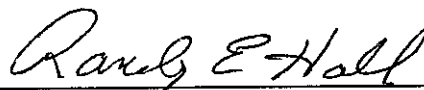
Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm

CRC Tests

Test	Status	Time
COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

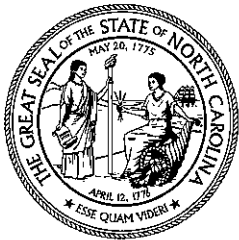
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County 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 3 day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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: 10/03/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203103

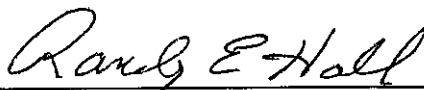
Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:21pm</b>
AIR BLK	.00	1:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:23pm</b>
AIR BLK	.00	1:24pm

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: 761  
Test Date: 10/03/2012      Test Time: 1:24pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

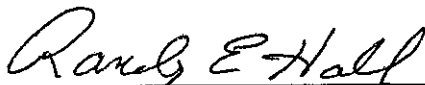
Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

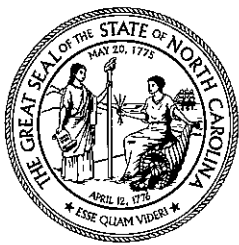
County PAMLICO Instrument Location PAMLICO County

Instrument Serial No. 008640 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 3 day of October, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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: 10/03/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

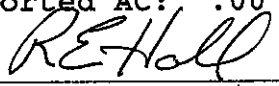
Analyst's Name: HALL, RANDY E  
Permit Number: 03462E  
Effective:  
09/01/2011-09/01/2013

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG102701  
Exp Date: 01/27/2013

Test	g/210L	Time
DIAG	Pass	2:38pm
AIR BLK	.00	2:39pm
ACCY CHK	.08	2:39pm
AIR BLK	.00	2:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:41pm</b>
AIR BLK	.00	2:42pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:43pm</b>
AIR BLK	.00	2:44pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



Intox EC/IR-II: Preventive Maintenance

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640      Test Record Number: 896  
Test Date: 10/03/2012      Test Time: 2:45pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:45pm
SRC	Pass	2:45pm
DET	Pass	2:45pm
BAR	Pass	2:45pm
BT	Pass	2:45pm

Blank Tests

Test	Status	Time
AIR	Pass	2:46pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm

CRC Tests

Test	Status	Time
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

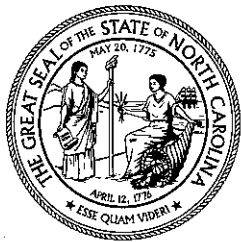
County Durham Instrument Location CAMP Lejeune PMO

Instrument Serial No. 008920

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 12 the forgoing preventive maintenance procedures were performed on the 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 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**

ONslow COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920  
Test Date: 10/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG202602

Exp Date: 01/26/2014

Test	g/210L	Time
DIAG	Pass	10:08am
AIR BLK	.00	10:09am
ACCY CHK	.08	10:10am
AIR BLK	.00	10:11am
<b>SUB TEST</b>	<b>.00</b>	<b>10:11am</b>
AIR BLK	.00	10:13am
<b>SUB TEST</b>	<b>.00</b>	<b>10:13am</b>
AIR BLK	.00	10:15am

Reported AC: .00 g/210L

RE Hall  
Signature of Chemical Analyst

Court CVR

Randy E Hall  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920      Test Record Number: 682  
Test Date: 10/04/2012      Test Time: 10:16am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:16am
FLO	Pass	10:16am
FC	Pass	10:16am

Temperature Tests

Test	Status	Time
FC1	Pass	10:17am
SRC	Pass	10:17am
DET	Pass	10:17am
BAR	Pass	10:17am
BT	Pass	10:17am

Blank Tests

Test	Status	Time
AIR	Pass	10:17am

Printer Tests

Test	Status	Time
PRNT	Pass	10:17am

CRC Tests

Test	Status	Time
COMP	Pass	10:17am
CAL	Pass	10:17am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

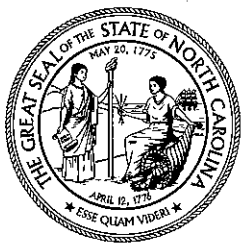
County Onslow Instrument Location JACKSONVILLE P.D.

Instrument Serial No. 008930

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 12 the forgoing preventive maintenance procedures were performed on the 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**

ONslow COUNTY JACKSONVILLE PD 660

Serial Number: 008930  
Test Date: 10/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

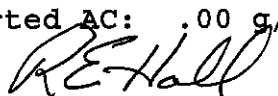
Test Type: Breath Test

Lot Number: AG124904


Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	10:55am
AIR BLK	.00	10:55am
ACCY CHK	.07	10:56am
AIR BLK	.00	10:57am
<b>SUB TEST</b>	<b>.00</b>	<b>10:57am</b>
AIR BLK	.00	10:58am
<b>SUB TEST</b>	<b>.00</b>	<b>11:00am</b>
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930      Test Record Number: 1706  
Test Date: 10/04/2012      Test Time: 11:01am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:01am
FLO	Pass	11:01am
FC	Pass	11:02am

Temperature Tests

Test	Status	Time
FC1	Pass	11:02am
SRC	Pass	11:02am
DET	Pass	11:02am
BAR	Pass	11:02am
BT	Pass	11:02am

Blank Tests

Test	Status	Time
AIR	Pass	11:02am


Printer Tests

Test	Status	Time
PRNT	Pass	11:02am

CRC Tests

Test	Status	Time
COMP	Pass	11:02am
CAL	Pass	11:02am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

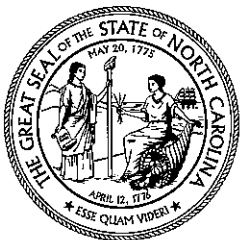
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Owston Instrument Location Owston County  
Instrument Serial No. 008932 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 4 day of October, 20 12 the forgoing preventive maintenance procedures were performed on the 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

ONslow COUNTY ONslow COUNTY SD 660

Serial Number: 008932  
Test Date: 10/04/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG202602

Exp Date: 01/26/2014

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:54am
ACCY CHK	.07	11:54am
AIR BLK	.00	11:55am
<b>SUB TEST</b>	<b>.00</b>	<b>11:56am</b>
AIR BLK	.00	11:57am
<b>SUB TEST</b>	<b>.00</b>	<b>11:58am</b>
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

ONslow COUNTY ONslow COUNTY SD 660

Serial Number: 008932      Test Record Number: 1557  
Test Date: 10/04/2012      Test Time: 12:00pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
BT	Pass	12:00pm

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm

CRC Tests

Test	Status	Time
COMP	Pass	12:01pm
CAL	Pass	12:01pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

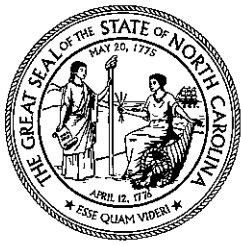
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Onslow Instrument Location Onslow County  
Instrument Serial No. 008931 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 4 day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931  
Test Date: 10/04/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

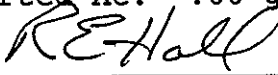
Analyst's Name: HALL, RANDY E  
Permit Number: 03462E  
Effective:  
09/01/2011-09/01/2013

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test


Lot Number: AG206102  
Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	12:11pm
AIR BLK	.00	12:12pm
ACCY CHK	.08	12:12pm
AIR BLK	.00	12:13pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:14pm</b>
AIR BLK	.00	12:14pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:16pm</b>
AIR BLK	.00	12:17pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

ONLOW COUNTY ONLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 1772  
Test Date: 10/04/2012 Test Time: 12:18pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT	Pass	12:19pm

Blank Tests

Test	Status	Time
AIR	Pass	12:19pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm

CRC Tests

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Onslow

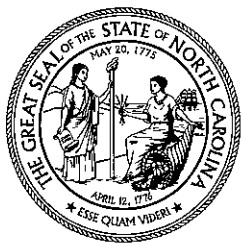
Instrument Location MCAS New River APO

Instrument Serial No. 008922

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2012 the forgoing preventive maintenance procedures were performed on the 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

ONslow COUNTY MCAS NEW RIVER 660

Serial Number: 008922

Test Date: 10/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124904

Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:32pm
ACCY CHK	.08	1:32pm
AIR BLK	.00	1:33pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:34pm</b>
AIR BLK	.00	1:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:36pm</b>
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L

*R E Hall*

Signature of Chemical Analyst

Court CVR

*Randy E Hall*

Analyst

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY MCAS NEW RIVER 660

Serial Number: 008922      Test Record Number: 203  
Test Date: 10/04/2012      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**

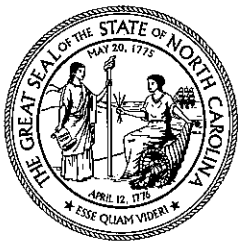
County MOORE Instrument Location PINEHURST POLICE DEPT.

Instrument Serial No. 008710 PINEHURST NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 08 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710  
Test Date: 10/08/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

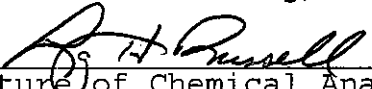
Test Type: Breath Test

Lot Number: AG204603

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	11:01am
AIR BLK	.00	11:02am
ACCY CHK	.07	11:02am
AIR BLK	.00	11:03am
<b>SUB TEST</b>	<b>.00</b>	<b>11:04am</b>
AIR BLK	.00	11:05am
<b>SUB TEST</b>	<b>.00</b>	<b>11:06am</b>
AIR BLK	.00	11:07am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710      Test Record Number: 870  
Test Date: 10/08/2012      Test Time: 11:08am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:08am
FLO	Pass	11:08am
FC	Pass	11:08am

Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
BT	Pass	11:08am

Blank Tests

Test	Status	Time
AIR	Pass	11:09am

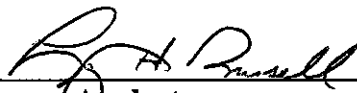
Printer Tests

Test	Status	Time
PRNT	Pass	11:09am

CRC Tests

Test	Status	Time
COMP	Pass	11:09am
CAL	Pass	11:09am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

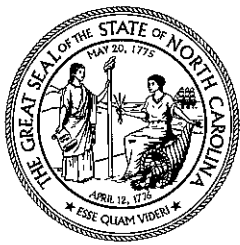
County MOORE Instrument Location SOUTHERN PINES P.D.

Instrument Serial No. 008720 SOUTHERN PINES, 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 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. H. Russell  
Signature of Certifying Official

371  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720  
Test Date: 10/08/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

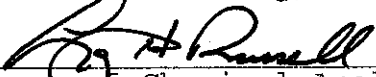
Test Type: Breath Test

Lot Number: AG205401

Exp Date: 02/23/2014

Test	g/210L	Time
DIAG	Pass	12:09pm
AIR BLK	.00	12:09pm
ACCY CHK	.07	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720      Test Record Number: 623  
Test Date: 10/08/2012      Test Time: 12:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
BT	Pass	12:17pm

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

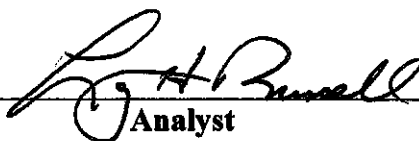
Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm

CRC Tests

Test	Status	Time
COMP	Pass	12:18pm
CAL	Pass	12:18pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wayne 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 5<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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

1682E  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008717  
Test Date: 10/05/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

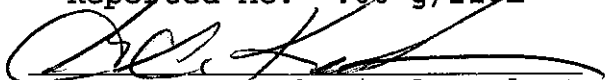
Analyst's Name: NONE, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	3:49pm
AIR BLK	.00	3:50pm
ACCY CHK	.07	3:50pm
AIR BLK	.00	3:51pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:52pm</b>
AIR BLK	.00	3:53pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:55pm</b>
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008717      Test Record Number: 300  
Test Date: 10/05/2012      Test Time: 3:57pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

Blank Tests

Test	Status	Time
AIR	Pass	3:58pm


Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm

CRC Tests

Test	Status	Time
COMP	Pass	3:58pm
CAL	Pass	3:58pm

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 Wayne Instrument Location BAT Mobile Unit 4  
Instrument Serial No. 0085117

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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

1682E  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008717  
Test Date: 10/05/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: NONE, GRAYHAM C

Permit Number: 7682E

Effective:  
02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	3:49pm
AIR BLK	.00	3:50pm
ACCY CHK	.07	3:50pm
AIR BLK	.00	3:51pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:52pm</b>
AIR BLK	.00	3:53pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:55pm</b>
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008717      Test Record Number: 300  
Test Date: 10/05/2012      Test Time: 3:57pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

Blank Tests

Test	Status	Time
AIR	Pass	3:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm

CRC Tests

Test	Status	Time
COMP	Pass	3:58pm
CAL	Pass	3:58pm

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 Wayne Instrument Location BAV Mobile Unit 74

Instrument Serial No. 008871

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument 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

7682E  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008871  
Test Date: 10/05/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG203902  
Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3:54pm
ACCY CHK	.07	3:55pm
AIR BLK	.00	3:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:57pm</b>
AIR BLK	.00	3:58pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:00pm</b>
AIR BLK	.00	4:01pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008871      Test Record Number: 573  
Test Date: 10/05/2012      Test Time: 4:02pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:02pm
FLO	Pass	4:02pm
FC	Pass	4:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:02pm
SRC	Pass	4:02pm
DET	Pass	4:02pm
BAR	Pass	4:02pm
BT	Pass	4:02pm

Blank Tests

Test	Status	Time
AIR	Pass	4:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm

CRC Tests

Test	Status	Time
COMP	Pass	4:03pm
CAL	Pass	4:03pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wayne

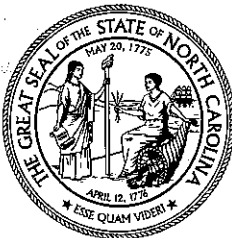
Instrument Location 3AT Mobile Unit 14

Instrument Serial No. 008871

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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

7682E  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.



**Intox EC/IR-II: Subject Test**

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008871

Test Date: 10/05/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3:54pm
ACCY CHK	.07	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008871      Test Record Number: 573  
Test Date: 10/05/2012      Test Time: 4:02pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:02pm
FLO	Pass	4:02pm
FC	Pass	4:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:02pm
SRC	Pass	4:02pm
DET	Pass	4:02pm
BAR	Pass	4:02pm
BT	Pass	4:02pm

Blank Tests

Test	Status	Time
AIR	Pass	4:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm

CRC Tests

Test	Status	Time
COMP	Pass	4:03pm
CAL	Pass	4:03pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

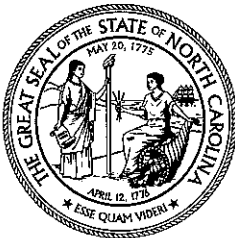
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wayne 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 5th day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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

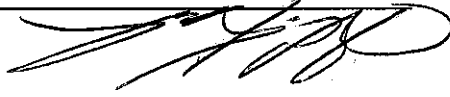
7682E  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test  
Rev. 12/2007  
Department of Health and Human Services  
WAYNE COUNTY BAT MOBILE UNIT  
Forensic Tests for Alcohol  
This form is used when performing Preventive Maintenance procedures

Serial Number: 008734  
Test Date: 10/05/2012

Analyst



Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE


Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2012-02/01/2014

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG920302  
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	3:51pm
AIR BLK	.00	3:52pm
ACCY CHK	.07	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR

Intox EC/IR-II: Preventive Maintenance

Serial Number: 008734 Test Record Number: 602  
Test Date: 10/05/2012 Test Time: 3:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
FC	Pass	3:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm

CRC Tests

Test	Status	Time
COMP	Pass	4:00pm
CAL	Pass	4:00pm

Preventive Maintenance  
Status: Pass

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

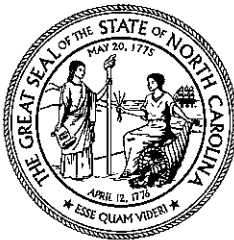
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wayne Instrument Location ERT 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 5<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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

7602E  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

Rev. 12/2007

Department of Health and Human Services  
Forensic Tests for Alcohol Branch  
WAYNE COUNTY BAT MOBILE UNIT 4

Serial Number: 008734

Test Date: 10/05/2012

Analyst

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE



Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

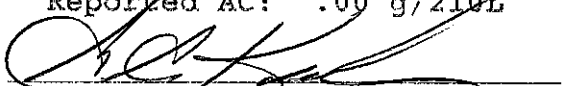
Test Type: Breath Test

Lot Number: AG920302

Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	3:51pm
AIR BLK	.00	3:52pm
ACCY CHK	.07	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

Intox EC/IR-II: Preventive Maintenance

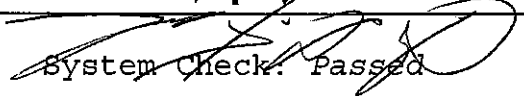
Rev 12/2007

Department of Health and Human Services  
WAYNE COUNTY BAT MOBILE UNIT 4 950  
Forensic Tests for Alcohol Branch

This form is used when performing Preventive Maintenance procedures  
Serial Number: 008734 Test Record Number: 602

Test Date: 10/05/2012 Test Time: 3:58pm EDT

Analyst

  
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
FC	Pass	3:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm

CRC Tests

Test	Status	Time
COMP	Pass	4:00pm
CAL	Pass	4:00pm

Preventive Maintenance  
Status: Pass



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

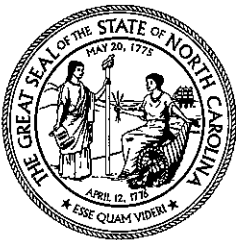
County ALAMANCE Instrument Location ALAMANCE CO. JAIL

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 16 day of OCTOBER, 20 12 the forgoing preventive maintenance procedures were performed on the 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**

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853  
Test Date: 10/16/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
08/01/2011-08/01/2013

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG124202  
Exp Date: 08/30/2013

Test	g/210L	Time
DIAG	Pass	11:42am
AIR BLK	.00	11:43am
ACCY CHK	.08	11:43am
AIR BLK	.00	11:44am
<b>SUB TEST</b>	<b>.00</b>	<b>11:45am</b>
AIR BLK	.00	11:46am
<b>SUB TEST</b>	<b>.00</b>	<b>11:48am</b>
AIR BLK	.00	11:49am

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: 968  
Test Date: 10/16/2012      Test Time: 11:50am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:51am
FLO	Pass	11:51am
FC	Pass	11:51am

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:51am
SRC	Pass	11:51am
DET	Pass	11:51am
BAR	Pass	11:51am
BT	Pass	11:51am

**Blank Tests**

Test	Status	Time
AIR	Pass	11:52am

**Printer Tests**

Test	Status	Time
PRNT	Pass	11:52am

**CRC Tests**

Test	Status	Time
COMP	Pass	11:52am
CAL	Pass	11:52am

Preventive Maintenance  
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. DO 8913 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 16 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bud D Smith  
Signature of Certifying Official

637  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913  
Test Date: 10/16/2012

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203102

Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:41am
ACCY CHK	.07	11:41am
AIR BLK	.00	11:42am
<b>SUB TEST</b>	<b>.00</b>	<b>11:43am</b>
AIR BLK	.00	11:44am
<b>SUB TEST</b>	<b>.00</b>	<b>11:45am</b>
AIR BLK	.00	11:47am

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: 1504  
Test Date: 10/16/2012      Test Time: 11:47am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:48am
FLO	Pass	11:48am
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	11:49am

**Printer Tests**

Test	Status	Time
PRNT	Pass	11:49am

**CRC Tests**

Test	Status	Time
COMP	Pass	11:49am
CAL	Pass	11:49am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

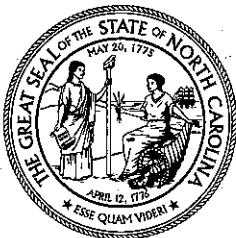
County ALAMANCE Instrument Location BURLINGTON PD

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 16 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the 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

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**

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907

Test Date: 10/16/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124903

Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	10:49am
AIR BLK	.00	10:50am
ACCY CHK	.08	10:50am
AIR BLK	.00	10:51am
<b>SUB TEST</b>	<b>.00</b>	<b>10:52am</b>
AIR BLK	.00	10:53am
<b>SUB TEST</b>	<b>.00</b>	<b>10:54am</b>
AIR BLK	.00	10:55am

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: 503  
Test Date: 10/16/2012      Test Time: 10:57am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:58am
FLO	Pass	10:58am
FC	Pass	10:58am

Temperature Tests

Test	Status	Time
FC1	Pass	10:58am
SRC	Pass	10:58am
DET	Pass	10:58am
BAR	Pass	10:58am
BT	Pass	10:58am

Blank Tests

Test	Status	Time
AIR	Pass	10:59am

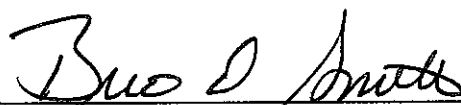
Printer Tests

Test	Status	Time
PRNT	Pass	10:59am

CRC Tests

Test	Status	Time
COMP	Pass	10:59am
CAL	Pass	10:59am

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ALAMANCE Instrument Location BURLINGTON POLICE DEPT.

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 16 day of OCTOBER, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bud O Smith  
Signature of Certifying Official

637  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812      Test Record Number: 1407  
Test Date: 10/16/2012      Test Time: 10:55am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:55am
FLO	Pass	10:55am
FC	Pass	10:56am

Temperature Tests

Test	Status	Time
FC1	Pass	10:56am
SRC	Pass	10:56am
DET	Pass	10:56am
BAR	Pass	10:56am
BT	Pass	10:56am

Blank Tests

Test	Status	Time
AIR	Pass	10:56am

Printer Tests

Test	Status	Time
PRNT	Pass	10:56am

CRC Tests

Test	Status	Time
COMP	Pass	10:57am
CAL	Pass	10:57am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812  
Test Date: 10/16/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
08/01/2011-08/01/2013

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG106703  
Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	10:47am
AIR BLK	.00	10:48am
ACCY CHK	.07	10:49am
AIR BLK	.00	10:50am
<b>SUB TEST</b>	<b>.00</b>	<b>10:51am</b>
AIR BLK	.00	10:52am
<b>SUB TEST</b>	<b>.00</b>	<b>10:53am</b>
AIR BLK	.00	10:54am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

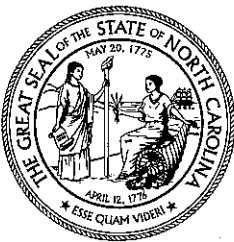
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Tyrrell Instrument Location Tyrrell Co. S.O.  
Instrument Serial No. 008902 402 Main St., Columbia, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Lois A. Keese  
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: 10/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

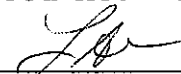
Test Type: Breath Test

Lot Number: AG203103

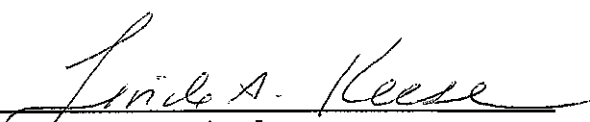
Exp Date: 01/31/2014

Test	g/210L	Time
DIAG	Pass	2:30pm
AIR BLK	.00	2:31pm
ACCY CHK	.07	2:32pm
AIR BLK	.00	2:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:33pm</b>
AIR BLK	.00	2:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:36pm</b>
AIR BLK	.00	2:37pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902      Test Record Number: 367  
Test Date: 10/18/2012      Test Time: 2:37pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

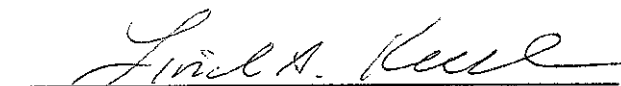
Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm

CRC Tests

Test	Status	Time
COMP	Pass	2:39pm
CAL	Pass	2:39pm

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**

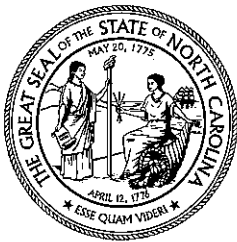
County Camden Instrument Location Camden Co. S.O.

Instrument Serial No. DD 8940 113 Hwy 343, Camden, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the 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

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**

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940  
Test Date: 10/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

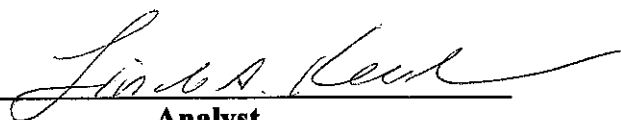
Exp Date: 02/08/2014

Test	g/210L	Time
DIAG	Pass	12:38pm
AIR BLK	.00	12:39pm
ACCY CHK	.08	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940      Test Record Number: 546  
Test Date: 10/18/2012      Test Time: 12:46pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC	Pass	12:46pm
DET	Pass	12:46pm
BAR	Pass	12:46pm
BT	Pass	12:46pm

Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

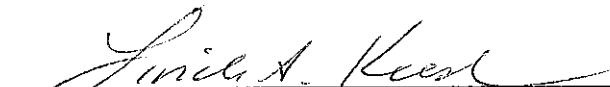
Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm

CRC Tests

Test	Status	Time
COMP	Pass	12:47pm
CAL	Pass	12:47pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Union Instrument Location Union County SD  
Instrument Serial No. 008876 3344 Presson Rd, Monroe  
704-283-3770

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatt  
Signature of Certifying Official

650  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876  
Test Date: 10/01/2012

Citation Number: M0000000-0

Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

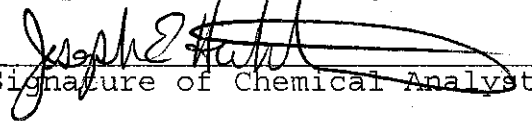
Analyst's Name: HUTCHINSON, JOSEPH E  
Permit Number: 19951E  
Effective:  
10/01/2011-10/01/2013

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

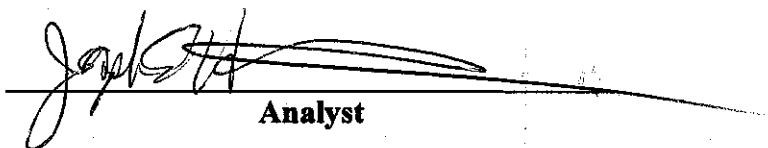
Lot Number: AG201801  
Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	12:25pm
AIR BLK	.00	12:26pm
ACCY CHK	.08	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:28pm
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

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876      Test Record Number: 2643  
Test Date: 10/01/2012      Test Time: 12:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:39pm
FLO	Pass	12:39pm
FC	Pass	12:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:39pm
SRC	Pass	12:39pm
DET	Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	12:39pm

Blank Tests

Test	Status	Time
AIR	Pass	12:40pm

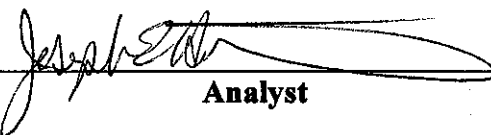
Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm

CRC Tests

Test	Status	Time
COMP	Pass	12:40pm
CAL	Pass	12:40pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

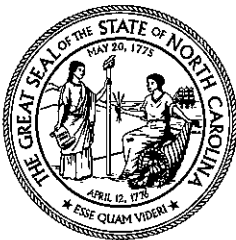
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Stanly Instrument Location Stanly County SD  
Instrument Serial No. 008842 126 S. 3rd 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 1st day of October, 20 12 the forgoing preventive maintenance procedures were performed on the 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. Hatch  
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: 10/01/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

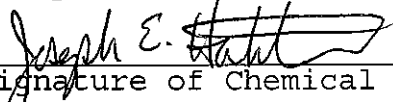
Test Type: Breath Test

Lot Number: AG124201

Exp Date: 08/13/2013

Test	g/210L	Time
DIAG	Pass	2:40pm
AIR BLK	.00	2:40pm
ACCY CHK	.08	2:41pm
AIR BLK	.00	2:42pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:43pm</b>
AIR BLK	.00	2:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:45pm</b>
AIR BLK	.00	2:46pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842      Test Record Number: 1076  
Test Date: 10/01/2012      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

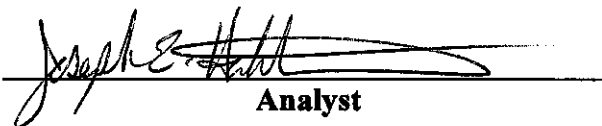
Printer Tests

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 Union Instrument Location Waxhaw PD

Instrument Serial No. 008598 703 W. South Main Street, Waxhaw  
704-843-0353

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23rd day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchens  
Signature of Certifying Official

650  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

UNION COUNTY WAXHAW PD 890

Serial Number: 008598

Test Date: 10/23/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

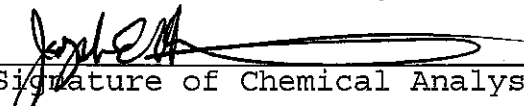
Test Type: Breath Test

Lot Number: AG108202

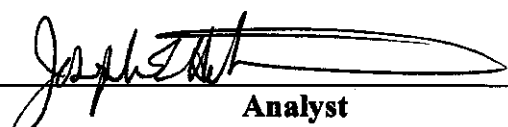
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	10:09am
AIR BLK	.00	10:10am
ACCY CHK	.07	10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am
SUB TEST	.00	10:15am
AIR BLK	.00	10:16am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

UNION COUNTY WAXHAW PD 890

Serial Number: 008598      Test Record Number: 390  
Test Date: 10/23/2012      Test Time: 10:18am

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:18am
FLO	Pass	10:18am
FC	Pass	10:18am

Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10:18am

Blank Tests

Test	Status	Time
AIR	Pass	10:19am

Printer Tests

Test	Status	Time
PRNT	Pass	10:19am

CRC Tests

Test	Status	Time
COMP	Pass	10:19am
CAL	Pass	10:19am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

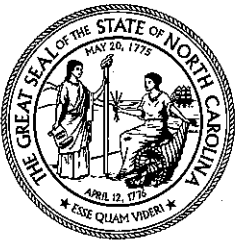
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cleveland Instrument Location Cleveland County SD  
Instrument Serial No. 008893 100 Justice Place, Shelby  
704-484-4888

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29th day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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

CLEVELAND COUNTY CLEVELAND COUNTY SD  
220

Serial Number: 008893  
Test Date: 10/29/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

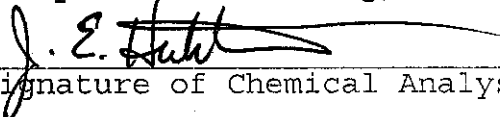
Test Type: Breath Test

Lot Number: AG123501

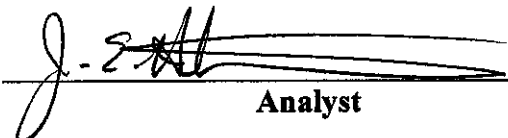
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	1:02pm
AIR BLK	.00	1:03pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:05pm</b>
AIR BLK	.00	1:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:08pm</b>
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893      Test Record Number: 1083  
Test Date: 10/29/2012      Test Time: 1:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:10pm
FLO	Pass	1:10pm
FC	Pass	1:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:10pm
SRC	Pass	1:10pm
DET	Pass	1:10pm
BAR	Pass	1:10pm
BT	Pass	1:10pm

Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:11pm

CRC Tests

Test	Status	Time
COMP	Pass	1:11pm
CAL	Pass	1:11pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

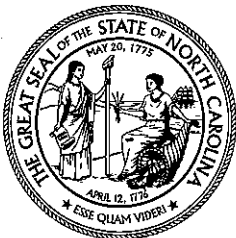
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cleveland Instrument Location Cleveland County SD-Annex  
Instrument Serial No. 008887 407 McBrayer Street, Shelby  
704-484-4888

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29th day of October, 2012 the forgoing preventive maintenance procedures were performed on the 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. Hutchison  
Signature of Certifying Official

650  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

CLEVELAND COUNTY CLEVELAND SD-ANNEX  
220

Serial Number: 008887  
Test Date: 10/29/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE


Analyst's Name: HUTCHINSON, JOSEPH E  
Permit Number: 19951E  
Effective:  
10/01/2011-10/01/2013

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

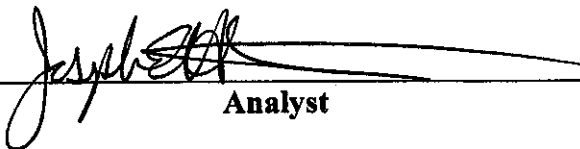
Lot Number: AG206102  
Exp Date: 03/01/2014

Test	g/210L	Time
DIAG	Pass	1:26pm
AIR BLK	.00	1:27pm
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	1:32pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



**Intox EC/IR-II: Preventive Maintenance**

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887      Test Record Number: 1251  
Test Date: 10/29/2012      Test Time: 1:33pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:33pm
FLO	Pass	1:33pm
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	1:34pm

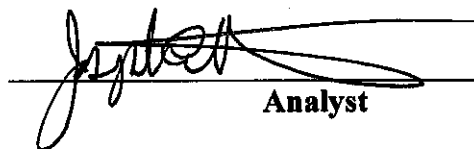
Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm

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

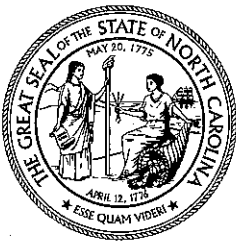
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wayne Instrument Location Wayne Co. Detention Ctr.  
Instrument Serial No. 008649 207 E. Chestnut St., Goldsboro, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17<sup>th</sup> day of October, 20 12 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Linda A. Keese  
Signature of Certifying Official

647  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649  
Test Date: 10/17/2012

~~Citation Number: M0000000-0~~

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204602

Exp Date: 02/15/2014

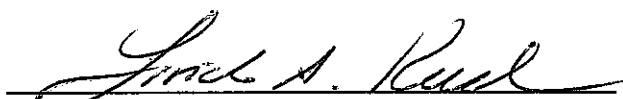
Test	g/210L	Time
DIAG	Pass	10:11am
AIR BLK	.00	10:12am
ACCY CHK	.08	10:12am
AIR BLK	.00	10:14am
<b>SUB TEST</b>	<b>.00</b>	<b>10:16am</b>
AIR BLK	.00	10:17am
<b>SUB TEST</b>	<b>.00</b>	<b>10:20am</b>
AIR BLK	.00	10:21am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649      Test Record Number: 2217  
Test Date: 10/17/2012      Test Time: 10:23am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:23am
FLO	Pass	10:23am
FC	Pass	10:23am

Temperature Tests

Test	Status	Time
FCL	Pass	10:23am
SRC	Pass	10:23am
DET	Pass	10:23am
BAR	Pass	10:23am
BT	Pass	10:23am

Blank Tests

Test	Status	Time
AIR	Pass	10:24am

Printer Tests

Test	Status	Time
PRNT	Pass	10:24am

CRC Tests

Test	Status	Time
COMP	Pass	10:24am
CAL	Pass	10:24am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

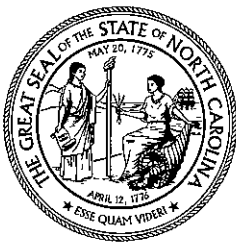
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wayne Instrument Location Wayne Co. Detention Ctr.  
Instrument Serial No. 008671 207 E. Chestnut St., Goldsboro, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17<sup>th</sup> day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Linda A. Keel  
Signature of Certifying Official

647  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Date: 10/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

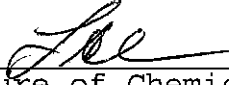
Test Type: Breath Test

Lot Number: AG204602

Exp Date: 02/15/2014

Test	g/210L	Time
DIAG	Pass	10:17am
AIR BLK	.00	10:18am
ACCY CHK	.07	10:19am
AIR BLK	.00	10:20am
<b>SUB TEST</b>	<b>.00</b>	<b>10:21am</b>
AIR BLK	.00	10:22am
<b>SUB TEST</b>	<b>.00</b>	<b>10:23am</b>
AIR BLK	.00	10:24am

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: 2339

Test Date: 10/17/2012 Test Time: 10:25am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:26am
FLO	Pass	10:26am
FC	Pass	10:26am

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:26am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am

CRC Tests

Test	Status	Time
COMP	Pass	10:27am
CAL	Pass	10:27am

Preventive Maintenance

Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

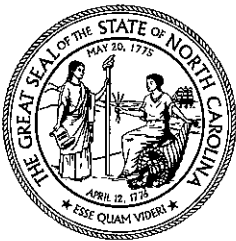
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Avery Instrument Location Avery Co. Jail  
Instrument Serial No. 00 8664 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 29 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument 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: 10/29/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG200401

Exp Date: 01/04/2014

Test	g/210L	Time
DIAG	Pass	4:24pm
AIR BLK	.00	4:25pm
ACCY CHK	.07	4:25pm
AIR BLK	.00	4:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:26pm</b>
AIR BLK	.00	4:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:29pm</b>
AIR BLK	.00	4:30pm

Reported AC: .00 g/210L

\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664      Test Record Number: 520  
Test Date: 10/29/2012      Test Time: 4:31pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:31pm
FLO	Pass	4:31pm
FC	Pass	4:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:31pm
SRC	Pass	4:31pm
DET	Pass	4:31pm
BAR	Pass	4:31pm
BT	Pass	4:31pm

Blank Tests

Test	Status	Time
AIR	Pass	4:32pm


Printer Tests

Test	Status	Time
PRNT	Pass	4:32pm

CRC Tests

Test	Status	Time
COMP	Pass	4:32pm
CAL	Pass	4:32pm

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

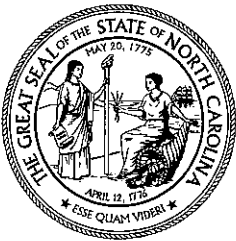
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Madison Instrument Location Madison Co. Jail  
Instrument Serial No. 008599 Marshall, 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, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official  
649  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599  
Test Date: 10/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124202

Exp Date: 08/30/2013

Test	g/210L	Time
DIAG	Pass	4:12pm
AIR BLK	.00	4:13pm
ACCY CHK	.08	4:14pm
AIR BLK	.00	4:15pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:16pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 408  
Test Date: 10/24/2012 Test Time: 4:19pm 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**

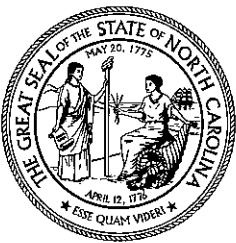
County Madison Instrument Location Mars Hill PD

Instrument Serial No. 009582 Mars Hill, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of October, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582

Test Date: 10/23/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108202


Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	5:45pm
AIR BLK	.00	5:46pm
ACCY CHK	.07	5:47pm
AIR BLK	.00	5:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:48pm</b>
AIR BLK	.00	5:49pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:51pm</b>
AIR BLK	.00	5:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

**Intox EC/IR-II: Preventive Maintenance**

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582      Test Record Number: 901  
Test Date: 10/23/2012      Test Time: 5:54pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	5:54pm
FLO	Pass	5:54pm
FC	Pass	5:54pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	5:54pm
SRC	Pass	5:54pm
DET	Pass	5:54pm
BAR	Pass	5:54pm
BT	Pass	5:54pm

**Blank Tests**

Test	Status	Time
AIR	Pass	5:55pm


**Printer Tests**

Test	Status	Time
PRNT	Pass	5:55pm

**CRC Tests**

Test	Status	Time
COMP	Pass	5:55pm
CAL	Pass	5:55pm

Preventive Maintenance  
Status: Pass



**Analyst**