

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

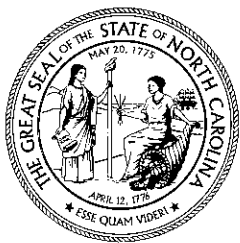
County WAZZEN Instrument Location NORLINA P.D.

Instrument Serial No. 008945 101 MAIN ST. NORLINA NC

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

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

I certify that on the 30 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[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**

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945

Test Date: 06/30/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E .

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

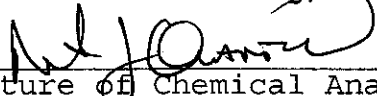
Test Type: Breath Test

Lot Number: AG910601

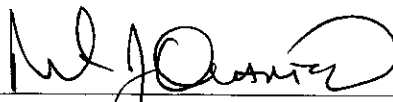
Exp Date: 04/16/2011

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

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: 106  
Test Date: 06/30/2009      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

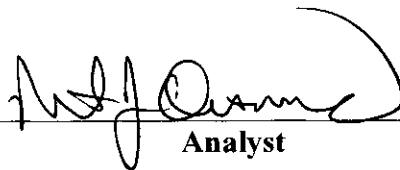
Printer Tests

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**

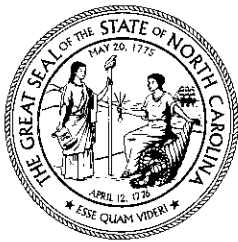
County WARREN Instrument Location WARREN CO. JAIL

Instrument Serial No. 008793 HW 58 WARREN, 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 JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

657  
Certificate Number

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

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

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793  
Test Date: 06/30/2009

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

Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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


Lot Number: AG902603  
Exp Date: 01/26/2011

Test	g/210L	Time
DIAG	Pass	12:34pm
AIR BLK	.00	12:36pm
ACCY CHK	.08	12:36pm
AIR BLK	.00	12:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:37pm</b>
AIR BLK	.00	12:38pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:40pm</b>
AIR BLK	.00	12:41pm

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: 200  
Test Date: 06/30/2009      Test Time: 12:43pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

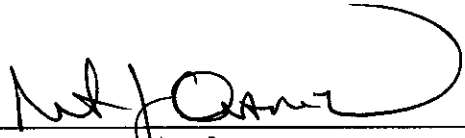
Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

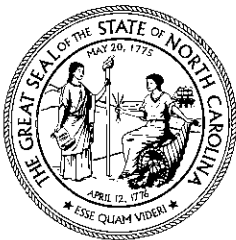
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Chatham Instrument Location Boat mobile unit #5  
Instrument Serial No. 008600 SAFETY ACCESS AREA TOWN LAKE

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

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



[Signature]  
Signature of Certifying Official

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

CHATHAM COUNTY BAT MOBILE UNIT 5 180

Serial Number: 008600      Test Record Number: 508  
Test Date: 06/27/2009      Test Time: 4:52pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:53pm
FLO	Pass	4:53pm
FC	Pass	4:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:53pm
SRC	Pass	4:53pm
DET	Pass	4:53pm
BAR	Pass	4:53pm
BT	Pass	4:53pm

Blank Tests

Test	Status	Time
AIR	Pass	4:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:53pm

CRC Tests

Test	Status	Time
COMP	Pass	4:54pm
CAL	Pass	4:54pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



Intox EC/IR-II: Subject Test

CHATHAM COUNTY BAT MOBILE UNIT 5 180

Serial Number: 008600  
Test Date: 06/27/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG723401

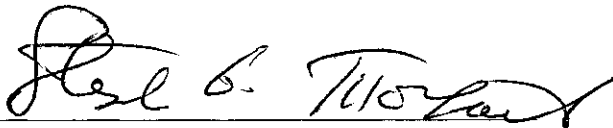
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	4:38pm
AIR BLK	.00	4:39pm
ACCY CHK	.07	4:40pm
AIR BLK	.00	4:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:41pm</b>
AIR BLK	.00	4:42pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:44pm</b>
AIR BLK	.00	4:45pm

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 CHATHAM

Instrument Location BATMOBILE UNIT #5

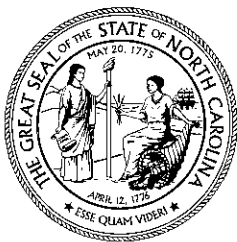
Instrument Serial No. 008788

SEAFORTH ACCESS AREA - JORDAN LAKE

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

636

Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY BAT MOBILE UNIT 5 180

Serial Number: 008788      Test Record Number: 214  
Test Date: 06/27/2009      Test Time: 4:58pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:59pm
SRC	Pass	4:59pm
DET	Pass	4:59pm
BAR	Pass	4:59pm
BT	Pass	4:59pm

Blank Tests

Test	Status	Time
AIR	Pass	4:59pm

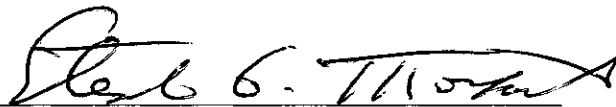
Printer Tests

Test	Status	Time
PRNT	Pass	4:59pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

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

CHATHAM COUNTY BAT MOBILE UNIT 5 180

Serial Number: 008788  
Test Date: 06/27/2009

Citation Number: M0000000-0  
Subject's Name:

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

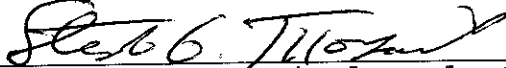
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	4:42pm
AIR BLK	.00	4:43pm
ACCY CHK	.08	4:44pm
AIR BLK	.00	4:44pm
SUB TEST	.00	4:45pm
AIR BLK	.00	4:46pm
SUB TEST	.00	4:48pm
AIR BLK	.00	4:48pm

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**

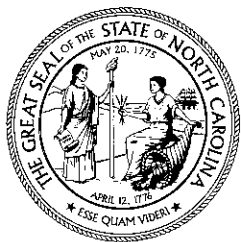
County WAYNE Instrument Location BOT MOBILE UNIT #5

Instrument Serial No. 008698 GOLDENBORO

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph O. Tilden  
Signature of Certifying Official

1036  
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

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698      Test Record Number: 359  
Test Date: 06/26/2009      Test Time: 11:12pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:13pm
FLO	Pass	11:13pm
FC	Pass	11:13pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:14pm

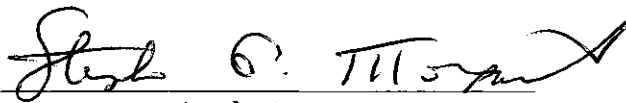
Printer Tests

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**

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698  
Test Date: 06/26/2009

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

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

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

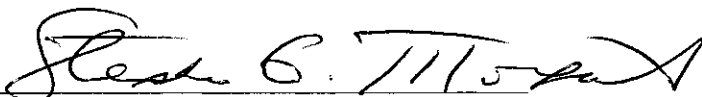
Lot Number: AG723401  
Exp Date: 08/21/2009

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

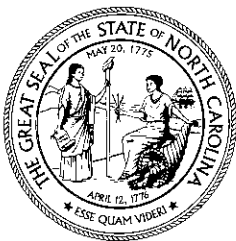
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wayne Instrument Location BAT mobile unit #5  
Instrument Serial No. 008788 GOLDSBORO

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph B. Thomas  
Signature of Certifying Official

636  
Certificate Number

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



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

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788      Test Record Number: 210  
Test Date: 06/26/2009      Test Time: 11:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:40pm
FLO	Pass	11:40pm
FC	Pass	11:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:41pm
SRC	Pass	11:41pm
DET	Pass	11:41pm
BAR	Pass	11:41pm
BT	Pass	11:41pm

Blank Tests

Test	Status	Time
AIR	Pass	11:41pm

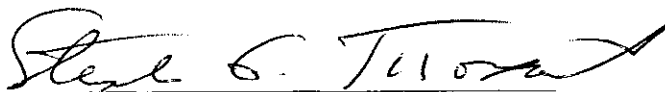
Printer Tests

Test	Status	Time
PRNT	Pass	11:41pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



**Analyst**

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

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788  
Test Date: 06/26/2009

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

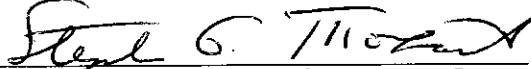
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	11:32pm
AIR BLK	.00	11:33pm
ACCY CHK	.08	11:34pm
AIR BLK	.00	11:34pm
SUB TEST	.00	11:35pm
AIR BLK	.00	11:36pm
SUB TEST	.00	11:38pm
AIR BLK	.00	11:39pm

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**

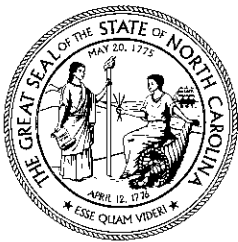
County WAYNE Instrument Location BAT MOBILE UNIT #5

Instrument Serial No. 008600 GOLDSBORO

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

636

Certificate Number

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

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

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008600      Test Record Number: 502  
Test Date: 06/26/2009      Test Time: 11:10pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:11pm

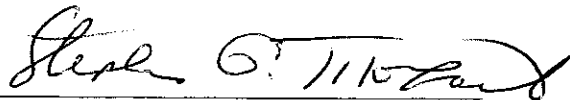
Printer Tests

Test	Status	Time
PRNT	Pass	11:11pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

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

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008600  
Test Date: 06/26/2009

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

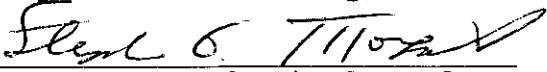
Analyst's Name: *MORGART, STEPHEN G*  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

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

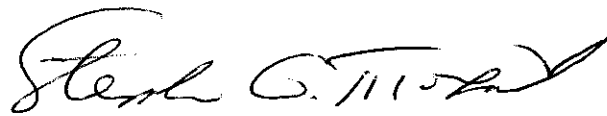
Lot Number: AG723401  
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	11:01pm
AIR BLK	.00	11:02pm
ACCY CHK	.07	11:03pm
AIR BLK	.00	11:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:05pm</b>
AIR BLK	.00	11:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:08pm</b>
AIR BLK	.00	11:08pm

Reported AC: .00 g/210L

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

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

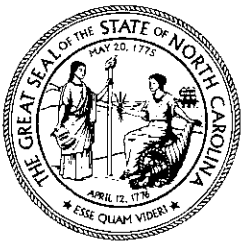
County MECKLENBURG Instrument Location BATMOBILE UNIT 3

Instrument Serial No. 008707 HUNTERSVILLE, 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 JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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: 008707  
Test Date: 06/27/2009

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG902001  
Exp Date: 01/20/2011

Test	g/210L	Time
DIAG	Pass	4:35pm
AIR BLK	.00	4:36pm
ACCY CHK	.08	4:37pm
AIR BLK	.00	4:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:38pm</b>
AIR BLK	.00	4:39pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:40pm</b>
AIR BLK	.00	4:41pm

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: 008707      Test Record Number: 339  
Test Date: 06/27/2009      Test Time: 4:42pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:42pm
FLO	Pass	4:42pm
FC	Pass	4:42pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:43pm


Printer Tests

Test	Status	Time
PRNT	Pass	4:43pm

CRC Tests

Test	Status	Time
COMP	Pass	4:43pm
CAL	Pass	4:43pm

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

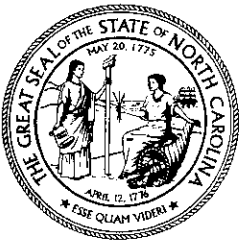
County MECKLENBURG Instrument Location PAT MOBILE UNIT 3

Instrument Serial No. 008647 HUNTERSVILLE, 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 JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Burns  
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: 06/27/2009

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	4:14pm
AIR BLK	.00	4:15pm
ACCY CHK	.07	4:15pm
AIR BLK	.00	4:16pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:17pm</b>
AIR BLK	.00	4:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:19pm</b>
AIR BLK	.00	4:20pm

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: 528  
Test Date: 06/27/2009      Test Time: 4:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:22pm
FLO	Pass	4:22pm
FC	Pass	4:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:22pm
SRC	Pass	4:22pm
DET	Pass	4:22pm
BAR	Pass	4:22pm
BT	Pass	4:22pm

Blank Tests

Test	Status	Time
AIR	Pass	4:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:22pm

CRC Tests

Test	Status	Time
COMP	Pass	4:23pm
CAL	Pass	4:23pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

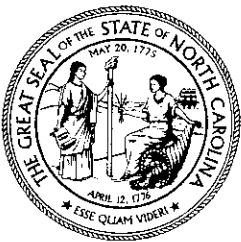
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County MECKLENBURG Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008616 HUNTERSVILLE, 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 JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Burns  
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: 06/27/2009

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722601

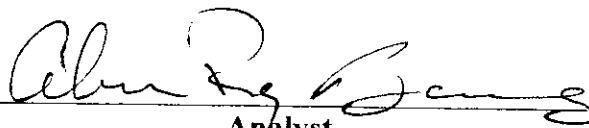
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	4:07pm
AIR BLK	.00	4:08pm
ACCY CHK	.07	4:09pm
AIR BLK	.00	4:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:10pm</b>
AIR BLK	.00	4:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:12pm</b>
AIR BLK	.00	4:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616      Test Record Number: 531  
Test Date: 06/27/2009      Test Time: 4:14pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:14pm
FLO	Pass	4:14pm
FC	Pass	4:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:15pm
SRC	Pass	4:15pm
DET	Pass	4:15pm
BAR	Pass	4:15pm
BT	Pass	4:15pm

Blank Tests

Test	Status	Time
AIR	Pass	4:15pm


Printer Tests

Test	Status	Time
PRNT	Pass	4:15pm

CRC Tests

Test	Status	Time
COMP	Pass	4:15pm
CAL	Pass	4:15pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

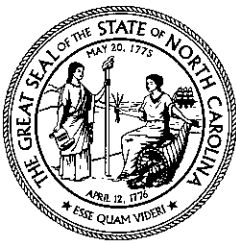
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County NEW HANOVER Instrument Location WILMINGTON  
Instrument Serial No. 8628 POLICE Dept

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

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

I certify that on the 25 day of JUNE, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera  
Signature of Certifying Official

634  
Certificate Number

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

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628  
Test Date: 06/25/2009

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG901901

Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	5:46pm
AIR BLK	.00	5:47pm
ACCY CHK	.08	5:48pm
AIR BLK	.00	5:49pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:49pm</b>
AIR BLK	.00	5:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:52pm</b>
AIR BLK	.00	5:53pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst



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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628      Test Record Number: 825  
Test Date: 06/25/2009      Test Time: 5:55pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:55pm
FLO	Pass	5:55pm
FC	Pass	5:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:55pm
SRC	Pass	5:55pm
DET	Pass	5:55pm
BAR	Pass	5:55pm
BT	Pass	5:55pm

Blank Tests

Test	Status	Time
AIR	Pass	5:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:56pm

CRC Tests

Test	Status	Time
COMP	Pass	5:56pm
CAL	Pass	5:56pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

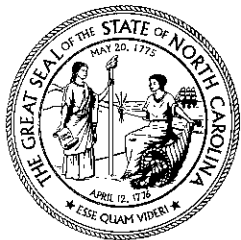
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Dupkin Instrument Location WARSAW  
Instrument Serial No. 8874 POLICE DEPT.

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

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

I certify that on the 4 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera  
Signature of Certifying Official

634  
Certificate Number

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

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

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874

Test Date: 06/04/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

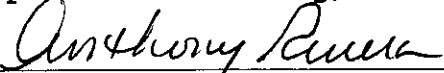
Test Type: Breath Test

Lot Number: AG814101

Exp Date: 05/20/2010

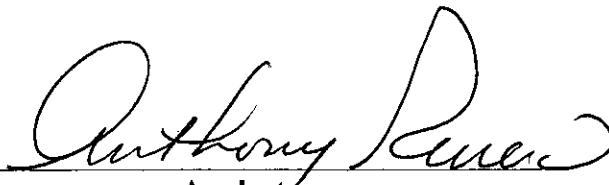
Test	g/210L	Time
DIAG	Pass	5:37pm
AIR BLK	.00	5:38pm
ACCY CHK	.07	5:38pm
AIR BLK	.00	5:39pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:40pm</b>
AIR BLK	.00	5:41pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:42pm</b>
AIR BLK	.00	5:43pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

*DUPLIN COUNTY WARSAW PD 300*

Serial Number: 008874      Test Record Number: 115  
Test Date: 06/04/2009      Test Time: 5:49pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	5:50pm
FLO	Pass	5:50pm
FC	Pass	5:50pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	5:50pm
SRC	Pass	5:50pm
DET	Pass	5:50pm
BAR	Pass	5:50pm
BT	Pass	5:50pm

**Blank Tests**

Test	Status	Time
AIR	Pass	5:51pm

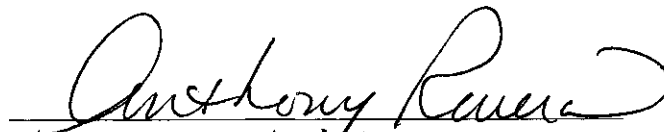
**Printer Tests**

Test	Status	Time
PRNT	Pass	5:51pm

**CRC Tests**

Test	Status	Time
COMP	Pass	5:51pm
CAL	Pass	5:51pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

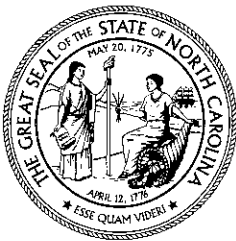
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pender Instrument Location BAT Mobile Unit 44.76  
Instrument Serial No. 008898 Wildlife

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. Rhoads  
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

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008898      Test Record Number: 216  
Test Date: 06/27/2009      Test Time: 3:47pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:47pm
FLO	Pass	3:47pm
FC	Pass	3:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:47pm
SRC	Pass	3:47pm
DET	Pass	3:47pm
BAR	Pass	3:47pm
BT	Pass	3:47pm

Blank Tests

Test	Status	Time
AIR	Pass	3:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:48pm

CRC Tests

Test	Status	Time
COMP	Pass	3:48pm
CAL	Pass	3:48pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008898  
Test Date: 06/27/2009

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

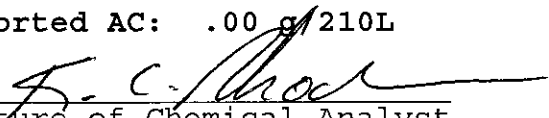
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	3:35pm
AIR BLK	.00	3:36pm
ACCY CHK	.07	3:36pm
AIR BLK	.00	3:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:38pm</b>
AIR BLK	.00	3:39pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:40pm</b>
AIR BLK	.00	3:41pm

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**

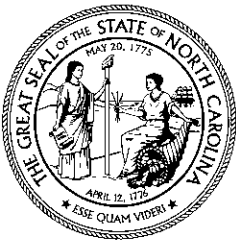
County Beaufort Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008898

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008898      Test Record Number: 194  
Test Date: 06/12/2009      Test Time: 4:40pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:41pm


Printer Tests

Test	Status	Time
PRNT	Pass	4:41pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008898  
Test Date: 06/12/2009

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

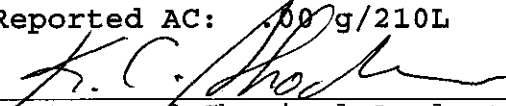
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
02/01/2008-02/01/2010

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


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

Test	g/210L	Time
DIAG	Pass	4:31pm
AIR BLK	.00	4:32pm
ACCY CHK	.07	4:32pm
AIR BLK	.00	4:33pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:35pm</b>
AIR BLK	.00	4:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:37pm</b>
AIR BLK	.00	4:38pm

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 Beaufort

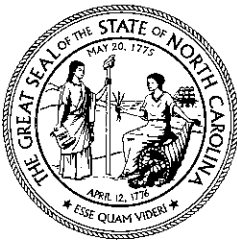
Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008869

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. Brock  
Signature of Certifying Official

6001  
Certificate Number

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

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

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008869      Test Record Number: 159  
Test Date: 06/13/2009      Test Time: 9:53pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:54pm
SRC	Pass	9:54pm
DET	Pass	9:54pm
BAR	Pass	9:54pm
BT	Pass	9:54pm

Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008869

Test Date: 06/13/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814002

Exp Date: 05/19/2010

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

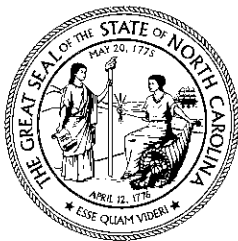
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Onslow Instrument Location BAT Mobile unit 6  
Instrument Serial No. 008869 N. Topsail BEACH

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869      Test Record Number: 161  
Test Date: 06/19/2009      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**

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869  
Test Date: 06/19/2009

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

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

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

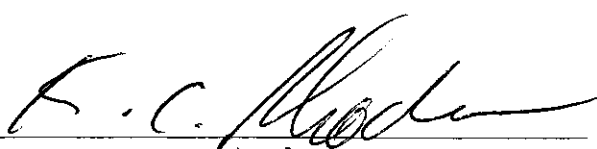
Lot Number: AG814002  
Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	11:15pm
AIR BLK	.00	11:16pm
ACCY CHK	.07	11:17pm
AIR BLK	.00	11:18pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:18pm</b>
AIR BLK	.00	11:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:21pm</b>
AIR BLK	.00	11:22pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

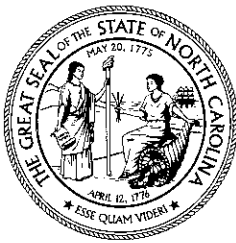
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Oonslow Instrument Location BAT Mobile Unit 6  
Instrument Serial No. 008898 N. Topsail Beach

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



A. C. [Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898      Test Record Number: 200  
Test Date: 06/19/2009      Test Time: 11:44pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:44pm
FLO	Pass	11:44pm
FC	Pass	11:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:45pm
SRC	Pass	11:45pm
DET	Pass	11:45pm
BAR	Pass	11:45pm
BT	Pass	11:45pm

Blank Tests

Test	Status	Time
AIR	Pass	11:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:45pm

CRC Tests

Test	Status	Time
COMP	Pass	11:45pm
CAL	Pass	11:45pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898  
Test Date: 06/19/2009

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:35pm
AIR BLK	.00	11:36pm
ACCY CHK	.07	11:36pm
AIR BLK	.00	11:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:38pm</b>
AIR BLK	.00	11:39pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:40pm</b>
AIR BLK	.00	11:41pm

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**

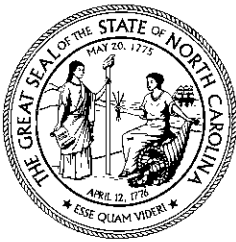
County Pender Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008939

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

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

I certify that on the 27 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. [Signature]  
Signature of Certifying Official

601  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008939      Test Record Number: 205  
Test Date: 06/27/2009      Test Time: 3:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:56pm
FLO	Pass	3:56pm
FC	Pass	3:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:56pm
SRC	Pass	3:56pm
DET	Pass	3:56pm
BAR	Pass	3:56pm
BT	Pass	3:56pm

Blank Tests

Test	Status	Time
AIR	Pass	3:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:57pm

CRC Tests

Test	Status	Time
COMP	Pass	3:57pm
CAL	Pass	3:57pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008939  
Test Date: 06/27/2009

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

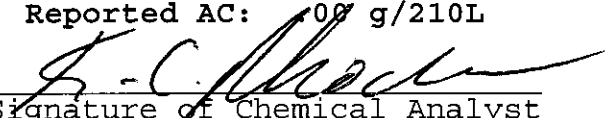
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	3:45pm
AIR BLK	.00	3:47pm
ACCY CHK	.07	3:47pm
AIR BLK	.00	3:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:48pm</b>
AIR BLK	.00	3:49pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:51pm</b>
AIR BLK	.00	3:52pm

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

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

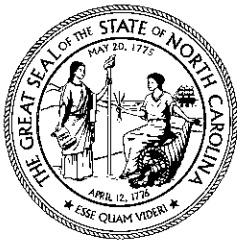
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County New Hanover Instrument Location BAT Mobile unit  
Instrument Serial No. 000898 Wildlife

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

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

I certify that on the 28 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. [Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898      Test Record Number: 221  
Test Date: 06/28/2009      Test Time: 3:04pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

Blank Tests

Test	Status	Time
AIR	Pass	3:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst



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

NEW HANOVER COUNTY BAT MOBILE UNIT 6  
640

Serial Number: 008898  
Test Date: 06/28/2009

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

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

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

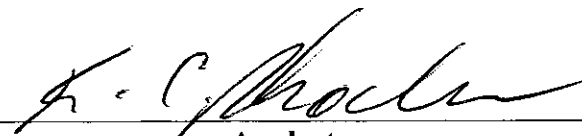
Lot Number: AG814002  
Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	2:53pm
AIR BLK	.00	2:54pm
ACCY CHK	.07	2:55pm
AIR BLK	.00	2:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:56pm</b>
AIR BLK	.00	2:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:58pm</b>
AIR BLK	.00	2:59pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

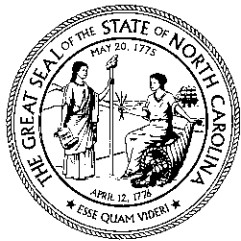
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pender Instrument Location BAT Mobile Unit 6  
Instrument Serial No. 008898 Wildlife

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. [Signature]  
Signature of Certifying Official

601  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008898      Test Record Number: 216  
Test Date: 06/27/2009      Test Time: 3:47pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:47pm
FLO	Pass	3:47pm
FC	Pass	3:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:47pm
SRC	Pass	3:47pm
DET	Pass	3:47pm
BAR	Pass	3:47pm
BT	Pass	3:47pm

Blank Tests

Test	Status	Time
AIR	Pass	3:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:48pm

CRC Tests

Test	Status	Time
COMP	Pass	3:48pm
CAL	Pass	3:48pm

Preventive Maintenance  
Status: Pass



Analyst

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

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008898  
Test Date: 06/27/2009

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:35pm
AIR BLK	.00	3:36pm
ACCY CHK	.07	3:36pm
AIR BLK	.00	3:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:38pm</b>
AIR BLK	.00	3:39pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:40pm</b>
AIR BLK	.00	3:41pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

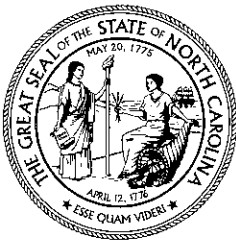
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pitt Instrument Location BA Mobile Unit 6  
Instrument Serial No. 008898 ECU

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K.C. Prock  
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**

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008898      Test Record Number: 207  
Test Date: 06/26/2009      Test Time: 10:16pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:16pm
SRC	Pass	10:16pm
DET	Pass	10:16pm
BAR	Pass	10:16pm
BT	Pass	10:16pm

Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:17pm

CRC Tests

Test	Status	Time
COMP	Pass	10:17pm
CAL	Pass	10:17pm

Preventive Maintenance  
Status: Pass



**Analyst**

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

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008898  
Test Date: 06/26/2009

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

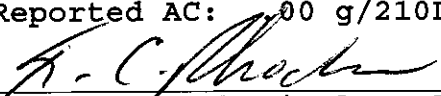
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	10:07pm
AIR BLK	.00	10:08pm
ACCY CHK	.07	10:09pm
AIR BLK	.00	10:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:10pm</b>
AIR BLK	.00	10:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:13pm</b>
AIR BLK	.00	10:14pm

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

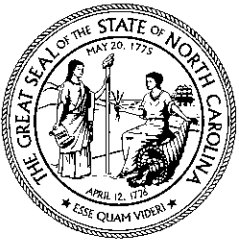
County Pitt Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008939 ECU

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. [Signature]  
Signature of Certifying Official

601  
Certificate Number

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



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

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008939      Test Record Number: 201  
Test Date: 06/26/2009      Test Time: 10:28pm 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

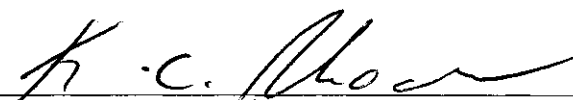
Printer Tests

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

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

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008939

Test Date: 06/26/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

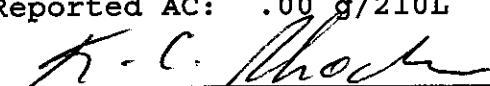
Test Type: Breath Test

Lot Number: AG814101


Exp Date: 05/20/2010

Test	g/210L	Time
DIAG	Pass	10:18pm
AIR BLK	.00	10:19pm
ACCY CHK	.07	10:19pm
AIR BLK	.00	10:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:23pm</b>
AIR BLK	.00	10:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:25pm</b>
AIR BLK	.00	10:26pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

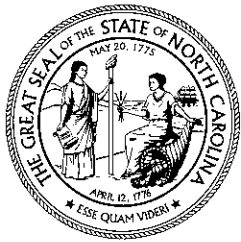
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County CRAVEN Instrument Location BAT Mobile Unit 6  
Instrument Serial No. 008939 SAP

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

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

I certify that on the 20 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

*CRAVEN COUNTY BAT MOBILE UNIT 6 240*

Serial Number: 008939      Test Record Number: 198  
Test Date: 06/20/2009      Test Time: 11:06pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	11:07pm

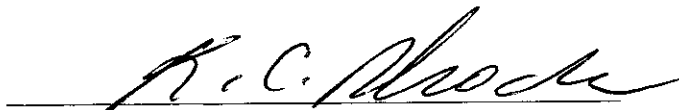
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:07pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939  
Test Date: 06/20/2009

Citation Number: M0000000-0  
Subject's Name:

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:56pm
AIR BLK	.00	10:57pm
ACCY CHK	.07	10:58pm
AIR BLK	.00	10:58pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:00pm</b>
AIR BLK	.00	11:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:02pm</b>
AIR BLK	.00	11:03pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

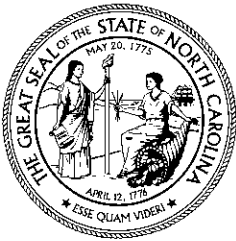
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Craven Instrument Location BAT Mobile Unit 6  
Instrument Serial No. 008898 SHP

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

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

I certify that on the 20 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. [Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898      Test Record Number: 202  
Test Date: 06/20/2009      Test Time: 10:54pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:55pm
FLO	Pass	10:55pm
FC	Pass	10:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:55pm
SRC	Pass	10:55pm
DET	Pass	10:55pm
BAR	Pass	10:55pm
BT	Pass	10:55pm

Blank Tests

Test	Status	Time
AIR	Pass	10:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:56pm

CRC Tests

Test	Status	Time
COMP	Pass	10:56pm
CAL	Pass	10:56pm

Preventive Maintenance  
Status: Pass



**Analyst**

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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898  
Test Date: 06/20/2009

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

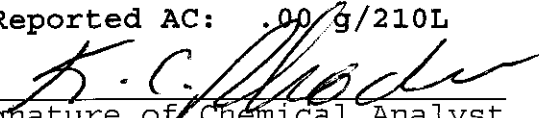
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	10:40pm
AIR BLK	.00	10:41pm
ACCY CHK	.07	10:42pm
AIR BLK	.00	10:43pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:44pm</b>
AIR BLK	.00	10:45pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:46pm</b>
AIR BLK	.00	10:47pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

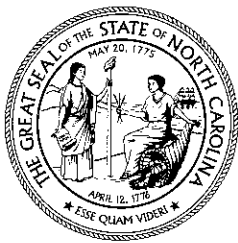
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Caston Instrument Location BAT Mobile unit 6  
Instrument Serial No. 008939 N. Topsail Beach

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939      Test Record Number: 194  
Test Date: 06/19/2009      Test Time: 11:32pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:34pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

ON SLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939  
Test Date: 06/19/2009

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


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

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

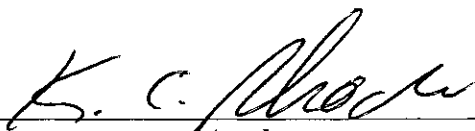
Lot Number: AG814101  
Exp Date: 05/20/2010

Test	g/210L	Time
DIAG	Pass	11:25pm
AIR BLK	.00	11:26pm
ACCY CHK	.07	11:27pm
AIR BLK	.00	11:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:28pm</b>
AIR BLK	.00	11:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:30pm</b>
AIR BLK	.00	11:31pm

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**

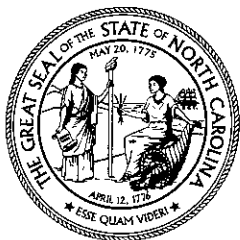
County CRAVEN Instrument Location New Bern P.D.

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 9 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

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

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

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817  
Test Date: 06/09/2009

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

Analyst's Name: HALL, RANDY E  
Permit Number: 03462E  
Effective:  
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	11:45am
AIR BLK	.00	11:46am
ACCY CHK	.07	11:47am
AIR BLK	.00	11:48am
<b>SUB TEST</b>	<b>.00</b>	<b>11:48am</b>
AIR BLK	.00	11:49am
<b>SUB TEST</b>	<b>.00</b>	<b>11:51am</b>
AIR BLK	.00	11:52am

Reported AC: .00 g/210L

*RE Hall*

Signature of Chemical Analyst

Court CVR

*Randy E Hall*  
\_\_\_\_\_  
Analyst

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

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817      Test Record Number: 166  
Test Date: 06/09/2009      Test Time: 11:52am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:52am
FLO	Pass	11:52am
FC	Pass	11:53am

Temperature Tests

Test	Status	Time
FC1	Pass	11:53am
SRC	Pass	11:53am
DET	Pass	11:53am
BAR	Pass	11:53am
BT	Pass	11:53am

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

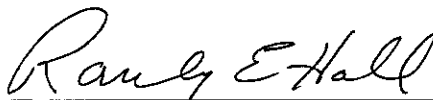
Printer Tests

Test	Status	Time
PRNT	Pass	11:53am

CRC Tests

Test	Status	Time
COMP	Pass	11:54am
CAL	Pass	11:54am

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**

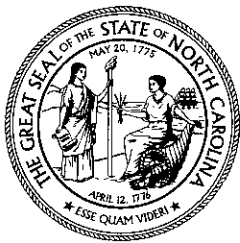
County Carteret Instrument Location Carteret County

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 4 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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: 06/04/2009

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

Analyst's Name: HALL, RANDY E  
Permit Number: 03462E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG902901  
Exp Date: 01/29/2011

Test	g/210L	Time
DIAG	Pass	9:46am
AIR BLK	.00	9:46am
ACCY CHK	.08	9:47am
AIR BLK	.00	9:48am
<b>SUB TEST</b>	<b>.00</b>	<b>9:48am</b>
AIR BLK	.00	9:49am
<b>SUB TEST</b>	<b>.00</b>	<b>9:51am</b>
AIR BLK	.00	9:52am

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: 1080  
Test Date: 06/04/2009      Test Time: 9:54am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:54am
FLO	Pass	9:54am
FC	Pass	9:54am

Temperature Tests

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54am
DET	Pass	9:54am
BAR	Pass	9:54am
BT	Pass	9:54am

Blank Tests

Test	Status	Time
AIR	Pass	9:55am

Printer Tests

Test	Status	Time
PRNT	Pass	9:55am

CRC Tests

Test	Status	Time
COMP	Pass	9:55am
CAL	Pass	9:55am

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

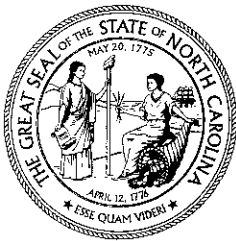
County Madison Instrument Location Mars Hill P.D.

Instrument Serial No. 008582 Mars Hill, NC

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

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

I certify that on the 17 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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: 06/17/2009

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

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

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

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

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

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: 551  
Test Date: 06/17/2009      Test Time: 3:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass	3:51pm
BAR	Pass	3:51pm
BT	Pass	3:51pm

Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

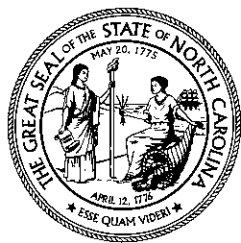
County Madison Instrument Location Mars Hill RD.

Instrument Serial No. 008599 Mars Hill, NC

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

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

I certify that on the 17 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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: 008599  
Test Date: 06/17/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722502

Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	3:42pm
AIR BLK	.00	3:43pm
ACCY CHK	.07	3:44pm
AIR BLK	.00	3:45pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:45pm</b>
AIR BLK	.00	3:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:48pm</b>
AIR BLK	.00	3:49pm

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: 008599      Test Record Number: 304  
Test Date: 06/17/2009      Test Time: 3:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:51pm
FLO	Pass	3:51pm
FC	Pass	3:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass	3:51pm
BAR	Pass	3:51pm
BT	Pass	3:51pm

Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm

CRC Tests

Test	Status	Time
COMP	Pass	3:52pm
CAL	Pass	3:52pm

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**

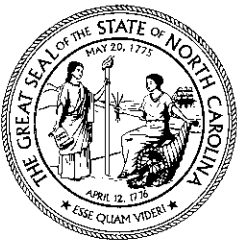
County Macon Instrument Location Macon Co Magistrate

Instrument Serial No. 008795 81 maple st, 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 12 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Carol R. Carter  
Signature of Certifying Official

635  
Certificate Number

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



Intox EC/IR-II: Subject Test

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795  
Test Date: 06/12/2009

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

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

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

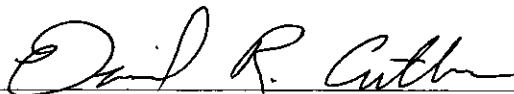
Lot Number: AG722802  
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	12:37pm
AIR BLK	.00	12:38pm
ACCY CHK	.07	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 102  
Test Date: 06/12/2009 Test Time: 12:44pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

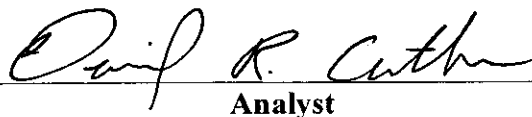
Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

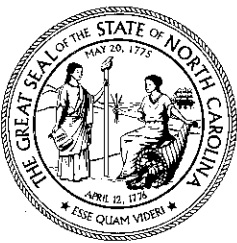
County Macon Instrument Location Macon Co. Jail

Instrument Serial No. 008789 Franklin, NC

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

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

I certify that on the 11 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul R. Cuth  
Signature of Certifying Official

635  
Certificate Number

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

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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789

Test Date: 06/11/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722701

Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	10:34am
AIR BLK	.00	10:34am
ACCY CHK	.07	10:35am
AIR BLK	.00	10:36am
<b>SUB TEST</b>	<b>.00</b>	<b>10:36am</b>
AIR BLK	.00	10:37am
<b>SUB TEST</b>	<b>.00</b>	<b>10:38am</b>
AIR BLK	.00	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789      Test Record Number: 101  
Test Date: 06/11/2009      Test Time: 10:40am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:41am

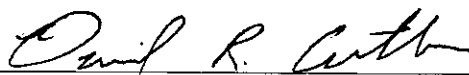
Printer Tests

Test	Status	Time
PRNT	Pass	10:41am

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

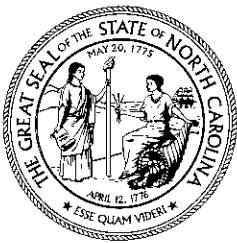
County Macon Instrument Location Macon Co. Jail

Instrument Serial No. 008618 Franklin, NC

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

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

I certify that on the 11 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Carol R. Gith  
Signature of Certifying Official

635  
Certificate Number

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

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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618

Test Date: 06/11/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722701

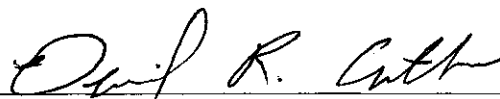
Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	10:33am
AIR BLK	.00	10:33am
ACCY CHK	.07	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**

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618      Test Record Number: 632  
Test Date: 06/11/2009      Test Time: 10:39am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:40am

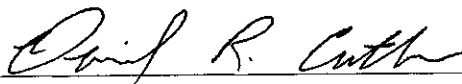
Printer Tests

Test	Status	Time
PRNT	Pass	10:41am

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

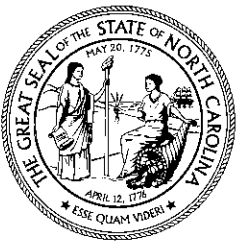
County Jackson Instrument Location Jackson Co. Jail

Instrument Serial No. 008722 Sylva, NC

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

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

I certify that on the 1 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Philip R. Cuthbert

Signature of Certifying Official

635

Certificate Number

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

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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722  
Test Date: 06/01/2009

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

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

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

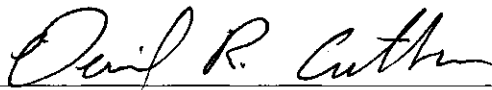
Lot Number: AG722702  
Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	10:36am
AIR BLK	.00	10:37am
ACCY CHK	.08	10:38am
AIR BLK	.00	10:39am
<b>SUB TEST</b>	<b>.00</b>	<b>10:39am</b>
AIR BLK	.00	10:40am
<b>SUB TEST</b>	<b>.00</b>	<b>10:42am</b>
AIR BLK	.00	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722      Test Record Number: 223  
Test Date: 06/01/2009      Test Time: 10:43am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

Test	Status	Time
PRNT	Pass	10:44am

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

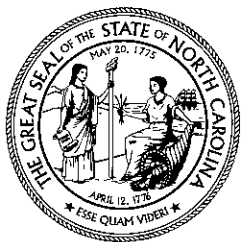
County FRANKLIN Instrument Location FRANKLINTON POLICE DEPT

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

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

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

I certify that on the 25 day of JUNE, 20 09 the forgoing preventive maintenance procedures were performed on the 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 A. Smith  
Signature of Certifying Official

637  
Certificate Number

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

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

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815  
Test Date: 06/25/2009

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


Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	3:37pm
AIR BLK	.00	3:38pm
ACCY CHK	.08	3:39pm
AIR BLK	.00	3:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:40pm</b>
AIR BLK	.00	3:41pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:43pm</b>
AIR BLK	.00	3:44pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815      Test Record Number: 222  
Test Date: 06/25/2009      Test Time: 3:45pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

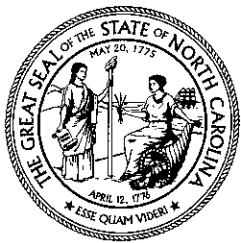
County FRANKLIN Instrument Location FRANKLIN CO. JAIL

Instrument Serial No. 008942 285 T KEMPERD LOUISBURG, NC

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

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

I certify that on the 25 day of JUNE, 20 09 the forgoing preventive maintenance procedures were performed on the 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**

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942  
Test Date: 06/25/2009

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

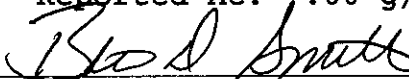
Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
12/01/2007-12/01/2009

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


Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.08	2:04pm
AIR BLK	.00	2:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:06pm</b>
AIR BLK	.00	2:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:08pm</b>
AIR BLK	.00	2:09pm

Reported AC: .00 g/210L

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

Court CVR.

  
\_\_\_\_\_  
Analyst



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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942      Test Record Number: 150  
Test Date: 06/25/2009      Test Time: 2:11pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:11pm
FLO	Pass	2:11pm
FC	Pass	2:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

Blank Tests

Test	Status	Time
AIR	Pass	2:12pm

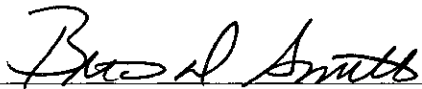
Printer Tests

Test	Status	Time
PRNT	Pass	2:12pm

CRC Tests

Test	Status	Time
COMP	Pass	2:12pm
CAL	Pass	2:12pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

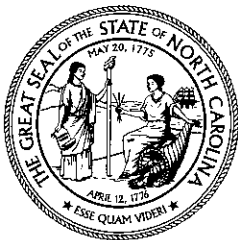
County FRANKLIN Instrument Location FRANKLIN Co. JAIL

Instrument Serial No. 008933 285 T. KEMP RD LOUISBURG, NC

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

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

I certify that on the 25 day of JUNE, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Brian D. Smith  
Signature of Certifying Official

637  
Certificate Number

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

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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933  
Test Date: 06/25/2009

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

Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
12/01/2007-12/01/2009

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


Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	2:02pm
AIR BLK	.00	2:03pm
ACCY CHK	.08	2:03pm
AIR BLK	.00	2:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:05pm</b>
AIR BLK	.00	2:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:07pm</b>
AIR BLK	.00	2:08pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933      Test Record Number: 236  
Test Date: 06/25/2009      Test Time: 2:09pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:09pm
FLO	Pass	2:09pm
FC	Pass	2:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
BT	Pass	2:10pm

Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

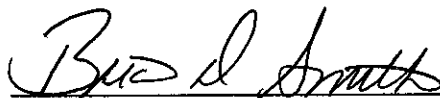
Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm

CRC Tests

Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

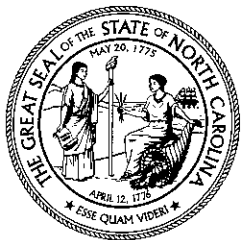
County NASH Instrument Location NASH CO. JAIL

Instrument Serial No. 008630 NASHVILLE, NC

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

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

I certify that on the 26 day of JUNE, 20 09 the forgoing preventive maintenance procedures were performed on the 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 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**

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630  
Test Date: 06/26/2009

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

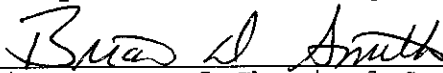
Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
12/01/2007-12/01/2009

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

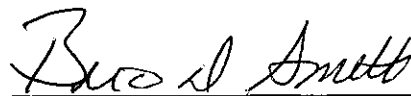
Lot Number: AG901901  
Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	10:45am
AIR BLK	.00	10:46am
ACCY CHK	.08	10:47am
AIR BLK	.00	10:48am
<b>SUB TEST</b>	<b>.00</b>	<b>10:48am</b>
AIR BLK	.00	10:49am
<b>SUB TEST</b>	<b>.00</b>	<b>10:51am</b>
AIR BLK	.00	10:52am

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: 1064  
Test Date: 06/26/2009      Test Time: 10:53am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53am
FC	Pass	10:53am

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

**Blank Tests**

Test	Status	Time
AIR	Pass	10:54am

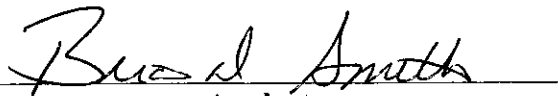
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:54am

**CRC Tests**

Test	Status	Time
COMP	Pass	10:54am
CAL	Pass	10:54am

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**

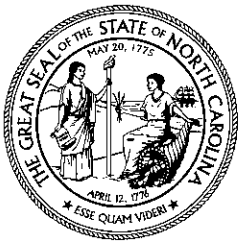
County DURHAM Instrument Location DURHAM CO. JAIL

Instrument Serial No. 008859 217 S. MANGUM ST. DURHAM, NC

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

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

I certify that on the 26 day of JUNE, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Brian D. Smith

Signature of Certifying Official

637

Certificate Number

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



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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859  
Test Date: 06/26/2009

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

Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
12/01/2007-12/01/2009

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


Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	4:52pm
AIR BLK	.00	4:53pm
ACCY CHK	.07	4:54pm
AIR BLK	.00	4:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:55pm</b>
AIR BLK	.00	4:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:58pm</b>
AIR BLK	.00	4:59pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859      Test Record Number: 310  
Test Date: 06/26/2009      Test Time: 5:00pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:01pm

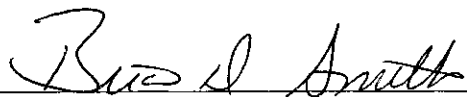
Printer Tests

Test	Status	Time
PRNT	Pass	5:01pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

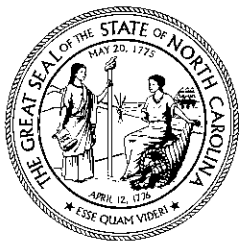
County WAKE Instrument Location WAKE FOREST PD

Instrument Serial No. 008700 401 OWEN ST, WAKE FOREST, NC

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

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

I certify that on the 23 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[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**

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700  
Test Date: 06/23/2009

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

Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

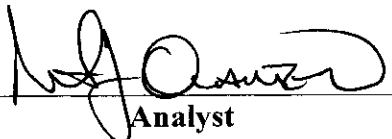
Lot Number: AG825401  
Exp Date: 09/10/2010

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700      Test Record Number: 252  
Test Date: 06/23/2009      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	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

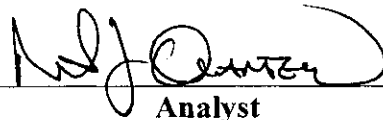
Printer Tests

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**

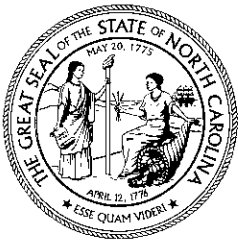
County ORANGE Instrument Location CHAPEL HILL PD

Instrument Serial No. 008856 828 MARTIN LUTHER KING JR. BLD  
CHAPEL HILL, NC

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

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

I certify that on the 24 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856  
Test Date: 06/24/2009

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: ONE

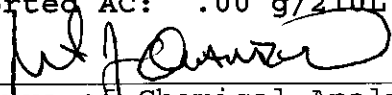
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

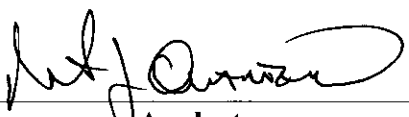
Lot Number: AG814002  
Exp Date: 05/19/2010

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856      Test Record Number: 294  
Test Date: 06/24/2009      Test Time: 11:13am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:13am
FLO	Pass	11:13am
FC	Pass	11:14am

Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

Blank Tests

Test	Status	Time
AIR	Pass	11:14am

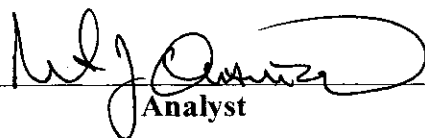
Printer Tests

Test	Status	Time
PRNT	Pass	11:14am

CRC Tests

Test	Status	Time
COMP	Pass	11:15am
CAL	Pass	11:15am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

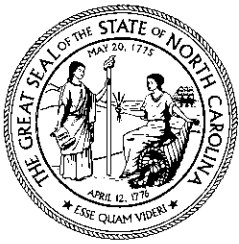
County ORANGE Instrument Location CHAPEL HILL PD

Instrument Serial No. 008839 828 MARTIN LUTHER KING JR BLD  
CHAPEL HILL, NC

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

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

I certify that on the 24 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839  
Test Date: 06/24/2009

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

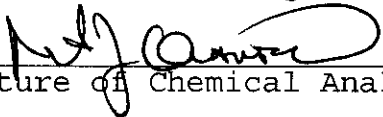
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

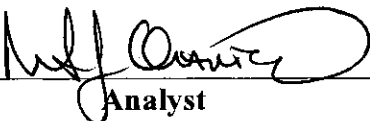
Lot Number: AG814002  
Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	11:03am
AIR BLK	.00	11:04am
ACCY CHK	.07	11:05am
AIR BLK	.00	11:06am
<b>SUB TEST</b>	<b>.00</b>	<b>11:06am</b>
AIR BLK	.00	11:07am
<b>SUB TEST</b>	<b>.00</b>	<b>11:09am</b>
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839      Test Record Number: 304  
Test Date: 06/24/2009      Test Time: 11:11am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:12am

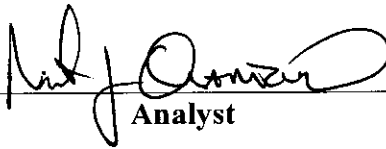
Printer Tests

Test	Status	Time
PRNT	Pass	11:12am

CRC Tests

Test	Status	Time
COMP	Pass	11:12am
CAL	Pass	11:12am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

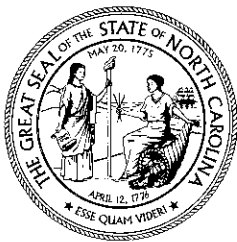
County ORANGE Instrument Location HILLSBOROUGH PD

Instrument Serial No. 008799 127 N. CROFTON ST HILLSBOROUGH, NC

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

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

I certify that on the 24 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799  
Test Date: 06/24/2009

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

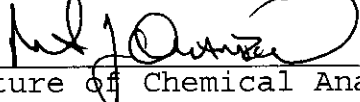
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

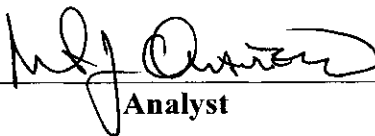
Lot Number: AG902603  
Exp Date: 01/26/2011

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

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799      Test Record Number: 322  
Test Date: 06/24/2009      Test Time: 12:00pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

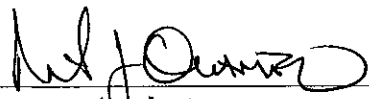
Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

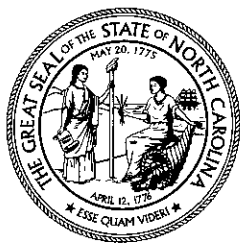
County Cleveland Instrument Location Cleveland Co. S.D.

Instrument Serial No. 008893 100 Justice Pl., Shelby  
704-484-4888

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

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

I certify that on the 23 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bobby D. Willis  
Signature of Certifying Official

557  
Certificate Number

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

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

CLEVELAND COUNTY CLEVELAND COUNTY SD  
220

Serial Number: 008893  
Test Date: 06/23/2009

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

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

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

Lot Number: AG901901  
Exp Date: 01/19/2011

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>12:45pm</b>
AIR BLK	.00	12:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:48pm</b>
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR

Bobby D. Willis  
Analyst



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

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893      Test Record Number: 279  
Test Date: 06/23/2009      Test Time: 12:50pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:50pm
FLO	Pass	12:50pm
FC	Pass	12:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:50pm
SRC	Pass	12:50pm
DET	Pass	12:50pm
BAR	Pass	12:50pm
BT	Pass	12:50pm

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm

CRC Tests

Test	Status	Time
COMP	Pass	12:51pm
CAL	Pass	12:51pm

Preventive Maintenance  
Status: Pass

Bobby D. Willis  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

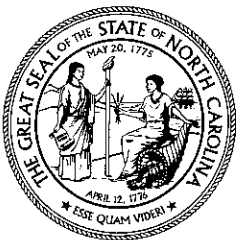
County Cleveland Instrument Location Cleveland Co. S.D.

Instrument Serial No. 008887 100 Justice Pl., Shelby  
704-484-4888

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

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

I certify that on the 23 day of June, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bolley E. Willis  
Signature of Certifying Official

557  
Certificate Number

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

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

CLEVELAND COUNTY CLEVELAND COUNTY SD  
220

Serial Number: 008887  
Test Date: 06/23/2009

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	1:08pm
AIR BLK	.00	1:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:10pm</b>
AIR BLK	.00	1:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:12pm</b>
AIR BLK	.00	1:13pm

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR

Bobby D. Willis  
Analyst

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

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887      Test Record Number: 355  
Test Date: 06/23/2009      Test Time: 1:15pm 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

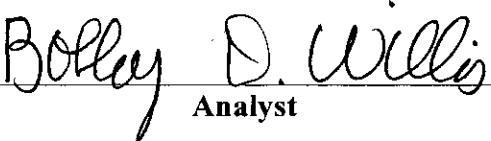
Printer Tests

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

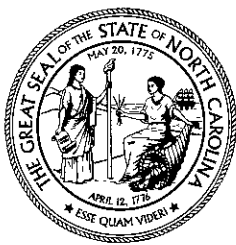
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rutherford Instrument Location Forest City P.D.  
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 23 day of June, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bobby E. Willis  
Signature of Certifying Official

557  
Certificate Number

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

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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889  
Test Date: 06/23/2009

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

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

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

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

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

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR.

Bobby D. Willis  
Analyst

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

*RUTHERFORD COUNTY FOREST CITY PD 800*

Serial Number: 008889      Test Record Number: 186  
Test Date: 06/23/2009      Test Time: 10:14am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:14am
FLO	Pass	10:14am
FC	Pass	10:14am

Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
BT	Pass	10:14am

Blank Tests

Test	Status	Time
AIR	Pass	10:15am

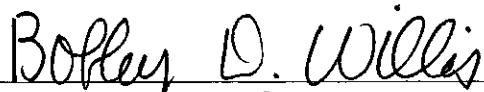
Printer Tests

Test	Status	Time
PRNT	Pass	10:15am

CRC Tests

Test	Status	Time
COMP	Pass	10:15am
CAL	Pass	10:15am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

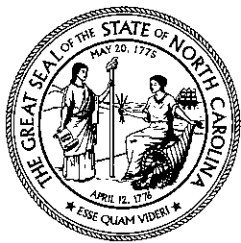
County Polk Instrument Location Polk Co. S. D.

Instrument Serial No. 008832 46 Ward St., Columbus  
828-894-3001

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

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

I certify that on the 11 day of June, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bobby E. Willis  
Signature of Certifying Official

557  
Certificate Number

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



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

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832  
Test Date: 06/11/2009

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:29am
AIR BLK	.00	9:29am
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

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR

Bobby D. Willis  
Analyst

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

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832      Test Record Number: 162  
Test Date: 06/11/2009      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

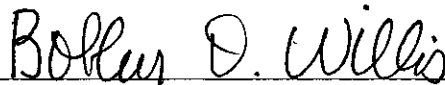
**Printer Tests**

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**

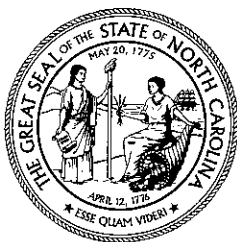
County Cleveland Instrument Location Kings Mtn. P. D.

Instrument Serial No. 008900 1125 Piedmont Ave., Kings Mtn.  
704-734-0444

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bobby O. Willis  
Signature of Certifying Official

557  
Certificate Number

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

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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900  
Test Date: 06/04/2009

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:59pm
ACCY CHK	.08	1:00pm
AIR BLK	.00	1:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:01pm</b>
AIR BLK	.00	1:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:04pm</b>
AIR BLK	.00	1:05pm

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR

Bobby D. Willis  
Analyst

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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900      Test Record Number: 138  
Test Date: 06/04/2009      Test Time: 1:06pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

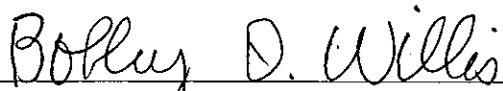
Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

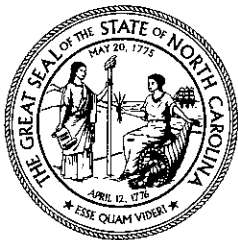
County Rutherford Instrument Location Rutherford Co. S.D.

Instrument Serial No. 008914 400 N. Washington St. Rutherfordton  
838-627-6247

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bobby D. Willis  
Signature of Certifying Official

557  
Certificate Number

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

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SD  
800

Serial Number: 008914  
Test Date: 06/02/2009

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:20am
AIR BLK	.00	10:21am
ACCY CHK	.08	10:21am
AIR BLK	.00	10:23am
<b>SUB TEST</b>	<b>.00</b>	<b>10:24am</b>
AIR BLK	.00	10:25am
<b>SUB TEST</b>	<b>.00</b>	<b>10:26am</b>
AIR BLK	.00	10:27am

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR

Bobby D. Willis  
Analyst

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914      Test Record Number: 276  
Test Date: 06/02/2009      Test Time: 10:32am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:33am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

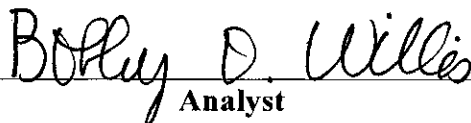
Printer Tests

Test	Status	Time
PRNT	Pass	10:33am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

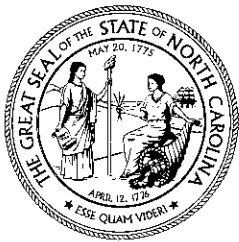
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County SURRY Instrument Location Pilot Mountain  
Instrument Serial No. 008938 Police Department

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

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

I certify that on the 23 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938  
Test Date: 06/23/2009

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

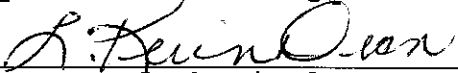
Analyst's Name: DEAN, LARRY K  
Permit Number: 11598E  
Effective:  
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	12:33pm
AIR BLK	.00	12:34pm
ACCY CHK	.08	12:35pm
AIR BLK	.00	12:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:36pm</b>
AIR BLK	.00	12:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:38pm</b>
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

*SURRY COUNTY PILOT MOUNTAIN PD 850*

Serial Number: 008938      Test Record Number: 138  
Test Date: 06/23/2009      Test Time: 12:40pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

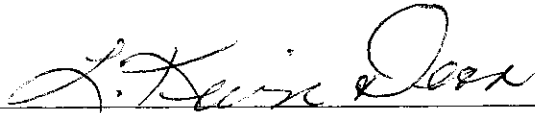
Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

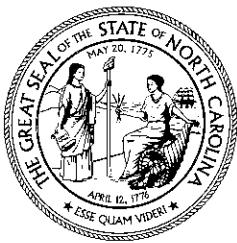
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County SWAIN Instrument Location Mount Airy  
Instrument Serial No. 008943 Police Department

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

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

I certify that on the 23 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943  
Test Date: 06/23/2009

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

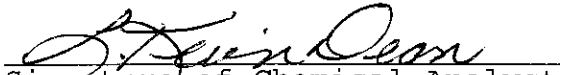
Test Type: Breath Test

Lot Number: AG825401

Exp Date: 09/10/2010

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.08	2:04pm
AIR BLK	.00	2:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:06pm</b>
AIR BLK	.00	2:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:08pm</b>
AIR BLK	.00	2:09pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

*SURRY COUNTY MOUNT AIRY PD 850*

Serial Number: 008943      Test Record Number: 378  
Test Date: 06/23/2009      Test Time: 2:10pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:10pm
FLO	Pass	2:10pm
FC	Pass	2:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
BT	Pass	2:10pm

Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

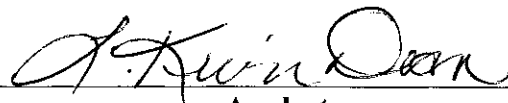
Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm

CRC Tests

Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

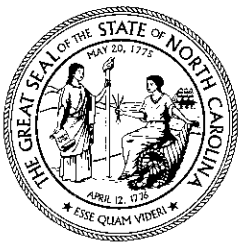
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County SURRY Instrument Location SURRY Co. Jail  
Instrument Serial No. 008934 Dobson, 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934  
Test Date: 06/23/2009

Citation Number: M0000000-0  
Subject's Name:

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

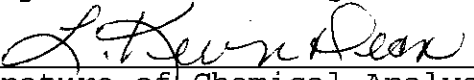
Analyst's Name: DEAN, LARRY K  
Permit Number: 11598E  
Effective:  
12/01/2007-12/01/2009

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

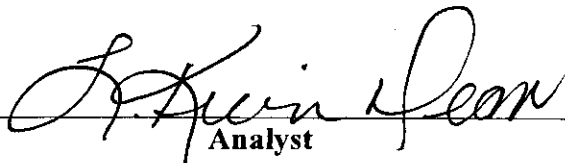
Lot Number: AG722802  
Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	2:59pm
AIR BLK	.00	3:00pm
ACCY CHK	.08	3:01pm
AIR BLK	.00	3:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:02pm</b>
AIR BLK	.00	3:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:04pm</b>
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934      Test Record Number: 318  
Test Date: 06/23/2009      Test Time: 3:05pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:06pm
FLO	Pass	3:06pm
FC	Pass	3:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
BT	Pass	3:06pm

Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

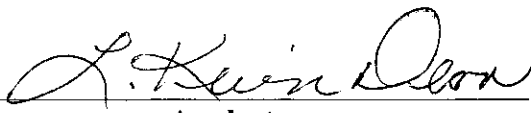
Printer Tests

Test	Status	Time
PRNT	Pass	3:07pm

CRC Tests

Test	Status	Time
COMP	Pass	3:07pm
CAL	Pass	3:07pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

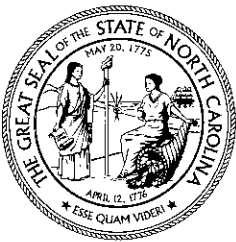
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rockingham Instrument Location Madison Police  
Instrument Serial No. 008802 Department

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

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

I certify that on the 25 day of June, 20 09 the forgoing preventive maintenance procedures were performed on the 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. K. Swinerton  
Signature of Certifying Official

642  
Certificate Number

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

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802  
Test Date: 06/25/2009

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

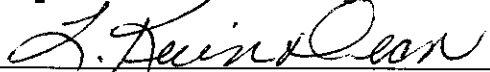
Analyst's Name: DEAN, LARRY K  
Permit Number: 11598E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG904902  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	11:43am
AIR BLK	.00	11:43am
ACCY CHK	.07	11:44am
AIR BLK	.00	11:45am
<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**

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802      Test Record Number: 192  
Test Date: 06/25/2009      Test Time: 11:49am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:49am
FLO	Pass	11:49am
FC	Pass	11:50am

Temperature Tests

Test	Status	Time
FC1	Pass	11:50am
SRC	Pass	11:50am
DET	Pass	11:50am
BAR	Pass	11:50am
BT	Pass	11:50am

Blank Tests

Test	Status	Time
AIR	Pass	11:50am

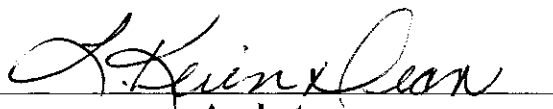
Printer Tests

Test	Status	Time
PRNT	Pass	11:50am

CRC Tests

Test	Status	Time
COMP	Pass	11:51am
CAL	Pass	11:51am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

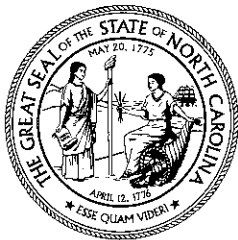
County RANDOLPH Instrument Location RANDLEMAN POLICE

Instrument Serial No. 008737 DEPT, RANDLEMAN 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 JUNE, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

RANDOLPH RANDLEMAN PD 750

Serial Number: 008737  
Test Date: 06/23/2009

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

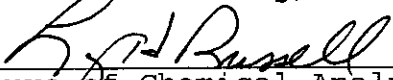
Test Type: Breath Test

Lot Number: AG723402

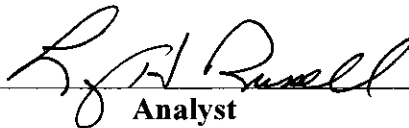
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	1:36pm
AIR BLK	.00	1:37pm
ACCY CHK	.07	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH RANDLEMAN PD 750

Serial Number: 008737      Test Record Number: 190  
Test Date: 06/23/2009      Test Time: 1:43pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:43pm
SRC	Pass	1:43pm
DET	Pass	1:43pm
BAR	Pass	1:43pm
BT	Pass	1:43pm

Blank Tests

Test	Status	Time
AIR	Pass	1:44pm

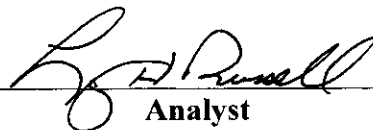
Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

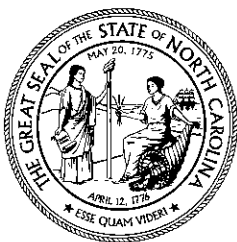
County RANDOLPH Instrument Location RANDOLPH CO. JAIL

Instrument Serial No. 008899 Asheboro NC

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

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

I certify that on the 23 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. J. 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**

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008899  
Test Date: 06/23/2009

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

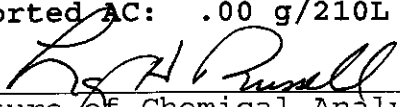
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	12:28pm
AIR BLK	.00	12:29pm
ACCY CHK	.08	12:29pm
AIR BLK	.00	12:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:31pm</b>
AIR BLK	.00	12:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:33pm</b>
AIR BLK	.00	12:34pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008899      Test Record Number: 550  
Test Date: 06/23/2009      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	12:37pm

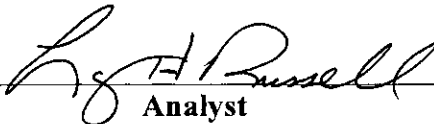
Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm

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**

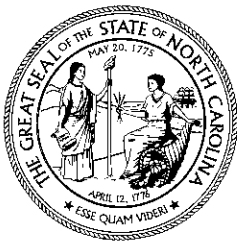
County RANDOLPH Instrument Location RANDOLPH Co. JAIL

Instrument Serial No. 008860 Asheboro, NC

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

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

I certify that on the 23 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. T. 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**

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008860  
Test Date: 06/23/2009

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

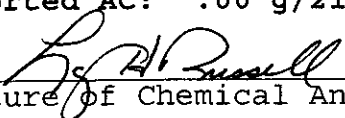
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

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

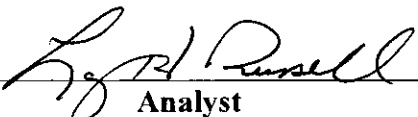
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	11:59am
AIR BLK	.00	12:00pm
ACCY CHK	.08	12:01pm
AIR BLK	.00	12:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:03pm</b>
AIR BLK	.00	12:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:05pm</b>
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008860      Test Record Number: 307  
Test Date: 06/23/2009      Test Time: 12:08pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
FC	Pass	12:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
BT	Pass	12:09pm

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

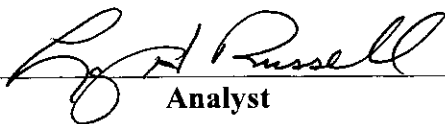
Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

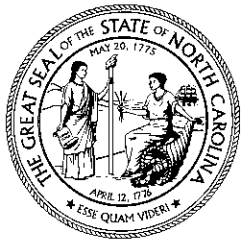
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County RANDOLPH Instrument Location LIBERTY POLICE DEPT.  
Instrument Serial No. 008830 LIBERTY NC

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

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

I certify that on the 22 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830  
Test Date: 06/22/2009

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

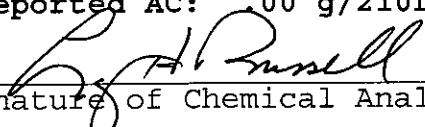
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

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

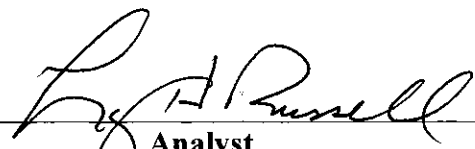
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3:53pm
ACCY CHK	.08	3:54pm
AIR BLK	.00	3:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:56pm</b>
AIR BLK	.00	3:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:58pm</b>
AIR BLK	.00	3:59pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830      Test Record Number: 159  
Test Date: 06/22/2009      Test Time: 4:00pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:00pm
FLO	Pass	4:00pm
FC	Pass	4:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

Blank Tests

Test	Status	Time
AIR	Pass	4:01pm

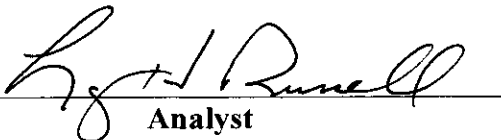
Printer Tests

Test	Status	Time
PRNT	Pass	4:01pm

CRC Tests

Test	Status	Time
COMP	Pass	4:01pm
CAL	Pass	4:01pm

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

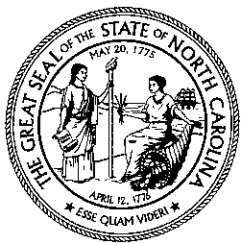
County VANCE Instrument Location VANCE CO. SHERIFF'S DEPT

Instrument Serial No. 008937 156 CHURCH ST. HENDERSON, NC

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

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

I certify that on the 22 day of JUNE, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

637  
Certificate Number

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

Intox EC/IR-II: Subject Test

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937  
Test Date: 06/22/2009

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

Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG901901  
Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	3:56pm
AIR BLK	.00	3:57pm
ACCY CHK	.08	3:58pm
AIR BLK	.00	3:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:59pm</b>
AIR BLK	.00	4:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:02pm</b>
AIR BLK	.00	4:03pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937      Test Record Number: 348  
Test Date: 06/22/2009      Test Time: 4:06pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:06pm
FLO	Pass	4:06pm
FC	Pass	4:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:07pm
SRC	Pass	4:07pm
DET	Pass	4:07pm
BAR	Pass	4:07pm
BT	Pass	4:07pm

Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:07pm

CRC Tests

Test	Status	Time
COMP	Pass	4:07pm
CAL	Pass	4:07pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County VANCE

Instrument Location VANCE CO. SHERIFF'S DEPT

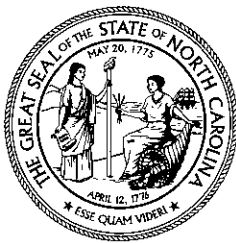
Instrument Serial No. 008870

156 CHURCH ST. HENDERSON, NC

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

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

I certify that on the 22 day of JUNE, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Brian D. Smith  
Signature of Certifying Official

637  
Certificate Number

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

Intox EC/IR-II: Subject Test

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870  
Test Date: 06/22/2009

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

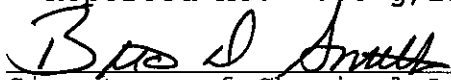
Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG902603  
Exp Date: 01/26/2011

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3:54pm
ACCY CHK	.08	3:54pm
AIR BLK	.00	3:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:56pm</b>
AIR BLK	.00	3:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:58pm</b>
AIR BLK	.00	3:59pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870      Test Record Number: 132  
Test Date: 06/22/2009      Test Time: 4:01pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

Blank Tests

Test	Status	Time
AIR	Pass	4:02pm

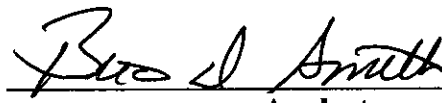
Printer Tests

Test	Status	Time
PRNT	Pass	4:02pm

CRC Tests

Test	Status	Time
COMP	Pass	4:02pm
CAL	Pass	4:02pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

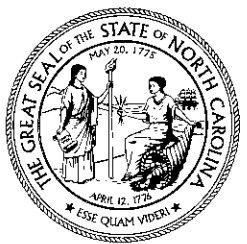
County Scotland Instrument Location BAT Mobile Unit 4

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 19<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]  
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**

SCOTLAND COUNTY BAT MOBILE UNIT 4 820

Serial Number: 008717      Test Record Number: 172  
Test Date: 06/19/2009      Test Time: 9:10pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	9:11pm
FLO	Pass	9:11pm
FC	Pass	9:11pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
BT	Pass	9:11pm

**Blank Tests**

Test	Status	Time
AIR	Pass	9:11pm

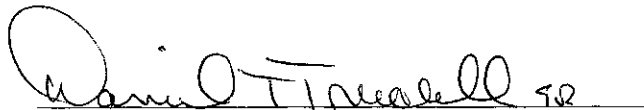
**Printer Tests**

Test	Status	Time
PRNT	Pass	9:11pm

**CRC Tests**

Test	Status	Time
COMP	Pass	9:12pm
CAL	Pass	9:12pm

Preventive Maintenance  
Status: Pass

  
Analyst



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

SCOTLAND COUNTY BAT MOBILE UNIT 4 820

Serial Number: 008717  
Test Date: 06/19/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

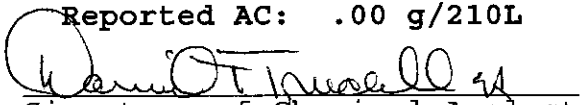
Test Type: Breath Test

Lot Number: AG723401

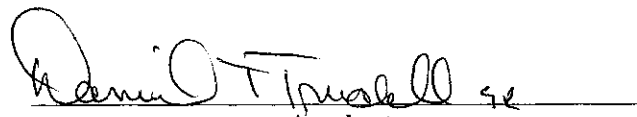
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	9:03pm
AIR BLK	.00	9:04pm
ACCY CHK	.07	9:04pm
AIR BLK	.00	9:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:05pm</b>
AIR BLK	.00	9:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:08pm</b>
AIR BLK	.00	9:09pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

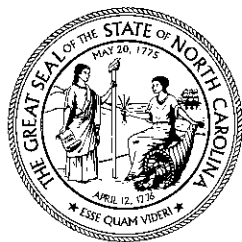
County Wake Instrument Location BAT MOBILE UNIT #5

Instrument Serial No. 008600 Copy

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

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

I certify that on the 20<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph C. Titofant  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600      Test Record Number: 497  
Test Date: 06/20/2009      Test Time: 11:20pm 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

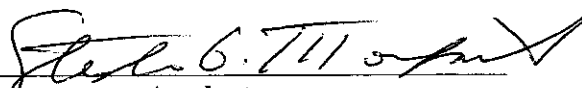
Printer Tests

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: 008600  
Test Date: 06/20/2009

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

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

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

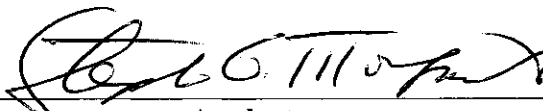
Lot Number: AG723401  
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	11:08pm
AIR BLK	.00	11:09pm
ACCY CHK	.07	11:10pm
AIR BLK	.00	11:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:13pm</b>
AIR BLK	.00	11:14pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:15pm</b>
AIR BLK	.00	11:16pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

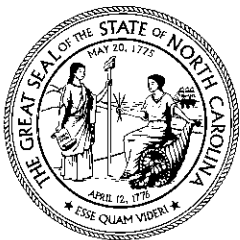
County Wake Instrument Location BAT MOBILE UNIT #5

Instrument Serial No. 008788 CANY

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

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

I certify that on the 20<sup>TH</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788      Test Record Number: 207  
Test Date: 06/20/2009      Test Time: 11:27pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

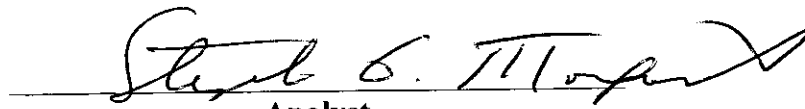
Printer Tests

Test	Status	Time
PRNT	Pass	11:29pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788  
Test Date: 06/20/2009

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

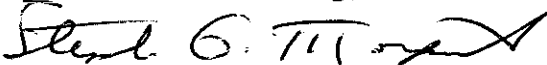
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

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

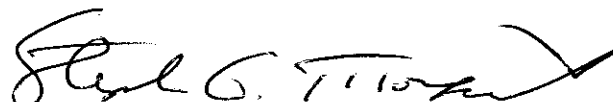
Lot Number: AG904903  
Exp Date: 02/18/2011

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

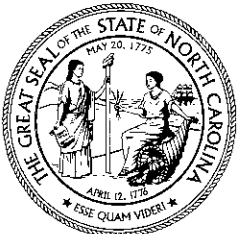
County Wash Instrument Location BAT MOBILE UNIT 45

Instrument Serial No. 008698 Carry

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

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

I certify that on the 20<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] Signature of Certifying Official 636 Certificate Number

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



Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698      Test Record Number: 352  
Test Date: 06/20/2009      Test Time: 11:24pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25pm

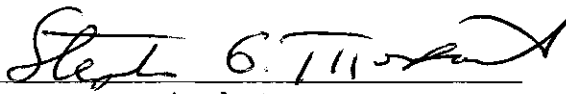
Printer Tests

Test	Status	Time
PRNT	Pass	11:25pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698  
Test Date: 06/20/2009

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE N

Type of Agency: FTA

Agency: DHHS

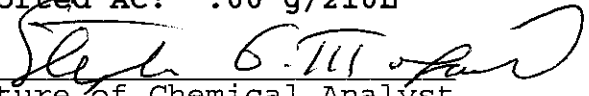
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	11:15pm
AIR BLK	.00	11:16pm
ACCY CHK	.07	11:16pm
AIR BLK	.00	11:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:18pm</b>
AIR BLK	.00	11:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:21pm</b>
AIR BLK	.00	11:21pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

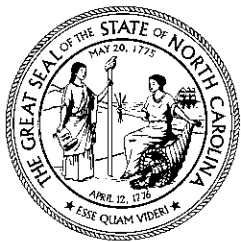
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location BAI MOBILE UNIT #5  
Instrument Serial No. 008600 Raleigh

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

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

I certify that on the 19<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stephen O. Thompson  
Signature of Certifying Official

636  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600      Test Record Number: 491  
Test Date: 06/19/2009      Test Time: 11:43pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:44pm
FLO	Pass	11:44pm
FC	Pass	11:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:44pm
SRC	Pass	11:44pm
DET	Pass	11:44pm
BAR	Pass	11:44pm
BT	Pass	11:44pm

Blank Tests

Test	Status	Time
AIR	Pass	11:45pm

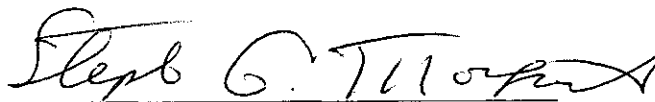
Printer Tests

Test	Status	Time
PRNT	Pass	11:45pm

CRC Tests

Test	Status	Time
COMP	Pass	11:45pm
CAL	Pass	11:45pm

Preventive Maintenance  
Status: Pass



Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600  
Test Date: 06/19/2009

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

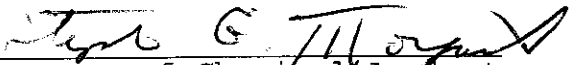
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

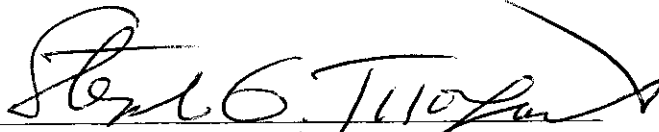
Test	g/210L	Time
DIAG	Pass	11:27pm
AIR BLK	.00	11:28pm
ACCY CHK	.07	11:29pm
AIR BLK	.00	11:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:30pm</b>
AIR BLK	.00	11:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:32pm</b>
AIR BLK	.00	11:33pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

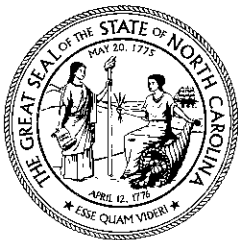
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location BAT Mobile Unit #6  
Instrument Serial No. 208698 Roleion

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph C. Thiford  
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: 344  
Test Date: 06/19/2009      Test Time: 11:49pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:50pm
FLO	Pass	11:50pm
FC	Pass	11:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:50pm
SRC	Pass	11:50pm
DET	Pass	11:50pm
BAR	Pass	11:50pm
BT	Pass	11:50pm

Blank Tests

Test	Status	Time
AIR	Pass	11:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:51pm

CRC Tests

Test	Status	Time
COMP	Pass	11:51pm
CAL	Pass	11:51pm

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698  
Test Date: 06/19/2009

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

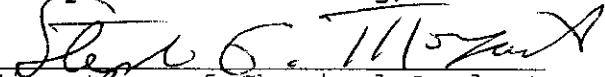
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

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

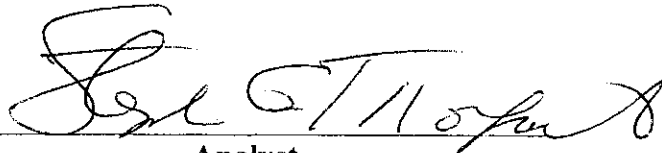
Lot Number: AG723401  
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	11:29pm
AIR BLK	.00	11:30pm
ACCY CHK	.07	11:31pm
AIR BLK	.00	11:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:32pm</b>
AIR BLK	.00	11:33pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:35pm</b>
AIR BLK	.00	11:36pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

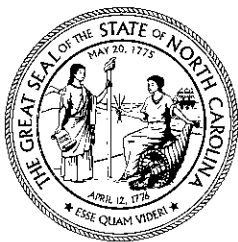
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location RAF Mobile Unit #5  
Instrument Serial No. 008788 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 10<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph G. Thomas  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 204  
Test Date: 06/19/2009 Test Time: 11:51pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:51pm
FLO	Pass	11:51pm
FC	Pass	11:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:51pm
SRC	Pass	11:51pm
DET	Pass	11:51pm
BAR	Pass	11:51pm
BT	Pass	11:51pm

Blank Tests

Test	Status	Time
AIR	Pass	11:52pm

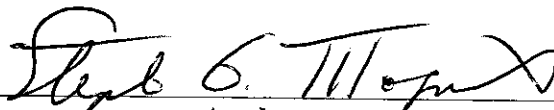
Printer Tests

Test	Status	Time
PRNT	Pass	11:52pm

CRC Tests

Test	Status	Time
COMP	Pass	11:52pm
CAL	Pass	11:52pm

Preventive Maintenance  
Status: Pass

  
Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788  
Test Date: 06/19/2009

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904903

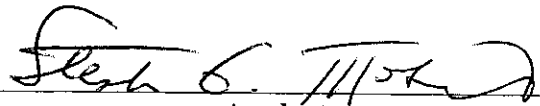
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	11:33pm
AIR BLK	.00	11:34pm
ACCY CHK	.08	11:35pm
AIR BLK	.00	11:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:36pm</b>
AIR BLK	.00	11:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:39pm</b>
AIR BLK	.00	11:39pm

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**

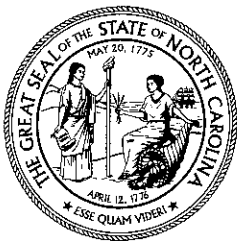
County Wilkes Instrument Location Wilkes Co Courthouse

Instrument Serial No. 008843

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

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

I certify that on the 8 day of June, 2007 the forgoing preventive maintenance procedures were performed on the 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

002  
Certificate Number

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

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

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843  
Test Date: 06/08/2009

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

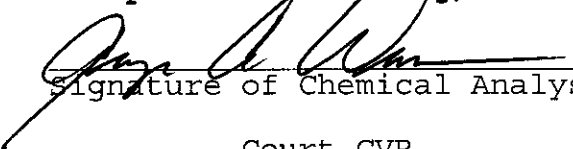
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
12/01/2007-12/01/2009

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

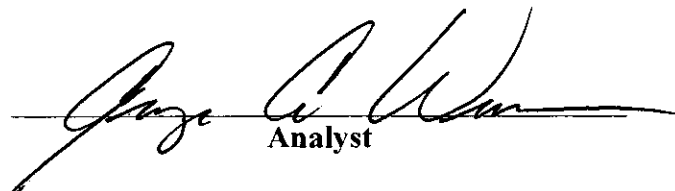
Lot Number: AG902001  
Exp Date: 01/20/2011

Test	g/210L	Time
DIAG	Pass	6:32pm
AIR BLK	.00	6:33pm
ACCY CHK	.08	6:34pm
AIR BLK	.00	6:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:35pm</b>
AIR BLK	.00	6:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:38pm</b>
AIR BLK	.00	6:39pm

Reported AC: .00 g/210L

  
signature of Chemical Analyst

Court CVR

  
Analyst

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

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

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843      Test Record Number: 333  
Test Date: 06/08/2009      Test Time: 6:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:40pm
FLO	Pass	6:40pm
FC	Pass	6:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:40pm
SRC	Pass	6:40pm
DET	Pass	6:40pm
BAR	Pass	6:40pm
BT	Pass	6:40pm

Blank Tests

Test	Status	Time
AIR	Pass	6:41pm

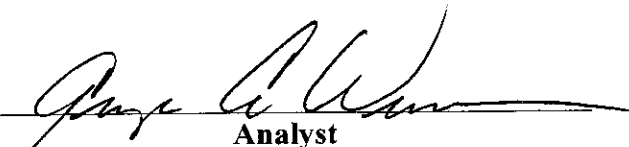
Printer Tests

Test	Status	Time
PRNT	Pass	6:41pm

CRC Tests

Test	Status	Time
COMP	Pass	6:41pm
CAL	Pass	6:41pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

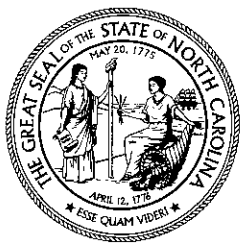
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Allegheny Instrument Location Allegheny Co. Pa. 1  
Instrument Serial No. 008890

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

632  
Certificate Number

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

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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890  
Test Date: 06/10/2009

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG816303

Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	6:05pm
AIR BLK	.00	6:06pm
ACCY CHK	.07	6:07pm
AIR BLK	.00	6:08pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:09pm</b>
AIR BLK	.00	6:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:11pm</b>
AIR BLK	.00	6:12pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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



Intox EC/IR-II: Preventive Maintenance

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890      Test Record Number: 125  
Test Date: 06/10/2009      Test Time: 6:13pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:13pm
FLO	Pass	6:13pm
FC	Pass	6:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:13pm
SRC	Pass	6:13pm
DET	Pass	6:13pm
BAR	Pass	6:13pm
BT	Pass	6:13pm

Blank Tests

Test	Status	Time
AIR	Pass	6:14pm

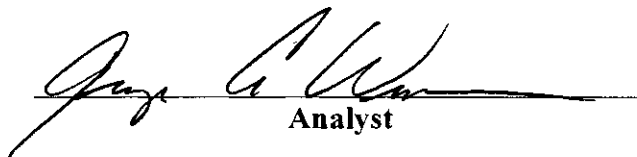
Printer Tests

Test	Status	Time
PRNT	Pass	6:14pm

CRC Tests

Test	Status	Time
COMP	Pass	6:14pm
CAL	Pass	6:14pm

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**

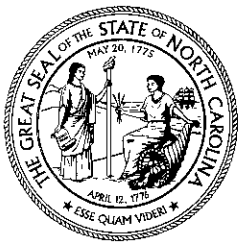
County Ashe Instrument Location Ashe Co. Jail

Instrument Serial No. 008849

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

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

I certify that on the 9 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

632  
Certificate Number

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

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

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849  
Test Date: 06/09/2009

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

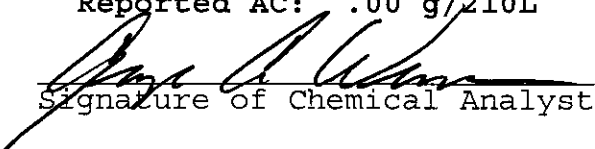
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	6:29pm
AIR BLK	.00	6:30pm
ACCY CHK	.07	6:31pm
AIR BLK	.00	6:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:32pm</b>
AIR BLK	.00	6:33pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:35pm</b>
AIR BLK	.00	6:35pm

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**

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849      Test Record Number: 225  
Test Date: 06/09/2009      Test Time: 6:48pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:48pm
FLO	Pass	6:48pm
FC	Pass	6:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:49pm
SRC	Pass	6:49pm
DET	Pass	6:49pm
BAR	Pass	6:49pm
BT	Pass	6:49pm

Blank Tests

Test	Status	Time
AIR	Pass	6:49pm

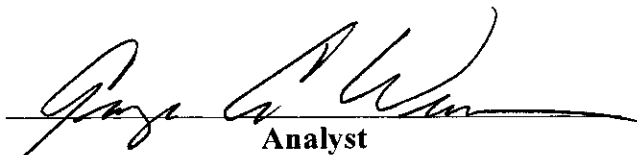
Printer Tests

Test	Status	Time
PRNT	Pass	6:49pm

CRC Tests

Test	Status	Time
COMP	Pass	6:49pm
CAL	Pass	6:49pm

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**

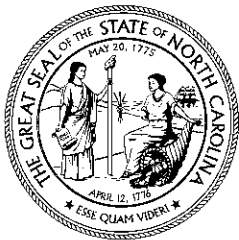
County RICHMOND Instrument Location RICHMOND Co. MAGISTRATE'S

Instrument Serial No. 008701 OFFICE, ROCKINGHAM NC

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

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

I certify that on the 15 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Rod 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**

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008701  
Test Date: 06/15/2009

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


Analyst's Name: *RUSSELL, LARRY H*  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

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

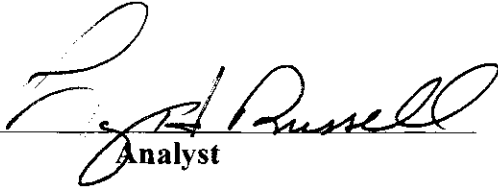
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	2:53pm
AIR BLK	.00	2:53pm
ACCY CHK	.07	2:54pm
AIR BLK	.00	2:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:56pm</b>
AIR BLK	.00	2:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:58pm</b>
AIR BLK	.00	2:59pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008701      Test Record Number: 620  
Test Date: 06/15/2009      Test Time: 3:02pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
BT	Pass	3:02pm

Blank Tests

Test	Status	Time
AIR	Pass	3:03pm

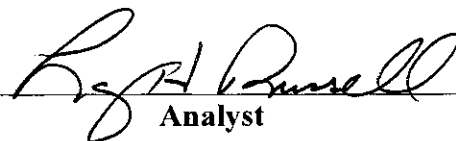
Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm

CRC Tests

Test	Status	Time
COMP	Pass	3:03pm
CAL	Pass	3:03pm

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**

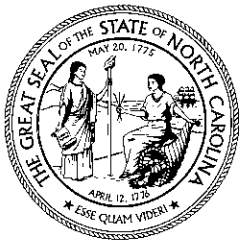
County RICHMOND Instrument Location RICHMOND Co. MAGISTRATE'S

Instrument Serial No. 008840 OFFICE, ROCKINGHAM NC

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

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

I certify that on the 15 day of JUNE, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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



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

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008840  
Test Date: 06/15/2009

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

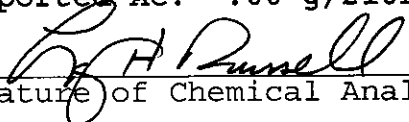
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

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

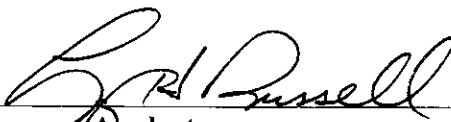
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	3:27pm
AIR BLK	.00	3:28pm
ACCY CHK	.08	3:29pm
AIR BLK	.00	3:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:31pm</b>
AIR BLK	.00	3:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:34pm</b>
AIR BLK	.00	3:35pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*RICHMOND RICHMOND CO. MAG OFF 760*

Serial Number: 008840      Test Record Number: 167  
Test Date: 06/15/2009      Test Time: 3:36pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:36pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	3:36pm
SRC	Pass	3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

**Blank Tests**

Test	Status	Time
AIR	Pass	3:37pm

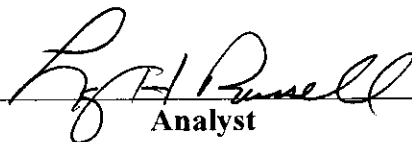
**Printer Tests**

Test	Status	Time
PRNT	Pass	3:37pm

**CRC Tests**

Test	Status	Time
COMP	Pass	3:37pm
CAL	Pass	3:37pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

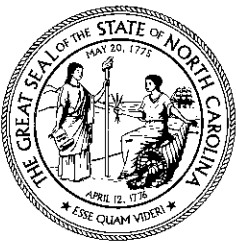
County CUMBERLAND Instrument Location CUMBERLAND

Instrument Serial No. 008672 County Detention Center

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

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

I certify that on the 15 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner  
Signature of Certifying Official

578  
Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672

Test Date: 06/15/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE N

Type of Agency: FTA

Agency: DHHS

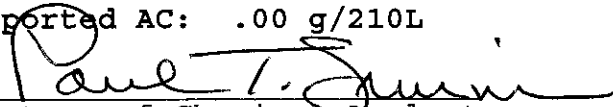
Test Type: Breath Test

Lot Number: AG902901

Exp Date: 01/29/2011

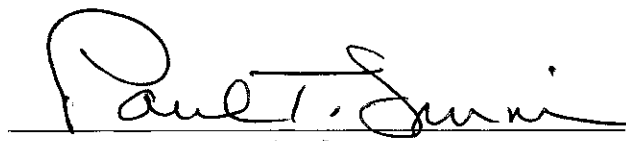
Test	g/210L	Time
DIAG	Pass	2:42pm
AIR BLK	.00	2:43pm
ACCY CHK	.08	2:44pm
AIR BLK	.00	2:45pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:45pm</b>
AIR BLK	.00	2:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:48pm</b>
AIR BLK	.00	2:49pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672      Test Record Number: 1170

Test Date: 06/15/2009      Test Time: 2:51pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

Printer Tests

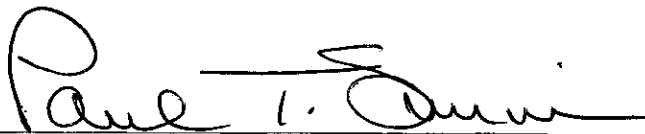
Test	Status	Time
PRNT	Pass	2:52pm

CRC Tests

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

Preventive Maintenance

Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

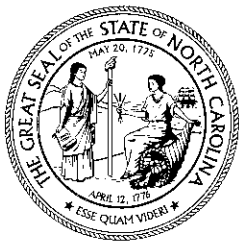
County CUMBERLAND Instrument Location CUMBERLAND COUNTY

Instrument Serial No. 008633 Detention Center

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

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

I certify that on the 15 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner

Signature of Certifying Official

578

Certificate Number

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

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633  
Test Date: 06/15/2009

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

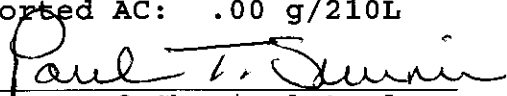
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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


Lot Number: AG901901  
Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	1:39pm
AIR BLK	.00	1:40pm
ACCY CHK	.08	1:40pm
AIR BLK	.00	1:41pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:42pm</b>
AIR BLK	.00	1:43pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:44pm</b>
AIR BLK	.00	1:45pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633      Test Record Number: 657  
Test Date: 06/15/2009      Test Time: 1:47pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm

CRC Tests

Test	Status	Time
COMP	Pass	1:48pm
CAL	Pass	1:48pm

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**

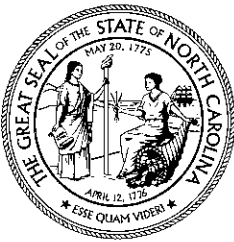
County CUMBERLAND Instrument Location CUMBERLAND COUNTY

Instrument Serial No. 008614 Detention Center

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

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

I certify that on the 15 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner  
Signature of Certifying Official

578  
Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614  
Test Date: 06/15/2009

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

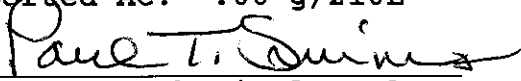
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	2:20pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:21pm
AIR BLK	.00	2:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:23pm</b>
AIR BLK	.00	2:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:25pm</b>
AIR BLK	.00	2:26pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614      Test Record Number: 770  
Test Date: 06/15/2009      Test Time: 2:27pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

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**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

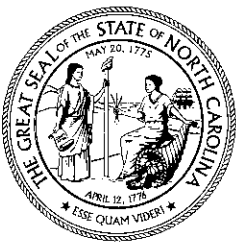
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CUMBERLAND Instrument Location CUMBERLAND COUNTY  
Instrument Serial No. 008632 Detention Center,

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

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

I certify that on the 15 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner  
Signature of Certifying Official

578  
Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632

Test Date: 06/15/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

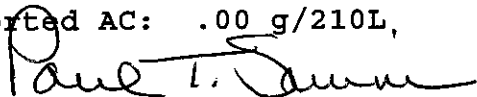
Test Type: Breath Test

Lot Number: AG901901

Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	1:58pm
AIR BLK	.00	1:58pm
ACCY CHK	.08	1:59pm
AIR BLK	.00	2:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:01pm</b>
AIR BLK	.00	2:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:03pm</b>
AIR BLK	.00	2:04pm

Reported AC: .00 g/210L,



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632      Test Record Number: 708  
Test Date: 06/15/2009      Test Time: 2:06pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:06pm
FLO	Pass	2:06pm
FC	Pass	2:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm

CRC Tests

Test	Status	Time
COMP	Pass	2:07pm
CAL	Pass	2:07pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

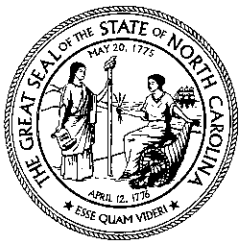
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Richmond Instrument Location Richmond County  
Instrument Serial No. 008657 MAGISTRATE'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 18 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sullivan

Signature of Certifying Official

578

Certificate Number

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

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

RICHMOND COUNTY RICHMOND CO. MAG OFF  
760

Serial Number: 008657  
Test Date: 06/18/2009

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

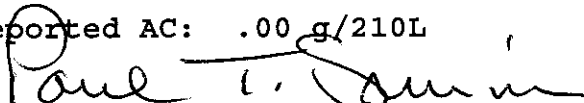
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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

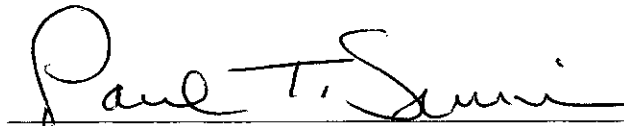
Lot Number: AG901901  
Exp Date: 01/19/2011

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



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

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008657      Test Record Number: 860  
Test Date: 06/18/2009      Test Time: 11:05am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:06am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:06am

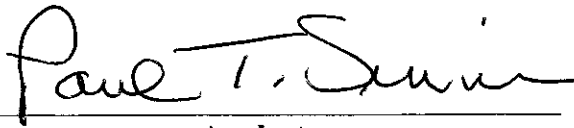
Printer Tests

Test	Status	Time
PRNT	Pass	11:06am

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

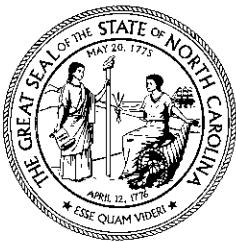
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County MOORE Instrument Location PINEHURST  
Instrument Serial No. 008718 Police Dept.

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

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

I certify that on the 17 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner 578  
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**

MOORE PINEHURST PD. 620

Serial Number: 008710

Test Date: 06/17/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

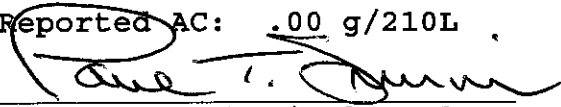
Test Type: Breath Test

Lot Number: AG904903

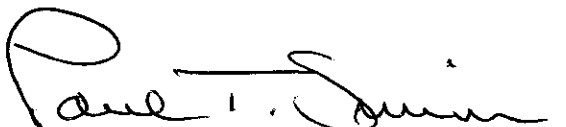
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	2:54pm
AIR BLK	.00	2:55pm
ACCY CHK	.08	2:56pm
AIR BLK	.00	2:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:58pm</b>
AIR BLK	.00	2:58pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:00pm</b>
AIR BLK	.00	3:01pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

MOORE PINEHURST PD. 620

Serial Number: 008710      Test Record Number: 312  
Test Date: 06/17/2009      Test Time: 3:02pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	3:03pm
SRC	Pass	3:03pm
DET	Pass	3:03pm
BAR	Pass	3:03pm
BT	Pass	3:03pm

**Blank Tests**

Test	Status	Time
AIR	Pass	3:03pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	3:03pm

**CRC Tests**

Test	Status	Time
COMP	Pass	3:03pm
CAL	Pass	3:03pm

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**

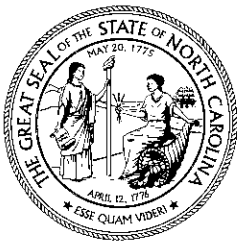
County Buncombe Instrument Location BAT Mobile Unit 4

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 9<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

651  
Certificate Number

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

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

BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008734      Test Record Number: 250  
Test Date: 06/09/2009      Test Time: 5:48pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:49pm
FLO	Pass	5:49pm
FC	Pass	5:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:49pm
SRC	Pass	5:49pm
DET	Pass	5:49pm
BAR	Pass	5:49pm
BT	Pass	5:49pm

Blank Tests

Test	Status	Time
AIR	Pass	5:50pm

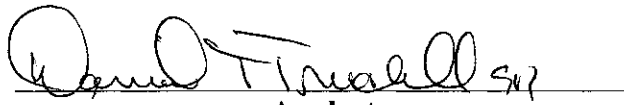
Printer Tests

Test	Status	Time
PRNT	Pass	5:50pm

CRC Tests

Test	Status	Time
COMP	Pass	5:50pm
CAL	Pass	5:50pm

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008734  
Test Date: 06/09/2009

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

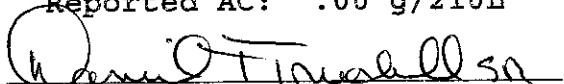
Analyst's Name: TRUDELL, SR., DANIEL T  
Permit Number: 21535E  
Effective:  
12/01/2007-12/01/2009

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

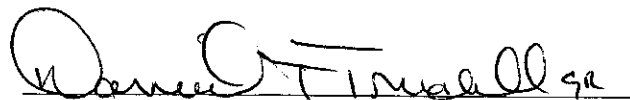
Lot Number: AG722501  
Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	5:41pm
AIR BLK	.00	5:42pm
ACCY CHK	.07	5:42pm
AIR BLK	.00	5:43pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:43pm</b>
AIR BLK	.00	5:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:46pm</b>
AIR BLK	.00	5:47pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

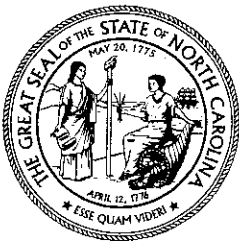
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County RANDOLPH Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008647 ASHEBORO, NC

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

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

I certify that on the 13 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647  
Test Date: 06/13/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602

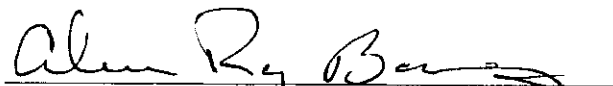
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	9:31pm
AIR BLK	.00	9:32pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:33pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:34pm</b>
AIR BLK	.00	9:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:36pm</b>
AIR BLK	.00	9:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647      Test Record Number: 525  
Test Date: 06/13/2009      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

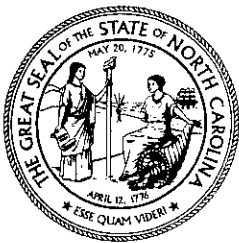
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County RANDOLPH Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008616 ASHEBORO, NC

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

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

I certify that on the 13 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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**

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008616  
Test Date: 06/13/2009

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
12/01/2007-12/01/2009

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

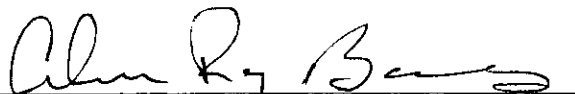
Lot Number: AG722601  
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.07	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>9:32pm</b>
AIR BLK	.00	9:33pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008616      Test Record Number: 526  
Test Date: 06/13/2009      Test Time: 9:35pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:36pm


Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

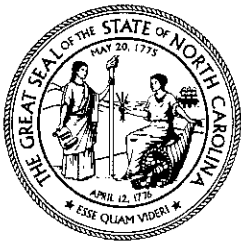
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County 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 12 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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: 008707  
Test Date: 06/12/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902001


Exp Date: 01/20/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707      Test Record Number: 331  
Test Date: 06/12/2009      Test Time: 11:22pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:22pm
FLO	Pass	11:22pm
FC	Pass	11:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:22pm
SRC	Pass	11:22pm
DET	Pass	11:22pm
BAR	Pass	11:22pm
BT	Pass	11:22pm

Blank Tests

Test	Status	Time
AIR	Pass	11:23pm

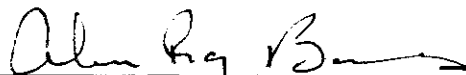
Printer Tests

Test	Status	Time
PRNT	Pass	11:23pm

CRC Tests

Test	Status	Time
COMP	Pass	11:23pm
CAL	Pass	11:23pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

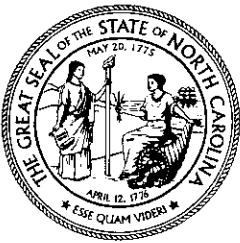
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County GUILFORD Instrument Location 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 12 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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: 06/12/2009

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
12/01/2007-12/01/2009

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

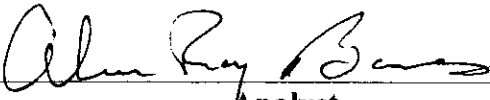
Lot Number: AG722601  
Exp Date: 08/13/2009

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

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: 520  
Test Date: 06/12/2009      Test Time: 11:17pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:18pm
FLO	Pass	11:18pm
FC	Pass	11:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:18pm
SRC	Pass	11:18pm
DET	Pass	11:18pm
BAR	Pass	11:18pm
BT	Pass	11:18pm

Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

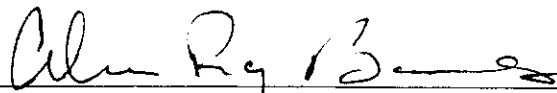
Printer Tests

Test	Status	Time
PRNT	Pass	11:19pm

CRC Tests

Test	Status	Time
COMP	Pass	11:19pm
CAL	Pass	11:19pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

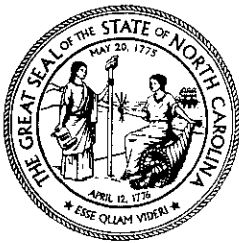
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County GUILFORD Instrument Location 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 12 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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: 06/12/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602

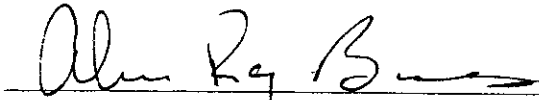
Exp Date: 08/13/2009

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647      Test Record Number: 517  
Test Date: 06/12/2009      Test Time: 11:14pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:15pm


Printer Tests

Test	Status	Time
PRNT	Pass	11:15pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

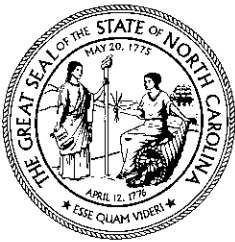
County Beaufort Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008898

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008898      Test Record Number: 196  
Test Date: 06/13/2009      Test Time: 4:46pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:46pm
FLO	Pass	4:46pm
FC	Pass	4:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:46pm
SRC	Pass	4:46pm
DET	Pass	4:46pm
BAR	Pass	4:46pm
BT	Pass	4:46pm

Blank Tests

Test	Status	Time
AIR	Pass	4:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:47pm

CRC Tests

Test	Status	Time
COMP	Pass	4:47pm
CAL	Pass	4:47pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



Intox EC/IR-II: Subject Test

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008898  
Test Date: 06/13/2009

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:38pm
AIR BLK	.00	4:39pm
ACCY CHK	.07	4:40pm
AIR BLK	.00	4:41pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:41pm</b>
AIR BLK	.00	4:42pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:44pm</b>
AIR BLK	.00	4:45pm

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

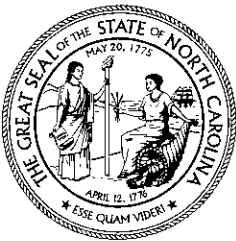
County Beaufort Instrument Location BAT mobile unit 6

Instrument Serial No. 008939

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

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

I certify that on the 13 day of June, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. [Signature]  
Signature of Certifying Official

6001  
Certificate Number

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

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

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008939      Test Record Number: 191  
Test Date: 06/13/2009      Test Time: 4:37pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:37pm
FLO	Pass	4:37pm
FC	Pass	4:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:37pm
SRC	Pass	4:37pm
DET	Pass	4:37pm
BAR	Pass	4:37pm
BT	Pass	4:37pm

Blank Tests

Test	Status	Time
AIR	Pass	4:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:38pm

CRC Tests

Test	Status	Time
COMP	Pass	4:38pm
CAL	Pass	4:38pm

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008939  
Test Date: 06/13/2009

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

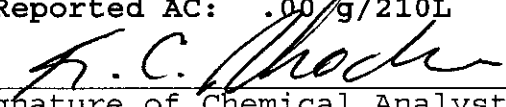
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	4:30pm
AIR BLK	.00	4:31pm
ACCY CHK	.07	4:31pm
AIR BLK	.00	4:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:33pm</b>
AIR BLK	.00	4:33pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:35pm</b>
AIR BLK	.00	4:36pm

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**

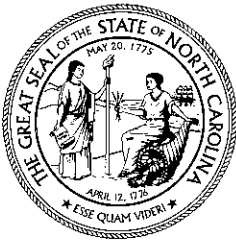
County Beaufort Instrument Location GA Mobile Unit 6

Instrument Serial No. 008939

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

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

I certify that on the 12 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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**

*BEAUFORT COUNTY BAT MOBILE UNIT 6 060*

Serial Number: 008939      Test Record Number: 188  
Test Date: 06/12/2009      Test Time: 5:04pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:05pm
FLO	Pass	5:05pm
FC	Pass	5:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:05pm
SRC	Pass	5:05pm
DET	Pass	5:05pm
BAR	Pass	5:05pm
BT	Pass	5:05pm

Blank Tests

Test	Status	Time
AIR	Pass	5:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:05pm

CRC Tests

Test	Status	Time
COMP	Pass	5:06pm
CAL	Pass	5:06pm

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008939  
Test Date: 06/12/2009

Citation Number: M0000000-0  
Subject's Name:

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

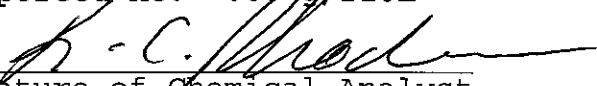
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
02/01/2008-02/01/2010

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


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

Test	g/210L	Time
DIAG	Pass	4:55pm
AIR BLK	.00	4:56pm
ACCY CHK	.07	4:57pm
AIR BLK	.00	4:58pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:58pm</b>
AIR BLK	.00	4:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:02pm</b>
AIR BLK	.00	5:02pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

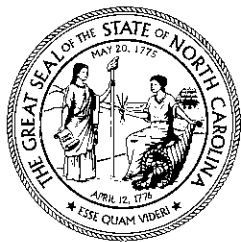
County Granville Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008734

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

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

I certify that on the 13<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danielle T. [Signature]  
Signature of Certifying Official

651  
Certificate Number

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



Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734      Test Record Number: 253  
Test Date: 06/13/2009      Test Time: 10:06pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:07pm
FLO	Pass	10:07pm
FC	Pass	10:07pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

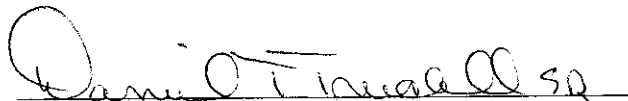
Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734  
Test Date: 06/13/2009

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

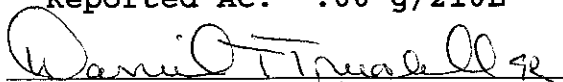
Analyst's Name: TRUDELL, SR., DANIEL T  
Permit Number: 21535E  
Effective:  
12/01/2007-12/01/2009

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

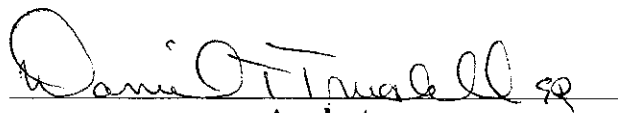
Lot Number: AG722501  
Exp Date: 08/12/2009

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

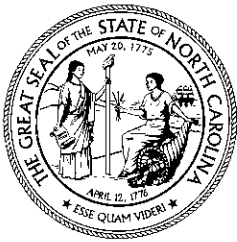
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Dare Instrument Location Kill Devil Hills P.D.  
Instrument Serial No. 008844 102 Town Hall Dr., Kill Devil Hills, N.C.

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

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

I certify that on the 4th day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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: 06/04/2009

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

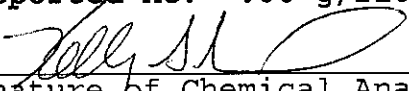
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
12/01/2007-12/01/2009

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


Lot Number: AG902001  
Exp Date: 01/20/2011

Test	g/210L	Time
DIAG	Pass	1:10pm
AIR BLK	.00	1:11pm
ACCY CHK	.08	1:11pm
AIR BLK	.00	1:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:12pm</b>
AIR BLK	.00	1:13pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:15pm</b>
AIR BLK	.00	1:16pm

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: 390  
Test Date: 06/04/2009      Test Time: 1:17pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

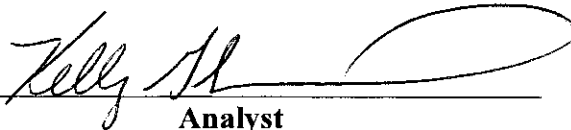
Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm

CRC Tests

Test	Status	Time
COMP	Pass	1:18pm
CAL	Pass	1:18pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

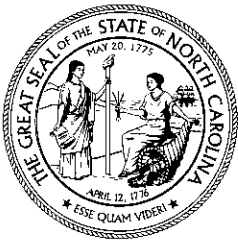
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Dare Instrument Location Dare Co. Detention Center  
Instrument Serial No. 008804 1044 Dr. Atwood 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 4<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly A. L.  
Signature of Certifying Official

643  
Certificate Number

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

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804  
Test Date: 06/04/2009

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


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

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

Lot Number: AG902001  
Exp Date: 01/20/2011

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**

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804      Test Record Number: 378  
Test Date: 06/04/2009      Test Time: 12:06pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:06pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:06pm
SRC	Pass	12:06pm
DET	Pass	12:06pm
BAR	Pass	12:06pm
BT	Pass	12:06pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:07pm


**Printer Tests**

Test	Status	Time
PRNT	Pass	12:07pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:07pm
CAL	Pass	12:07pm

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

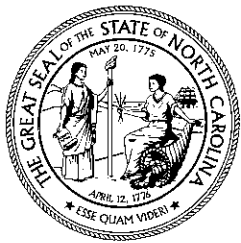
County Dare Instrument Location Dare Co Detention Center

Instrument Serial No. 008783 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 4<sup>th</sup> day of June, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. P.  
Signature of Certifying Official

643  
Certificate Number

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

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783  
Test Date: 06/04/2009

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


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

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

Lot Number: AG722701  
Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	12:00pm
AIR BLK	.00	12:01pm
ACCY CHK	.07	12:01pm
AIR BLK	.00	12:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:03pm</b>
AIR BLK	.00	12:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:05pm</b>
AIR BLK	.00	12:06pm

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: 108  
Test Date: 06/04/2009      Test Time: 12:11pm 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	12:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:12pm

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**

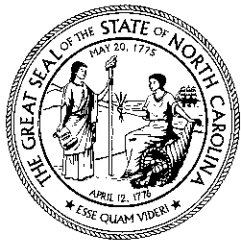
County Wilson Instrument Location Wilson Co Detention Center

Instrument Serial No. DD8627 100 E. Greene St., Wilson, N.C.

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

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

I certify that on the 8<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

643  
Certificate Number

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

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627  
Test Date: 06/08/2009

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

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

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


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

Test	g/210L	Time
DIAG	Pass	10:17am
AIR BLK	.00	10:18am
ACCY CHK	.08	10:19am
AIR BLK	.00	10:20am
<b>SUB TEST</b>	<b>.00</b>	<b>10:20am</b>
AIR BLK	.00	10:21am
<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**

*WILSON COUNTY WILSON CO DETENTION 970*

Serial Number: 008627      Test Record Number: 605  
Test Date: 06/08/2009      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	10:26am

**CRC Tests**

Test	Status	Time
COMP	Pass	10:26am
CAL	Pass	10:26am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

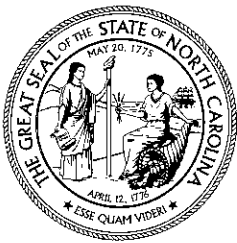
County Wilson Instrument Location Wilson Co Detention Center

Instrument Serial No. 002652 100 E Greene St, Wilson, N.C.

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

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

I certify that on the 8<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. P.  
Signature of Certifying Official

643  
Certificate Number

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

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652  
Test Date: 06/08/2009

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

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

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


Lot Number: AG902001  
Exp Date: 01/20/2011

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652      Test Record Number: 922  
Test Date: 06/08/2009      Test Time: 10:55am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:56am
FLO	Pass	10:56am
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

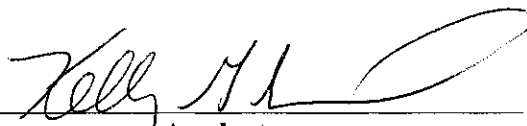
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:57am

**CRC Tests**

Test	Status	Time
COMP	Pass	10:57am
CAL	Pass	10:57am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

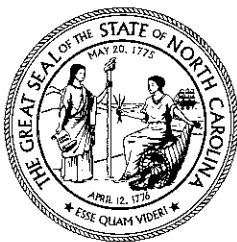
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Beaufort Instrument Location Beaufort Co. Courthouse  
Instrument Serial No. DD8586 102 E. 2nd St., Washington, N.C.

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

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

I certify that on the 10<sup>th</sup> day of June, 20 09 the forgoing preventive maintenance procedures were performed on the 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 D. J. P.  
Signature of Certifying Official

643  
Certificate Number

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

Intox EC/IR-II: Subject Test

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586

Test Date: 06/10/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

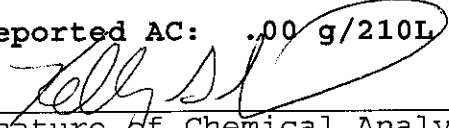
Test Type: Breath Test

Lot Number: AG902001

Exp Date: 01/20/2011

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

*BEAUFORT COUNTY COURTHOUSE 060*

Serial Number: 008586      Test Record Number: 282  
Test Date: 06/10/2009      Test Time: 12:00pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:01pm

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	12:02pm


**Printer Tests**

Test	Status	Time
PRNT	Pass	12:02pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:02pm
CAL	Pass	12:02pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

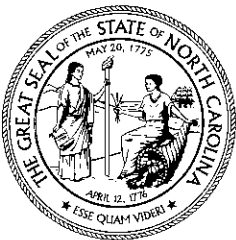
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Hyde Instrument Location Hyde Co. Sheriff's office  
Instrument Serial No. 004401 1223 Main St., Swan Quarter, N.C.

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

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

I certify that on the 8th day of June, 20 09 the forgoing preventive maintenance procedures were performed on the 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. Kest  
Signature of Certifying Official

647  
Certificate Number

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

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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801      Test Record Number: 113  
Test Date: 06/08/2009      Test Time: 12:48pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

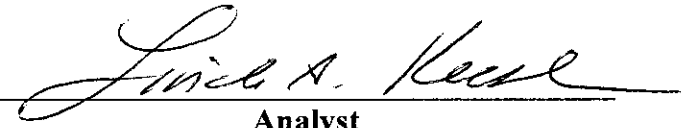
Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801  
Test Date: 06/08/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

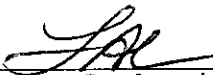
Test Type: Breath Test

Lot Number: AG722701

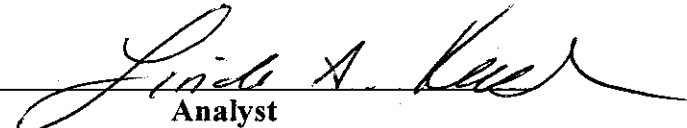
Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	12:41pm
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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

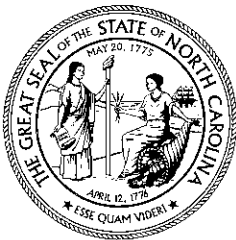
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Chowan Instrument Location Chowan Co. Public Safety Cir.  
Instrument Serial No. 004895 305 W. FREEMAN ST., EDICUNN, N.C.

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

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

I certify that on the 2nd day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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**

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895  
Test Date: 06/02/2009

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


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

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

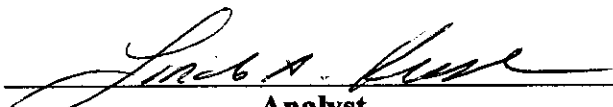
Lot Number: AG809301  
Exp Date: 04/02/2010

Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:31pm
ACCY CHK	.07	12:31pm
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: Subject Test**

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895  
Test Date: 06/02/2009

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


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

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

Lot Number: AG809301  
Exp Date: 04/02/2010

Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:31pm
ACCY CHK	.07	12:31pm
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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

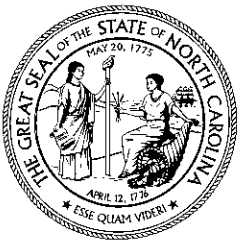
County ROCKINGHAM Instrument Location REIDSVILLE P.D.

Instrument Serial No. 008784

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

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

I certify that on the 9 day of JUNE, 20 09 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

650  
Certificate Number

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

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784  
Test Date: 06/09/2009

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

Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	1:22pm
AIR BLK	.00	1:23pm
ACCY CHK	.08	1:24pm
AIR BLK	.00	1:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:25pm</b>
AIR BLK	.00	1:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:28pm</b>
AIR BLK	.00	1:29pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784      Test Record Number: 272  
Test Date: 06/09/2009      Test Time: 1:29pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

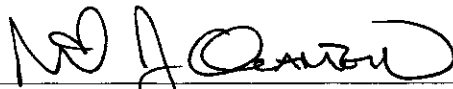
Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

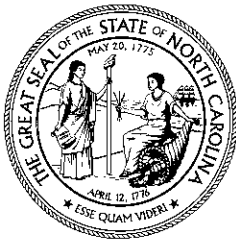
County ALAMANCE Instrument Location ALAMANCE CO. JAIL

Instrument Serial No. 008913 109 S. MARIE ST GRAHAM, NC

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

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

I certify that on the 9 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913  
Test Date: 06/09/2009

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

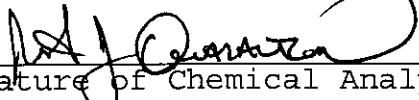
Analyst's Name:  
*QUARANTELLA, NICHOLAS J*  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

Lot Number: AG901901  
Exp Date: 01/19/2011

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

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: 442  
Test Date: 06/09/2009      Test Time: 11:15am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

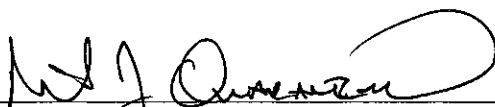
Printer Tests

Test	Status	Time
PRNT	Pass	11:16am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DURHAM Instrument Location DURHAM Co. Jail

Instrument Serial No. 008924 217 S MANGUM ST. DURHAM, NC

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

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

I certify that on the 5 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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**

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008924  
Test Date: 06/08/2009

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

Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	10:50am
AIR BLK	.00	10:51am
ACCY CHK	.07	10:51am
AIR BLK	.00	10:52am
<b>SUB TEST</b>	<b>.00</b>	<b>10:53am</b>
AIR BLK	.00	10:54am
<b>SUB TEST</b>	<b>.00</b>	<b>10:55am</b>
AIR BLK	.00	10:56am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008924      Test Record Number: 45  
Test Date: 06/08/2009      Test Time: 10:57am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:57am
FLO	Pass	10:57am
FC	Pass	10:57am

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:57am
SRC	Pass	10:57am
DET	Pass	10:57am
BAR	Pass	10:57am
BT	Pass	10:57am

**Blank Tests**

Test	Status	Time
AIR	Pass	10:58am

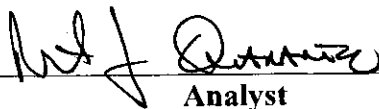
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:58am

**CRC Tests**

Test	Status	Time
COMP	Pass	10:58am
CAL	Pass	10:58am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

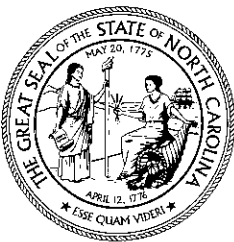
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location BAT Mobile Unit #5  
Instrument Serial No. 008698 2EBULLON

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

636  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698      Test Record Number: 333  
Test Date: 06/05/2009      Test Time: 10:29pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:29pm
FLO	Pass	10:29pm
FC	Pass	10:29pm

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	10:30pm

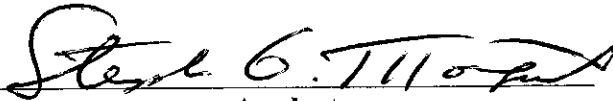
Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test.

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698  
Test Date: 06/05/2009

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:17pm
AIR BLK	.00	10:18pm
ACCY CHK	.07	10:19pm
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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

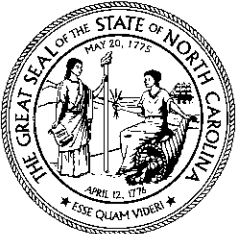
County Wake Instrument Location BSAT MOBILE UNIT #5

Instrument Serial No. 008600 Holly Springs

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600      Test Record Number: 485  
Test Date: 06/06/2009      Test Time: 10:32pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:32pm
FLO	Pass	10:32pm
FC	Pass	10:33pm

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

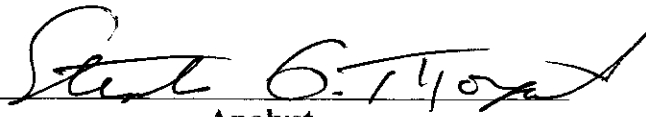
Printer Tests

Test	Status	Time
PRNT	Pass	10:33pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst



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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600  
Test Date: 06/06/2009

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

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

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

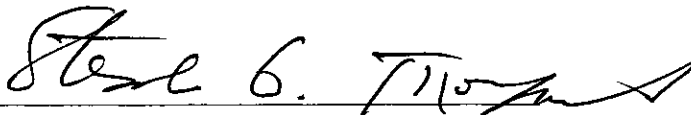
Lot Number: AG723401  
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	10:15pm
AIR BLK	.00	10:16pm
ACCY CHK	.07	10:17pm
AIR BLK	.00	10:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:18pm</b>
AIR BLK	.00	10:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:20pm</b>
AIR BLK	.00	10:21pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAKE

Instrument Location BAT mobile unit #5

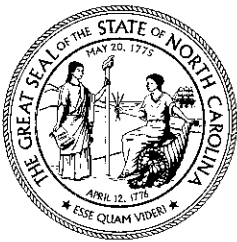
Instrument Serial No. 008698

Holly Springs

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-II; Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698      Test Record Number: 337  
Test Date: 06/06/2009      Test Time: 10:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:22pm
FLO	Pass	10:22pm
FC	Pass	10:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:22pm
SRC	Pass	10:22pm
DET	Pass	10:22pm
BAR	Pass	10:22pm
BT	Pass	10:22pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

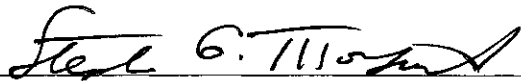
Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm

CRC Tests

Test	Status	Time
COMP	Pass	10:23pm
CAL	Pass	10:23pm

Preventive Maintenance  
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698  
Test Date: 06/06/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	10:13pm
AIR BLK	.00	10:14pm
ACCY CHK	.07	10:14pm
AIR BLK	.00	10:15pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:16pm</b>
AIR BLK	.00	10:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:18pm</b>
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

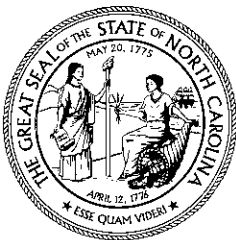
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location BE MOBILE UNIT #3  
Instrument Serial No. 008758 Holly Springs

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788      Test Record Number: 199  
Test Date: 06/07/2009      Test Time: 12:00am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:01am
FLO	Pass	12:01am
FC	Pass	12:01am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:01am

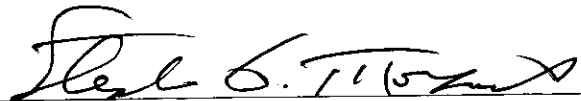
Printer Tests

Test	Status	Time
PRNT	Pass	12:01am

CRC Tests

Test	Status	Time
COMP	Pass	12:02am
CAL	Pass	12:02am

Preventive Maintenance  
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788  
Test Date: 06/06/2009

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

Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

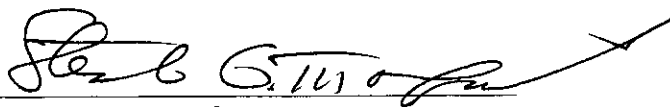
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	11:53pm
AIR BLK	.00	11:54pm
ACCY CHK	.08	11:55pm
AIR BLK	.00	11:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:56pm</b>
AIR BLK	.00	11:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:58pm</b>
AIR BLK	.00	11:59pm

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**

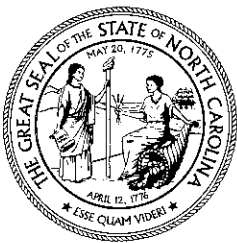
County Davie Instrument Location Davie Co. Jail

Instrument Serial No. 008905 Mocksville, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. Kevin Dean  
Signature of Certifying Official

642  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.



Intox EC/IR-II: Subject Test

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905  
Test Date: 06/03/2009

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

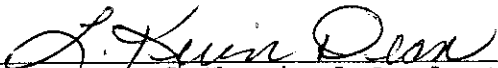
Analyst's Name: DEAN, LARRY K  
Permit Number: 11598E  
Effective:  
12/01/2007-12/01/2009

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

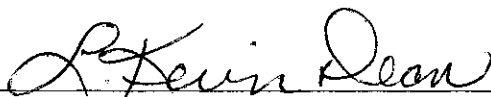
Lot Number: AG809301  
Exp Date: 04/02/2010

Test	g/210L	Time
DIAG	Pass	12:50pm
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**

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905      Test Record Number: 268  
Test Date: 06/03/2009      Test Time: 12:57pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:58pm
FLO	Pass	12:58pm
FC	Pass	12:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:58pm
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

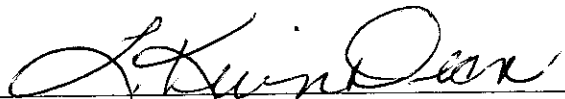
Printer Tests

Test	Status	Time
PRNT	Pass	12:59pm

CRC Tests

Test	Status	Time
COMP	Pass	12:59pm
CAL	Pass	12:59pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

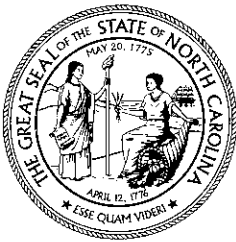
County RANDOLPH Instrument Location Archdale Police

Instrument Serial No. 008791 Department

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. Kevin Dean  
Signature of Certifying Official

642  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791  
Test Date: 06/03/2009

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

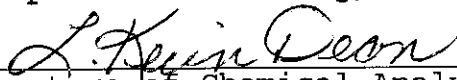
Analyst's Name: DEAN, LARRY K  
Permit Number: 11598E  
Effective:  
12/01/2007-12/01/2009

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG722601  
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	3:44pm
AIR BLK	.00	3:45pm
ACCY CHK	.07	3:46pm
AIR BLK	.00	3:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:47pm</b>
AIR BLK	.00	3:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:50pm</b>
AIR BLK	.00	3:51pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR.

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791      Test Record Number: 232  
Test Date: 06/03/2009      Test Time: 3:51pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:51pm
FLO	Pass	3:51pm
FC	Pass	3:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
BT	Pass	3:52pm

Blank Tests

Test	Status	Time
AIR	Pass	3:52pm

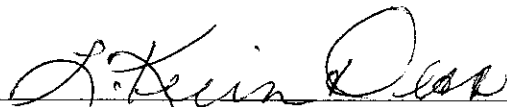
Printer Tests

Test	Status	Time
PRNT	Pass	3:52pm

CRC Tests

Test	Status	Time
COMP	Pass	3:53pm
CAL	Pass	3:53pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

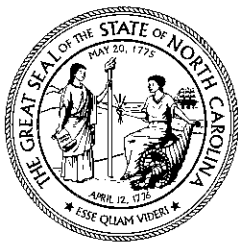
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Guilford Instrument Location UAC-Greensboro  
Instrument Serial No. 008604 Police Dept

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of June, 2007 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 642  
Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604  
Test Date: 06/04/2009

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

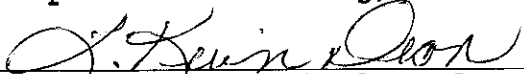
Analyst's Name: DEAN, LARRY K  
Permit Number: 11598E  
Effective:  
12/01/2007-12/01/2009

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

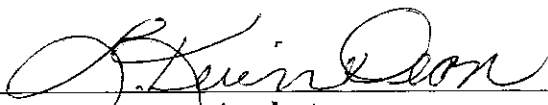
Lot Number: AG825401  
Exp Date: 09/10/2010

Test	g/210L	Time
DIAG	Pass	12:34pm
AIR BLK	.00	12:34pm
ACCY CHK	.07	12:35pm
AIR BLK	.00	12:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:37pm</b>
AIR BLK	.00	12:37pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:39pm</b>
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

*GUILFORD COUNTY UNC-G POLICE DEPT 400*

Serial Number: 008604      Test Record Number: 663  
Test Date: 06/04/2009      Test Time: 12:40pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:41pm
FLO	Pass	12:41pm
FC	Pass	12:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:41pm
SRC	Pass	12:41pm
DET	Pass	12:41pm
BAR	Pass	12:41pm
BT	Pass	12:41pm

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

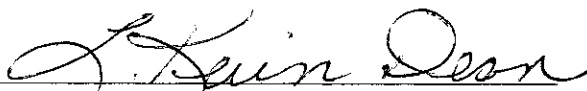
Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm

CRC Tests

Test	Status	Time
COMP	Pass	12:42pm
CAL	Pass	12:42pm

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

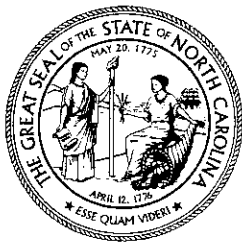
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

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 05 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alvin Ray Bantz  
Signature of Certifying Official

648  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008647  
Test Date: 06/05/2009

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
12/01/2007-12/01/2009

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

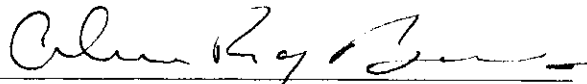
Lot Number: AG722602  
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	10:08pm
AIR BLK	.00	10:09pm
ACCY CHK	.07	10:10pm
AIR BLK	.00	10:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:11pm</b>
AIR BLK	.00	10:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:13pm</b>
AIR BLK	.00	10:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647      Test Record Number: 510  
Test Date: 06/05/2009      Test Time: 10:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:16pm
SRC	Pass	10:16pm
DET	Pass	10:16pm
BAR	Pass	10:16pm
BT	Pass	10:16pm

Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

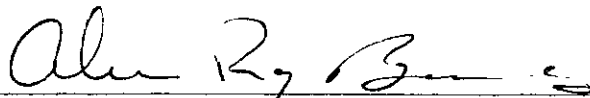
Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm

CRC Tests

Test	Status	Time
COMP	Pass	10:17pm
CAL	Pass	10:17pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

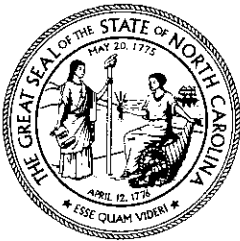
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008616 CHARLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 05 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes

Signature of Certifying Official

648

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008616  
Test Date: 06/05/2009

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
12/01/2007-12/01/2009

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

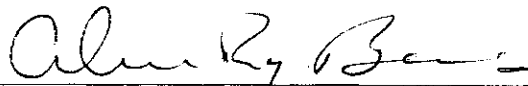
Lot Number: AG722601  
Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	10:06pm
AIR BLK	.00	10:07pm
ACCY CHK	.07	10:08pm
AIR BLK	.00	10:08pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:09pm</b>
AIR BLK	.00	10:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:11pm</b>
AIR BLK	.00	10:12pm

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: 512  
Test Date: 06/05/2009      Test Time: 10:13pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

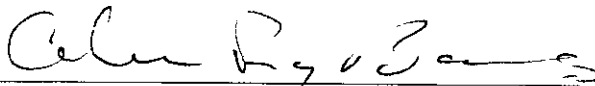
Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm

CRC Tests

Test	Status	Time
COMP	Pass	10:14pm
CAL	Pass	10:14pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

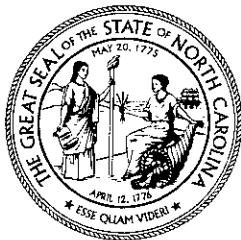
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

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 05 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Aileen Kay Burns  
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: 06/05/2009

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
12/01/2007-12/01/2009

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

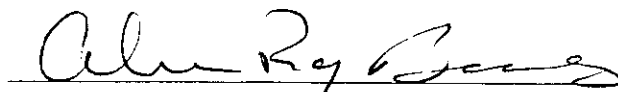
Lot Number: AG902001  
Exp Date: 01/20/2011

Test	g/210L	Time
DIAG	Pass	11:28pm
AIR BLK	.00	11:29pm
ACCY CHK	.08	11:29pm
AIR BLK	.00	11:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:30pm</b>
AIR BLK	.00	11:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:33pm</b>
AIR BLK	.00	11:34pm

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: 008707      Test Record Number: 323  
Test Date: 06/05/2009      Test Time: 11:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:35pm
FLO	Pass	11:35pm
FC	Pass	11:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:35pm
SRC	Pass	11:35pm
DET	Pass	11:35pm
BAR	Pass	11:35pm
BT	Pass	11:35pm

Blank Tests

Test	Status	Time
AIR	Pass	11:36pm

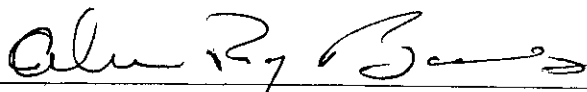
Printer Tests

Test	Status	Time
PRNT	Pass	11:36pm

CRC Tests

Test	Status	Time
COMP	Pass	11:36pm
CAL	Pass	11:36pm

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**

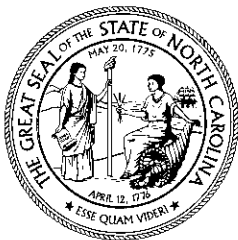
County Nash Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008871

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Wanda O. Truitt SR  
Signature of Certifying Official

651  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Preventive Maintenance**

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008871      Test Record Number: 105  
Test Date: 06/05/2009      Test Time: 10:21pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

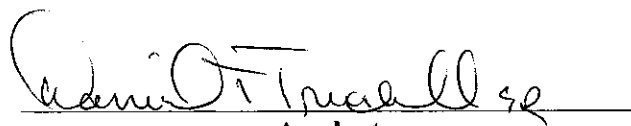
Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm

CRC Tests

Test	Status	Time
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance  
Status: Pass

  
Analyst

**Intox EC/IR-II: Subject Test**

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008871  
Test Date: 06/05/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

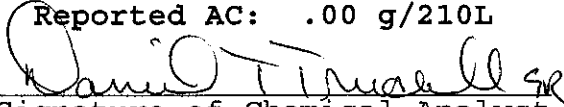
Test Type: Breath Test

Lot Number: AG816303

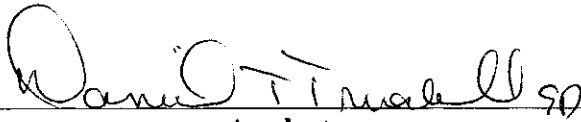
Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	10:12pm
AIR BLK	.00	10:13pm
ACCY CHK	.07	10:14pm
AIR BLK	.00	10:14pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:15pm</b>
AIR BLK	.00	10:16pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:18pm</b>
AIR BLK	.00	10:18pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

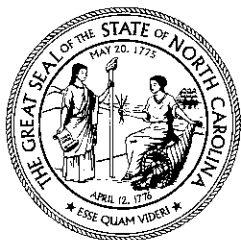
County Nash Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008217

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

651  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Preventive Maintenance**

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008717      Test Record Number: 165  
Test Date: 06/05/2009      Test Time: 8:33pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:33pm
FLO	Pass	8:33pm
FC	Pass	8:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:33pm
SRC	Pass	8:33pm
DET	Pass	8:33pm
BAR	Pass	8:33pm
BT	Pass	8:33pm

Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

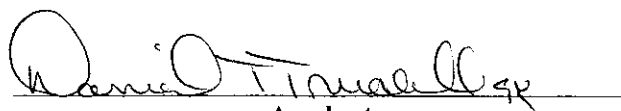
Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm

CRC Tests

Test	Status	Time
COMP	Pass	8:34pm
CAL	Pass	8:34pm

Preventive Maintenance  
Status: Pass

  
Analyst

**Intox EC/IR-II: Subject Test**

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008717  
Test Date: 06/05/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

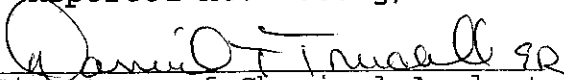
Test Type: Breath Test

Lot Number: AG723401

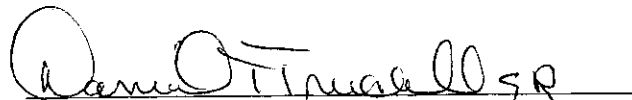
Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	8:25pm
AIR BLK	.00	8:26pm
ACCY CHK	.07	8:27pm
AIR BLK	.00	8:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:28pm</b>
AIR BLK	.00	8:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:30pm</b>
AIR BLK	.00	8:31pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

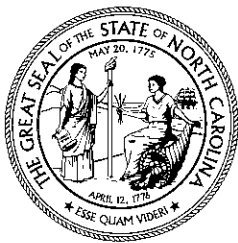
County Nash Instrument Location BAT Mobile Unit 4

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 5<sup>th</sup> day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David T. [Signature]  
Signature of Certifying Official

051  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.



**Intox EC/IR-II: Preventive Maintenance**

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008734      Test Record Number: 243  
Test Date: 06/05/2009      Test Time: 8:31pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:31pm
FLO	Pass	8:31pm
FC	Pass	8:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:31pm
SRC	Pass	8:31pm
DET	Pass	8:31pm
BAR	Pass	8:31pm
BT	Pass	8:31pm

Blank Tests

Test	Status	Time
AIR	Pass	8:32pm

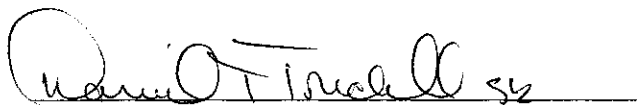
Printer Tests

Test	Status	Time
PRNT	Pass	8:32pm

CRC Tests

Test	Status	Time
COMP	Pass	8:32pm
CAL	Pass	8:32pm

Preventive Maintenance  
Status: Pass

  
Analyst

**Intox EC/IR-II: Subject Test**

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008734

Test Date: 06/05/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

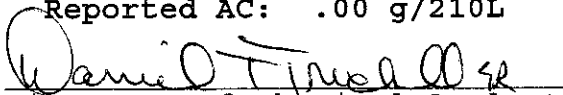
Test Type: Breath Test

Lot Number: AG722501

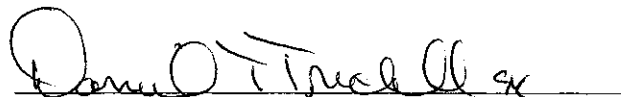
Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	8:23pm
AIR BLK	.00	8:24pm
ACCY CHK	.07	8:25pm
AIR BLK	.00	8:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:26pm</b>
AIR BLK	.00	8:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:28pm</b>
AIR BLK	.00	8:29pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

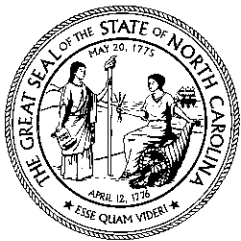
County HARNETT Instrument Location HARNETT CO. DETENTION

Instrument Serial No. 008729 CENTER, 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 02 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

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: 06/02/2009

Citation Number: M0000000-0  
Subject's Name: NONE, NONE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

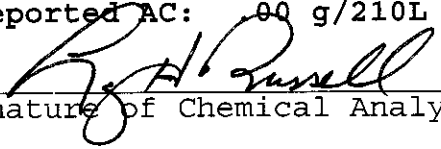
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency:  
Test Type: Breath Test

Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	3:28pm
AIR BLK	.00	3:28pm
ACCY CHK	.08	3:29pm
AIR BLK	.00	3:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:30pm</b>
AIR BLK	.00	3:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:33pm</b>
AIR BLK	.00	3:34pm

Reported AC: 00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729      Test Record Number: 695  
Test Date: 06/02/2009      Test Time: 3:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:35pm
FLO	Pass	3:35pm
FC	Pass	3:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:35pm
SRC	Pass	3:35pm
DET	Pass	3:35pm
BAR	Pass	3:35pm
BT	Pass	3:35pm

Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

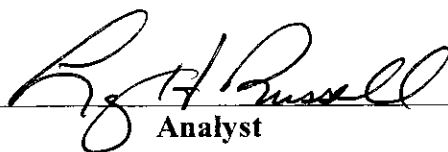
Printer Tests

Test	Status	Time
PRNT	Pass	3:36pm

CRC Tests

Test	Status	Time
COMP	Pass	3:36pm
CAL	Pass	3:36pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

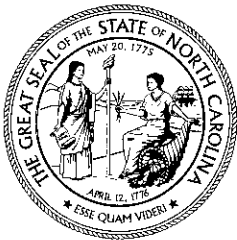
County HARNETT Instrument Location HARNETT COUNTY

Instrument Serial No. 008730 DETENTION CENTER, LILLINGSTON NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 02 day of JUNE, 20 09 the forgoing preventive maintenance procedures were performed on the 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: 06/02/2009

Citation Number: M0000000-0  
Subject's Name:  
*PREVENTIVE, MAINTENANCE*  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

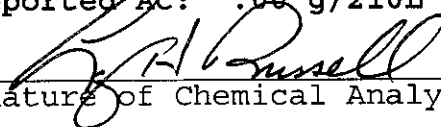
Analyst's Name: *RUSSELL, LARRY H*  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

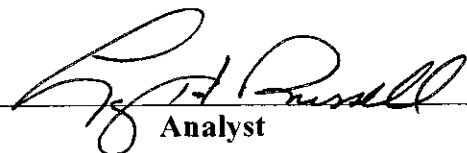
Lot Number: AG902901  
Exp Date: 01/29/2011

Test	g/210L	Time
DIAG	Pass	2:59pm
AIR BLK	.00	3:00pm
ACCY CHK	.08	3:01pm
AIR BLK	.00	3:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:02pm</b>
AIR BLK	.00	3:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:05pm</b>
AIR BLK	.00	3:05pm

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: 353  
Test Date: 06/02/2009      Test Time: 3:07pm 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

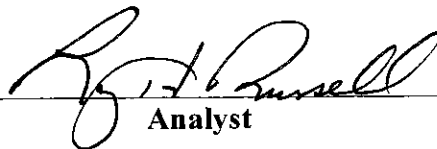
**Printer Tests**

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**

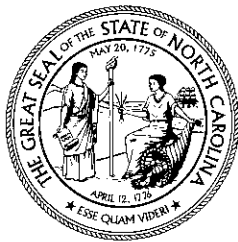
County ALAMANCE Instrument Location ALAMANCE CO. JAIL

Instrument Serial No. 008738 109 S. MADIE ST GRANTON, 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 JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008738  
Test Date: 06/02/2009

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE


Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG901901  
Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	10:20am
AIR BLK	.00	10:20am
ACCY CHK	.08	10:21am
AIR BLK	.00	10:22am
<b>SUB TEST</b>	<b>.00</b>	<b>10:22am</b>
AIR BLK	.00	10:23am
<b>SUB TEST</b>	<b>.00</b>	<b>10:24am</b>
AIR BLK	.00	10:25am

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: 008738      Test Record Number: 122  
Test Date: 06/02/2009      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	10:27am

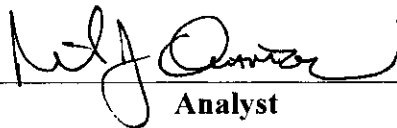
Printer Tests

Test	Status	Time
PRNT	Pass	10:27am

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**

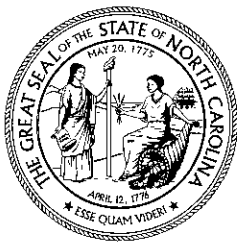
County Johnston Instrument Location Selma

Instrument Serial No. 008595 Police Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Swann  
Signature of Certifying Official

528  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

JOHNSTON SELMA PD 500

Serial Number: 008595  
Test Date: 06/30/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

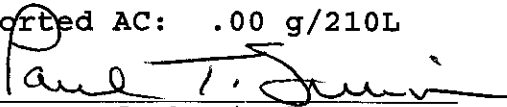
Test Type: Breath Test

Lot Number: AG814002

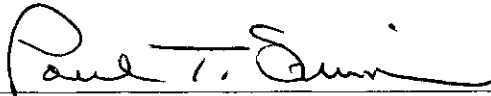
Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	3:11pm
AIR BLK	.00	3:12pm
ACCY CHK	.07	3:12pm
AIR BLK	.00	3:13pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:14pm</b>
AIR BLK	.00	3:15pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:16pm</b>
AIR BLK	.00	3:17pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON SELMA PD 500

Serial Number: 008595      Test Record Number: 314  
Test Date: 06/30/2009      Test Time: 3:18pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:19pm
FLO	Pass	3:19pm
FC	Pass	3:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:19pm
SRC	Pass	3:19pm
DET	Pass	3:19pm
BAR	Pass	3:19pm
BT	Pass	3:19pm

Blank Tests

Test	Status	Time
AIR	Pass	3:19pm

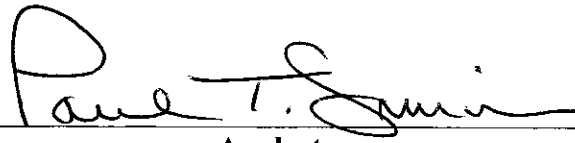
Printer Tests

Test	Status	Time
PRNT	Pass	3:19pm

CRC Tests

Test	Status	Time
COMP	Pass	3:20pm
CAL	Pass	3:20pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

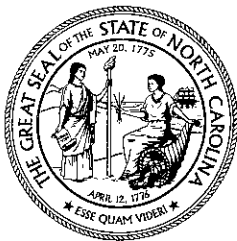
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Johnston Instrument Location BENSON  
Instrument Serial No. 008885 POLICE DEPT.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]

Signature of Certifying Official

578

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

JOHNSTON BENSON POLICE DEPT. 500

Serial Number: 008885

Test Date: 06/30/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

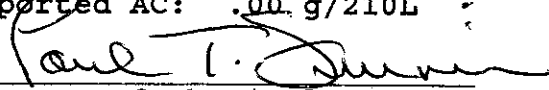
Test Type: Breath Test

Lot Number: AG814002

Exp Date: 05/19/2010

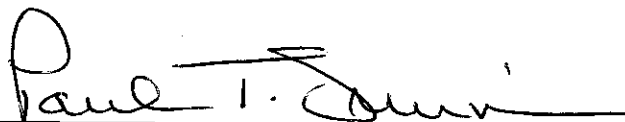
Test	g/210L	Time
DIAG	Pass	12:29pm
AIR BLK	.00	12:29pm
ACCY CHK	.07	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:35pm

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

JOHNSTON BENSON POLICE DEPT. 500

Serial Number: 008885      Test Record Number: 107  
Test Date: 06/30/2009      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

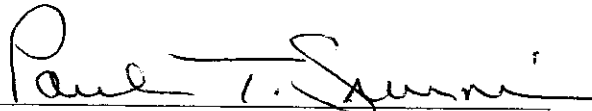
Printer Tests

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

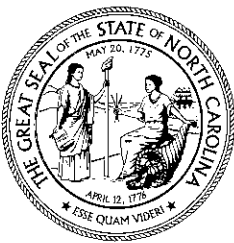
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Johnston Instrument Location Johnston  
Instrument Serial No. 008846 County Jail

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Williams

Signature of Certifying Official

528

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846

Test Date: 06/30/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902901

Exp Date: 01/29/2011

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK	.00	1:53pm
ACCY CHK	.08	1:54pm
AIR BLK	.00	1:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:55pm</b>
AIR BLK	.00	1:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:58pm</b>
AIR BLK	.00	1:58pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007

**Intox EC/IR-II: Preventive Maintenance**

JOHNSTON COUNTY JOHNSTON CO. JAIL 500  
Serial Number: 008846 Test Record Number: 684  
Test Date: 06/30/2009 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

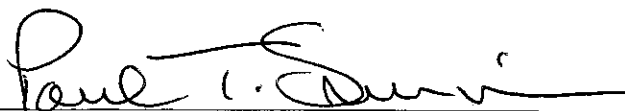
**Printer Tests**

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**

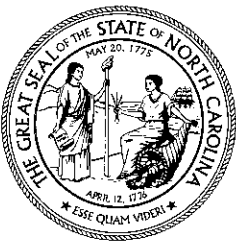
County Johnston Instrument Location Johnston

Instrument Serial No. 008810 County Jail

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Lawrence  
Signature of Certifying Official

578  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810  
Test Date: 06/30/2009

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

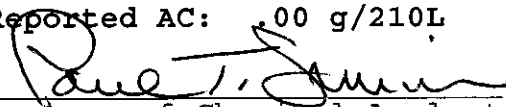
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG902603  
Exp Date: 01/26/2011

Test	g/210L	Time
DIAG	Pass	2:14pm
AIR BLK	.00	2:15pm
ACCY CHK	.07	2:16pm
AIR BLK	.00	2:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:17pm</b>
AIR BLK	.00	2:18pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:19pm</b>
AIR BLK	.00	2:20pm

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**

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810      Test Record Number: 364  
Test Date: 06/30/2009      Test Time: 2:22pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	2:22pm
FLO	Pass	2:22pm
FC	Pass	2:22pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	2:22pm
SRC	Pass	2:22pm
DET	Pass	2:22pm
BAR	Pass	2:22pm
BT	Pass	2:22pm

**Blank Tests**

Test	Status	Time
AIR	Pass	2:23pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	2:23pm

**CRC Tests**

Test	Status	Time
COMP	Pass	2:23pm
CAL	Pass	2:23pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

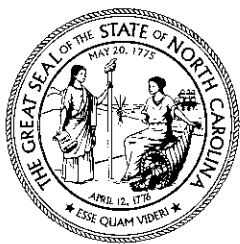
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County MOORE Instrument Location Southern Pines  
Instrument Serial No. 008720 Police Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner  
Signature of Certifying Official

528  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.



**Intox EC/IR-II: Subject Test**

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720

Test Date: 06/23/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG904903

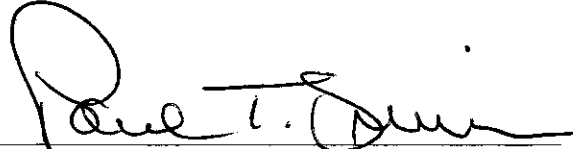
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.08	11:31am
AIR BLK	.00	11:32am
<b>SUB TEST</b>	<b>.00</b>	<b>11:33am</b>
AIR BLK	.00	11:33am
<b>SUB TEST</b>	<b>.00</b>	<b>11:35am</b>
AIR BLK	.00	11:36am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720      Test Record Number: 257  
Test Date: 06/23/2009      Test Time: 11:37am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:37am
FLO	Pass	11:37am
FC	Pass	11:37am

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

**Blank Tests**

Test	Status	Time
AIR	Pass	11:38am

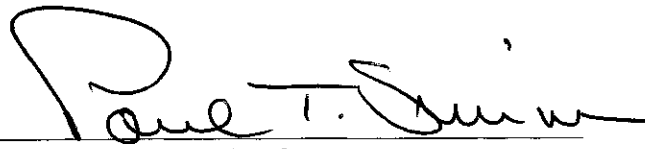
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:38am

**CRC Tests**

Test	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

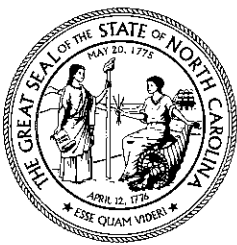
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County LEE Instrument Location Lee County  
Instrument Serial No. 008645 JAIL, 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 22 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner  
Signature of Certifying Official

578  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645  
Test Date: 06/22/2009

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

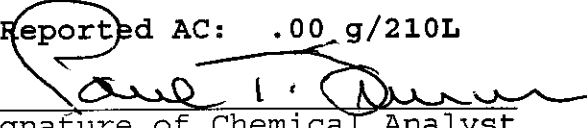
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG904903  
Exp Date: 03/18/2011

Test	g/210L	Time
DIAG	Pass	12:39pm
AIR BLK	.00	12:40pm
ACCY CHK	.08	12:40pm
AIR BLK	.00	12:41pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:42pm</b>
AIR BLK	.00	12:43pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:44pm</b>
AIR BLK	.00	12:45pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645      Test Record Number: 710  
Test Date: 06/22/2009      Test Time: 12:47pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:48pm
FLO	Pass	12:48pm
FC	Pass	12:48pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:48pm
SRC	Pass	12:48pm
DET	Pass	12:48pm
BAR	Pass	12:48pm
BT	Pass	12:48pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:48pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	12:48pm

**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

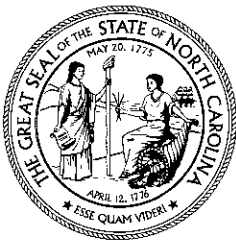
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County MOORE Instrument Location MOORE COUNTY  
Instrument Serial No. 008735 JAIL

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Sumner  
Signature of Certifying Official

578  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735

Test Date: 06/24/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: FTA

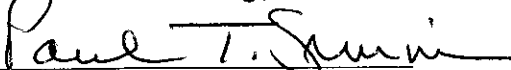
Test Type: Breath Test

Lot Number: AG902603

Exp Date: 01/26/2011

Test	g/210L	Time
DIAG	Pass	1:48pm
AIR BLK	.00	1:48pm
ACCY CHK	.08	1:49pm
AIR BLK	.00	1:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:50pm</b>
AIR BLK	.00	1:51pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:53pm</b>
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**Intox EC/IR-II: Preventive Maintenance**

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735      Test Record Number: 385  
Test Date: 06/24/2009      Test Time: 1:55pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
BT	Pass	1:55pm

**Blank Tests**

Test	Status	Time
AIR	Pass	1:56pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	1:56pm

**CRC Tests**

Test	Status	Time
COMP	Pass	1:56pm
CAL	Pass	1:56pm

Preventive Maintenance  
Status: Pass



**Analyst**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

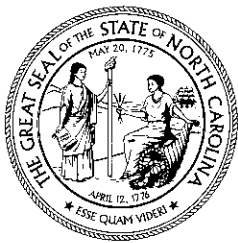
County SCOTLAND Instrument Location SCOTLAND

Instrument Serial No. 008861 County Sheriff's Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of JUNE, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. Johnson  
Signature of Certifying Official

578  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

SCOTLAND COUNTY SHERIFFS DEPT. 820

Serial Number: 008861

Test Date: 06/24/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

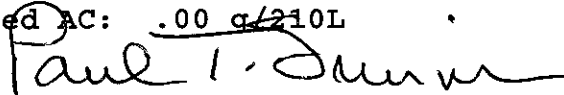
Test Type: Breath Test

Lot Number: AG722601

Exp Date: 08/13/2009

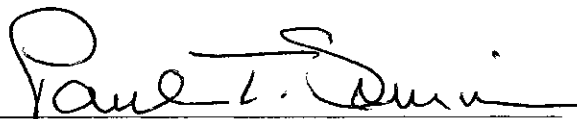
Test	g/210L	Time
DIAG	Pass	11:20am
AIR BLK	.00	11:21am
ACCY CHK	.07	11:22am
AIR BLK	.00	11:22am
<b>SUB TEST</b>	<b>.00</b>	<b>11:23am</b>
AIR BLK	.00	11:24am
<b>SUB TEST</b>	<b>.00</b>	<b>11:26am</b>
AIR BLK	.00	11:26am

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 SHERIFFS DEPT. 820

Serial Number: 008861      Test Record Number: 122  
Test Date: 06/24/2009      Test Time: 11:28am 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	11:29am

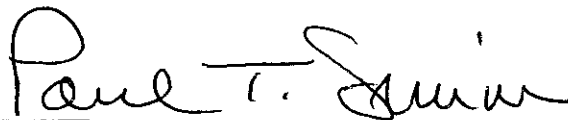
Printer Tests

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 Durham Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008871

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30<sup>th</sup> day of June, 2004 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Daniel Ottaviano  
Signature of Certifying Official

651  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008871      Test Record Number: 119  
Test Date: 06/30/2009      Test Time: 8:37pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:37pm
FLO	Pass	8:37pm
FC	Pass	8:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:38pm
SRC	Pass	8:38pm
DET	Pass	8:38pm
BAR	Pass	8:38pm
BT	Pass	8:38pm

Blank Tests

Test	Status	Time
AIR	Pass	8:38pm

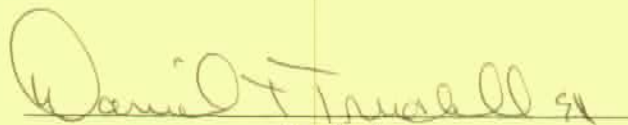
Printer Tests

Test	Status	Time
PRNT	Pass	8:38pm

CRC Tests

Test	Status	Time
COMP	Pass	8:38pm
CAL	Pass	8:38pm

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008871  
Test Date: 06/30/2009

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG816303


Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.07	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:32pm
AIR BLK	.00	8:33pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst