

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

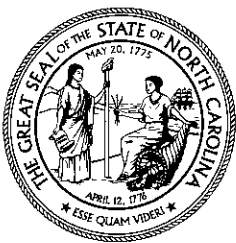
County Onslow Instrument Location Onslow County  
Instrument Serial No. 008932 Sheriff's Office

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

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

RECEIVED  
APR 16 2010  
FTA BRANCH

I certify that on the 23 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

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

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

ONslow COUNTY ONslow COUNTY SD 660

Serial Number: 008932  
Test Date: 03/23/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
10/01/2009-10/01/2011

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

Lot Number: AG920302  
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	11:53am
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

*RE Hall*

Signature of Chemical Analyst

Court CVR

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

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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932      Test Record Number: 452  
Test Date: 03/23/2010      Test Time: 12:00pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
BT	Pass	12:00pm

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH

Instrument Location ROCKY MOUNT PD

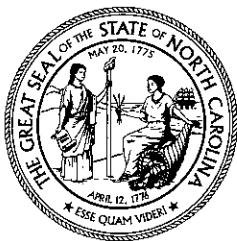
Instrument Serial No. 008741

41 GOVERNMENT PLAZA ROCKY MOUNT, NC

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

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

I certify that on the 15 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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**

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741

Test Date: 03/15/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

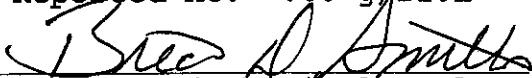
Test Type: Breath Test

Lot Number: AG916701

Exp Date: 06/16/2011

Test	g/210L	Time
DIAG	Pass	3:55pm
AIR BLK	.00	3:56pm
ACCY CHK	.08	3:57pm
AIR BLK	.00	3:58pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:58pm</b>
AIR BLK	.00	3:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:01pm</b>
AIR BLK	.00	4:02pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741      Test Record Number: 463  
Test Date: 03/15/2010      Test Time: 4:03pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	4:03pm
FLO	Pass	4:03pm
FC	Pass	4:03pm

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	4:04pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	4:04pm

**CRC Tests**

Test	Status	Time
COMP	Pass	4:04pm
CAL	Pass	4:04pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

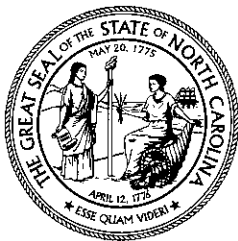
County NASH Instrument Location ROCKY MOUNT PD

Instrument Serial No. 008740 #1 GOVERNMENT PLAZA ROCKY MOUNT, NC

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

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

I certify that on the 15 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bud D. Smith  
Signature of Certifying Official

637  
Certificate Number

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

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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740  
Test Date: 03/15/2010

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

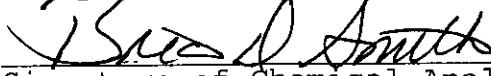
Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
10/01/2009-10/01/2011

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

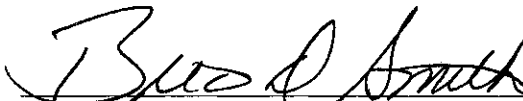
Lot Number: AG916701  
Exp Date: 06/16/2011

Test	g/210L	Time
DIAG	Pass	3:57pm
AIR BLK	.00	3:58pm
ACCY CHK	.08	3:59pm
AIR BLK	.00	4:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:00pm</b>
AIR BLK	.00	4:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:03pm</b>
AIR BLK	.00	4:04pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740      Test Record Number: 256  
Test Date: 03/15/2010      Test Time: 4:05pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:05pm
FLO	Pass	4:05pm
FC	Pass	4:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:05pm
SRC	Pass	4:05pm
DET	Pass	4:05pm
BAR	Pass	4:05pm
BT	Pass	4:05pm

Blank Tests

Test	Status	Time
AIR	Pass	4:06pm

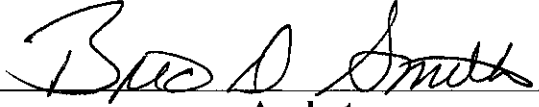
Printer Tests

Test	Status	Time
PRNT	Pass	4:06pm

CRC Tests

Test	Status	Time
COMP	Pass	4:06pm
CAL	Pass	4:06pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

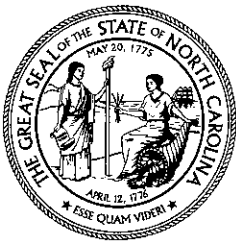
County NASH Instrument Location NASH CO. JAIL

Instrument Serial No. 008630 NASHVILLE, 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 MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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**

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630  
Test Date: 03/15/2010

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

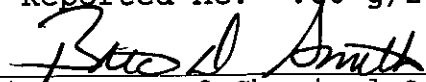
Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
10/01/2009-10/01/2011

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

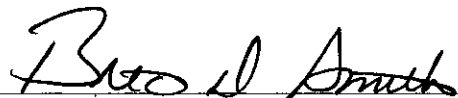
Lot Number: AG925102  
Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	4:57pm
AIR BLK	.00	4:58pm
ACCY CHK	.08	4:59pm
AIR BLK	.00	5:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:01pm</b>
AIR BLK	.00	5:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:03pm</b>
AIR BLK	.00	5:04pm

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: 1499  
Test Date: 03/15/2010      Test Time: 5:06pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:06pm
FLO	Pass	5:06pm
FC	Pass	5:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:07pm
SRC	Pass	5:07pm
DET	Pass	5:07pm
BAR	Pass	5:07pm
BT	Pass	5:07pm

Blank Tests

Test	Status	Time
AIR	Pass	5:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:07pm

CRC Tests

Test	Status	Time
COMP	Pass	5:07pm
CAL	Pass	5:07pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

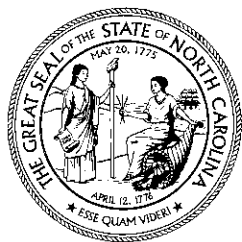
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rockingham Instrument Location Reidsville Police  
Instrument Serial No. 008784 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 31 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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**

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784  
Test Date: 03/31/2010

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


Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
10/01/2009-10/01/2011

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

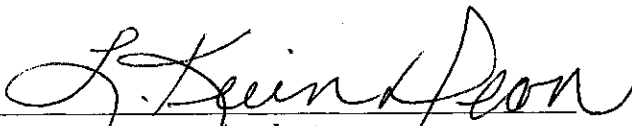
Lot Number: AG916701  
Exp Date: 06/16/2011

Test	g/210L	Time
DIAG	Pass	1:44pm
AIR BLK	.00	1:44pm
ACCY CHK	.08	1:45pm
AIR BLK	.00	1:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:47pm</b>
AIR BLK	.00	1:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:49pm</b>
AIR BLK	.00	1:50pm

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: 352  
Test Date: 03/31/2010      Test Time: 1:52pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

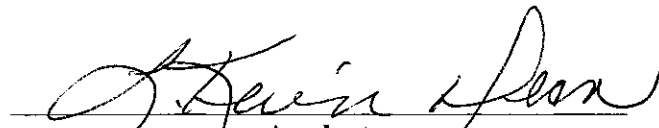
Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

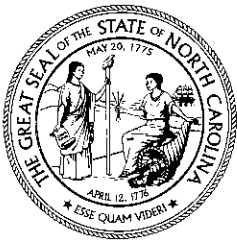
County Rockingham Instrument Location Eden Police

Instrument Serial No. 008636 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 31 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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**

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636  
Test Date: 03/31/2010

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

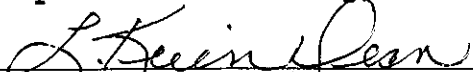
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	2:57pm
AIR BLK	.00	2:58pm
ACCY CHK	.07	2:59pm
AIR BLK	.00	3:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:00pm</b>
AIR BLK	.00	3:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:03pm</b>
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636      Test Record Number: 720  
Test Date: 03/31/2010      Test Time: 3:08pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:09pm
FLO	Pass	3:09pm
FC	Pass	3:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:09pm
SRC	Pass	3:09pm
DET	Pass	3:09pm
BAR	Pass	3:09pm
BT	Pass	3:09pm

Blank Tests

Test	Status	Time
AIR	Pass	3:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm

CRC Tests

Test	Status	Time
COMP	Pass	3:10pm
CAL	Pass	3:10pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

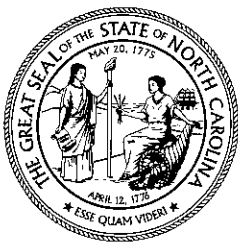
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Carteret Instrument Location BAT Mobile unit 6  
Instrument Serial No. 008939 Morehead City

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
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6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
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9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939      Test Record Number: 335  
Test Date: 03/28/2010      Test Time: 12:04am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:04am
FLO	Pass	12:04am
FC	Pass	12:05am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:05am

Printer Tests

Test	Status	Time
PRNT	Pass	12:05am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939  
Test Date: 03/27/2010

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:57pm
AIR BLK	.00	11:58pm
ACCY CHK	.08	11:58pm
AIR BLK	.00	11:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:00am</b>
AIR BLK	.00	12:00am
<b>SUB TEST</b>	<b>.00</b>	<b>12:02am</b>
AIR BLK	.00	12:03am

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**

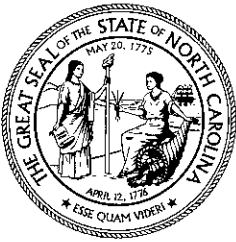
County Sampson Instrument Location BAT Mobile Unit 6

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 20 day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



F. C. Rhoad  
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**

*SAMPSON COUNTY BAT MOBILE UNIT 6 810*

Serial Number: 008898      Test Record Number: 363  
Test Date: 03/20/2010      Test Time: 9:20pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:20pm
FLO	Pass	9:20pm
FC	Pass	9:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm

Blank Tests

Test	Status	Time
AIR	Pass	9:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm

CRC Tests

Test	Status	Time
COMP	Pass	9:21pm
CAL	Pass	9:21pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

SAMPSON COUNTY BAT MOBILE UNIT 6 810

Serial Number: 008898  
Test Date: 03/20/2010

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

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

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

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

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

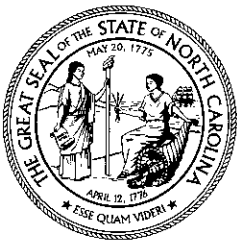
County Carteret Instrument Location BAT Mobile Unit #4

Instrument Serial No. 008869 Morehead City

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

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

I certify that on the 28 day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



F.C. Proctor  
Signature of Certifying Official

601  
Certificate Number

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

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869      Test Record Number: 253  
Test Date: 03/28/2010      Test Time: 12:15am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:16am

Printer Tests

Test	Status	Time
PRNT	Pass	12:16am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869  
Test Date: 03/28/2010

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

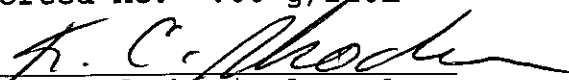
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
10/01/2009-10/01/2011

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

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

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

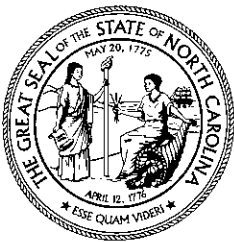
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County CRAVEN Instrument Location BAT mobile unit 6  
Instrument Serial No. 008869 New Bern

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. Phelan  
Signature of Certifying Official

601  
Certificate Number

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

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

*CRAVEN COUNTY BAT MOBILE UNIT 6 240*

Serial Number: 008869      Test Record Number: 231  
Test Date: 03/13/2010      Test Time: 6:33pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:34pm
FLO	Pass	6:34pm
FC	Pass	6:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:34pm
SRC	Pass	6:34pm
DET	Pass	6:34pm
BAR	Pass	6:34pm
BT	Pass	6:34pm

Blank Tests

Test	Status	Time
AIR	Pass	6:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:35pm

CRC Tests

Test	Status	Time
COMP	Pass	6:35pm
CAL	Pass	6:35pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

CRÁVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869  
Test Date: 03/13/2010

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

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

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

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

Test	g/210L	Time
DIAG	Pass	6:26pm
AIR BLK	.00	6:27pm
ACCY CHK	.07	6:27pm
AIR BLK	.00	6:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:29pm</b>
AIR BLK	.00	6:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:31pm</b>
AIR BLK	.00	6:32pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

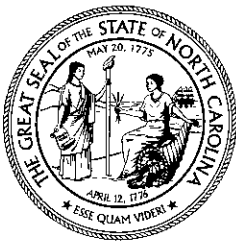
County Craven Instrument Location BAT mobile unit 6

Instrument Serial No. 008939 Now BERN

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

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



K. C. Phoebe  
Signature of Certifying Official

601  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939      Test Record Number: 327  
Test Date: 03/13/2010      Test Time: 6:22pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:23pm
FLO	Pass	6:23pm
FC	Pass	6:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:23pm
SRC	Pass	6:23pm
DET	Pass	6:23pm
BAR	Pass	6:23pm
BT	Pass	6:23pm

Blank Tests

Test	Status	Time
AIR	Pass	6:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:24pm

CRC Tests

Test	Status	Time
COMP	Pass	6:24pm
CAL	Pass	6:24pm

Preventive Maintenance  
Status: Pass

  
Analyst



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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939  
Test Date: 03/13/2010

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

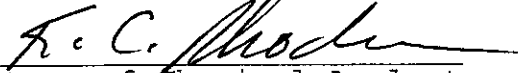
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	6:13pm
AIR BLK	.00	6:14pm
ACCY CHK	.08	6:15pm
AIR BLK	.00	6:15pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:16pm</b>
AIR BLK	.00	6:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:18pm</b>
AIR BLK	.00	6:19pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

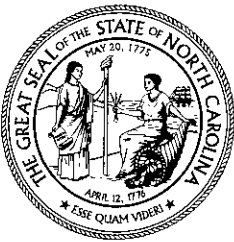
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pitt Instrument Location BAT Mobile unit 6  
Instrument Serial No. 008939 Greenville

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

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

I certify that on the 26 day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



H. C. 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

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008939      Test Record Number: 332  
Test Date: 03/26/2010      Test Time: 11:28pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:29pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008939  
Test Date: 03/26/2010

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

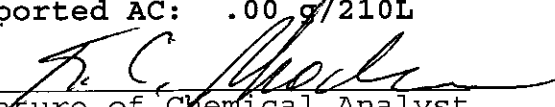
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	11:13pm
AIR BLK	.00	11:14pm
ACCY CHK	.08	11:15pm
AIR BLK	.00	11:16pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:16pm</b>
AIR BLK	.00	11:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:19pm</b>
AIR BLK	.00	11:20pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

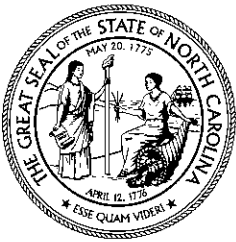
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pitt Instrument Location BAT mobile unit #  
Instrument Serial No. 008869 Greenville

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

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

I certify that on the 26 day of March, 2010 the forgoing preventive maintenance procedures were performed on the 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: 008869      Test Record Number: 249  
Test Date: 03/26/2010      Test Time: 11:47pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:48pm


Printer Tests

Test	Status	Time
PRNT	Pass	11:48pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008869  
Test Date: 03/26/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814002

Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	11:31pm
AIR BLK	.00	11:32pm
ACCY CHK	.07	11:32pm
AIR BLK	.00	11:33pm
SUB TEST	.00	11:33pm
AIR BLK	.00	11:35pm
SUB TEST	.00	11:36pm
AIR BLK	.00	11:37pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Columbus

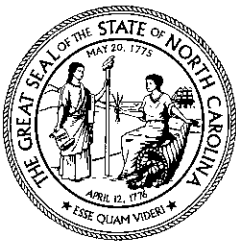
Instrument Location BAT Mobile Unit 6

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 19 day of March, 2010 the forgoing preventive maintenance procedures were performed on the 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**

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008898      Test Record Number: 361  
Test Date: 03/19/2010      Test Time: 5:18pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:19pm
FLO	Pass	5:19pm
FC	Pass	5:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:19pm
SRC	Pass	5:19pm
DET	Pass	5:19pm
BAR	Pass	5:19pm
BT	Pass	5:19pm

Blank Tests

Test	Status	Time
AIR	Pass	5:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:20pm

CRC Tests

Test	Status	Time
COMP	Pass	5:20pm
CAL	Pass	5:20pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008898  
Test Date: 03/19/2010

Citation Number: M0000000-0  
Subject's Name:

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

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

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

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

Test	g/210L	Time
DIAG	Pass	5:11pm
AIR BLK	.00	5:12pm
ACCY CHK	.07	5:12pm
AIR BLK	.00	5:13pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:14pm</b>
AIR BLK	.00	5:15pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:16pm</b>
AIR BLK	.00	5:17pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Columbus Instrument Location BAT mobile unit 6

Instrument Serial No. 008869 Whiteville PD

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

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

I certify that on the 19 day of March, 2010 the forgoing preventive maintenance procedures were performed on the 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**

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008869      Test Record Number: 237  
Test Date: 03/19/2010      Test Time: 5:28pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	5:28pm
FLO	Pass	5:28pm
FC	Pass	5:28pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	5:29pm
SRC	Pass	5:29pm
DET	Pass	5:29pm
BAR	Pass	5:29pm
BT	Pass	5:29pm

**Blank Tests**

Test	Status	Time
AIR	Pass	5:29pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	5:29pm

**CRC Tests**

Test	Status	Time
COMP	Pass	5:29pm
CAL	Pass	5:29pm

Preventive Maintenance  
Status: Pass



Analyst

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

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008869  
Test Date: 03/19/2010

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

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

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

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

Test	g/210L	Time
DIAG	Pass	5:20pm
AIR BLK	.00	5:21pm
ACCY CHK	.07	5:22pm
AIR BLK	.00	5:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:23pm</b>
AIR BLK	.00	5:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:26pm</b>
AIR BLK	.00	5:27pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

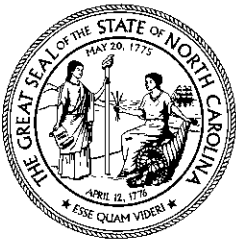
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Columbus Instrument Location BAR mobile unit  
Instrument Serial No. 008939 Whiteville PD

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

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

I certify that on the 19 day of March, 2010 the forgoing preventive maintenance procedures were performed on the 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**

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008939      Test Record Number: 330  
Test Date: 03/19/2010      Test Time: 5:39pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:40pm
FLO	Pass	5:40pm
FC	Pass	5:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:40pm
SRC	Pass	5:40pm
DET	Pass	5:40pm
BAR	Pass	5:40pm
BT	Pass	5:40pm

Blank Tests

Test	Status	Time
AIR	Pass	5:40pm

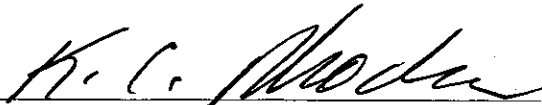
Printer Tests

Test	Status	Time
PRNT	Pass	5:40pm

CRC Tests

Test	Status	Time
COMP	Pass	5:41pm
CAL	Pass	5:41pm

Preventive Maintenance  
Status: Pass



Analyst

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

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008939  
Test Date: 03/19/2010

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG814101

Exp Date: 05/20/2010

Test	g/210L	Time
DIAG	Pass	5:30pm
AIR BLK	.00	5:31pm
ACCY CHK	.08	5:31pm
AIR BLK	.00	5:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:33pm</b>
AIR BLK	.00	5:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:36pm</b>
AIR BLK	.00	5:37pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Sampson

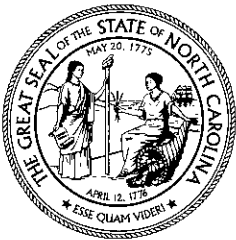
Instrument Location BAT Mobile Unit 6

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 20 day of March, 2010 the forgoing preventive maintenance procedures were performed on the 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. Phoder  
Signature of Certifying Official

601  
Certificate Number

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

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

*SAMPSON COUNTY BAT MOBILE UNIT 6 810*

Serial Number: 008869      Test Record Number: 242  
Test Date: 03/20/2010      Test Time: 9:41pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

SAMPSON COUNTY BAT MOBILE UNIT 6 810

Serial Number: 008869  
Test Date: 03/20/2010

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


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

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

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

Test	g/210L	Time
DIAG	Pass	9:32pm
AIR BLK	.00	9:33pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:35pm</b>
AIR BLK	.00	9:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:37pm</b>
AIR BLK	.00	9:38pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

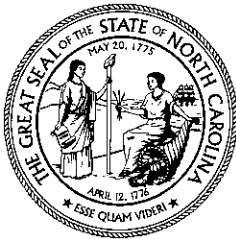
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County PENDER Instrument Location PENDER County  
Instrument Serial No. 8935 Sherriff'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 11 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera 634  
Signature of Certifying Official Certificate Number

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

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

PENDER PENDER CO SD 700

Serial Number: 008935  
Test Date: 03/11/2010

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803

Exp Date: 01/28/2012

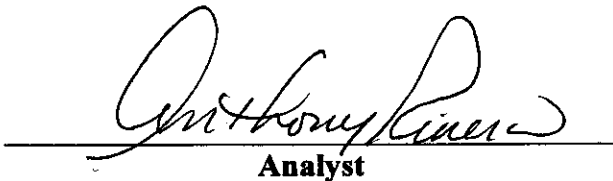
Test	g/210L	Time
DIAG	Pass	11:18am
AIR BLK	.00	11:19am
ACCY CHK	.08	11:19am
AIR BLK	.00	11:20am
<b>SUB TEST</b>	<b>.00</b>	<b>11:21am</b>
AIR BLK	.00	11:22am
<b>SUB TEST</b>	<b>.00</b>	<b>11:23am</b>
AIR BLK	.00	11:24am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

PENDER PENDER CO SD 700

Serial Number: 008935      Test Record Number : 246  
Test Date: 03/11/2010      Test Time: 11:26am EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

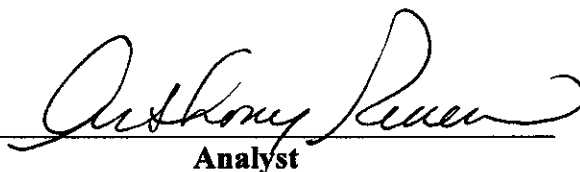
Printer Tests

Test	Status	Time
PRNT	Pass	11:27am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

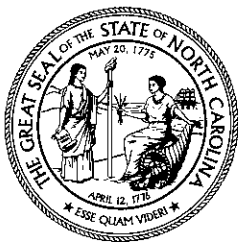
County Swain Instrument Location Swain Co. Jail

Instrument Serial No. 008727 Bryson City, NC

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

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

I certify that on the 16 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Orville R. Cutler  
Signature of Certifying Official

635  
Certificate Number

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

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727  
Test Date: 03/16/2010

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

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

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


Lot Number: AG910501  
Exp Date: 04/15/2011

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.08	11:00am
AIR BLK	.00	11:01am
<b>SUB TEST</b>	<b>.00</b>	<b>11:02am</b>
AIR BLK	.00	11:03am
<b>SUB TEST</b>	<b>.00</b>	<b>11:04am</b>
AIR BLK	.00	11:05am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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



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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727      Test Record Number: 408  
Test Date: 03/16/2010      Test Time: 11:06am EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
DET	Pass	11:07am
BAR	Pass	11:07am
BT	Pass	11:07am

**Blank Tests**

Test	Status	Time
AIR	Pass	11:07am


**Printer Tests**

Test	Status	Time
PRNT	Pass	11:07am

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

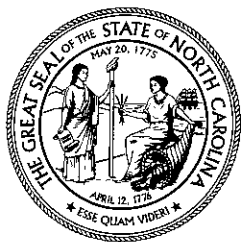
County Swain Instrument Location Swain Co. Jail

Instrument Serial No. 008723 Bryson City, NC

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

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

I certify that on the 16 day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Cuthbert

Signature of Certifying Official

635

Certificate Number

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

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723  
Test Date: 03/16/2010

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

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

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

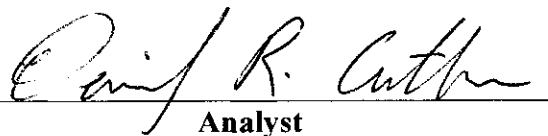
Lot Number: AG910501  
Exp Date: 04/15/2011

Test	g/210L	Time
DIAG	Pass	10:58am
AIR BLK	.00	10:58am
ACCY CHK	.08	10:59am
AIR BLK	.00	11:00am
<b>SUB TEST</b>	<b>.00</b>	<b>11:01am</b>
AIR BLK	.00	11:01am
<b>SUB TEST</b>	<b>.00</b>	<b>11:03am</b>
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*SWAIN COUNTY SWAIN COUNTY JAIL 860*

Serial Number: 008723      Test Record Number: 196  
Test Date: 03/16/2010      Test Time: 11:05am EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	11:06am

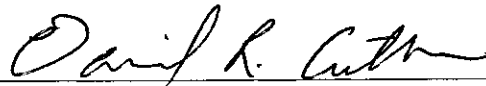
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:06am

**CRC Tests**

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

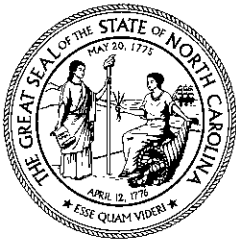
County FRANKLIN Instrument Location FRANKLIN CO. JAIL

Instrument Serial No. 008942 385 T CAMP RD LEWISBURG, NC

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

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

I certify that on the 31 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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**

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942  
Test Date: 03/31/2010

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


Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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


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

Test	g/210L	Time
DIAG	Pass	10:53am
AIR BLK	.00	10:54am
ACCY CHK	.08	10:55am
AIR BLK	.00	10:56am
<b>SUB TEST</b>	<b>.00</b>	<b>10:56am</b>
AIR BLK	.00	10:57am
<b>SUB TEST</b>	<b>.00</b>	<b>10:59am</b>
AIR BLK	.00	11:00am

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: 223  
Test Date: 03/31/2010      Test Time: 11:02am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:02am
FLO	Pass	11:02am
FC	Pass	11:02am

Temperature Tests

Test	Status	Time
FC1	Pass	11:02am
SRC	Pass	11:02am
DET	Pass	11:02am
BAR	Pass	11:02am
BT	Pass	11:02am

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

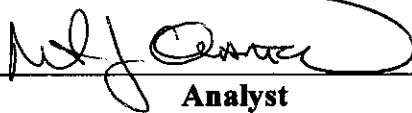
Printer Tests

Test	Status	Time
PRNT	Pass	11:03am

CRC Tests

Test	Status	Time
COMP	Pass	11:03am
CAL	Pass	11:03am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

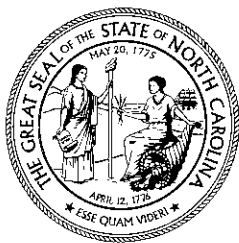
County FRANKLIN Instrument Location FRANKLIN CO TAIL

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 31 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933

Test Date: 03/31/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG904903

Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	11:00am
AIR BLK	.00	11:01am
ACCY CHK	.08	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am

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: 340  
Test Date: 03/31/2010      Test Time: 11:09am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:10am

Printer Tests

Test	Status	Time
PRNT	Pass	11:10am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

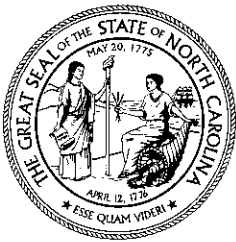
County FRANKLIN Instrument Location FRANKLIN PD

Instrument Serial No. 008815 7 W. MASON ST. 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 31 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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**

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815  
Test Date: 03/31/2010

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904903

Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	11:36am
AIR BLK	.00	11:37am
ACCY CHK	.08	11:37am
AIR BLK	.00	11:38am
<b>SUB TEST</b>	<b>.00</b>	<b>11:39am</b>
AIR BLK	.00	11:40am
<b>SUB TEST</b>	<b>.00</b>	<b>11:41am</b>
AIR BLK	.00	11:42am

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: 325  
Test Date: 03/31/2010      Test Time: 11:43am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:44am
FLO	Pass	11:44am
FC	Pass	11:44am

Temperature Tests

Test	Status	Time
FC1	Pass	11:44am
SRC	Pass	11:44am
DET	Pass	11:44am
BAR	Pass	11:44am
BT	Pass	11:44am

Blank Tests

Test	Status	Time
AIR	Pass	11:44am

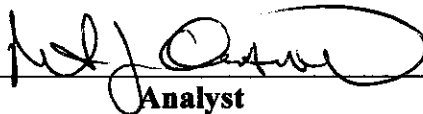
Printer Tests

Test	Status	Time
PRNT	Pass	11:44am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

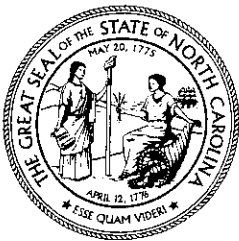
County IREDELL Instrument Location BATMOBILE UNIT 3

Instrument Serial No. 008616 MOORESVILLE, 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 MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Bano

Signature of Certifying Official

648

Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616  
Test Date: 03/27/2010

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904903

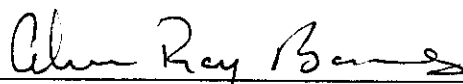
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	11:13pm
AIR BLK	.00	11:14pm
ACCY CHK	.07	11:14pm
AIR BLK	.00	11:15pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:16pm</b>
AIR BLK	.00	11:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:18pm</b>
AIR BLK	.00	11:19pm

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616      Test Record Number: 785  
Test Date: 03/27/2010      Test Time: 11:23pm 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

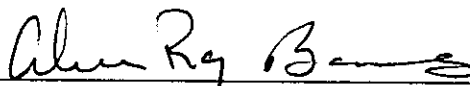
Printer Tests

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

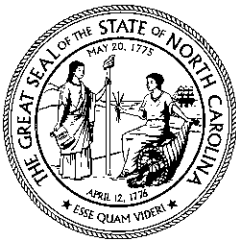
County Wilkes Instrument Location North Wilkesboro P.D.

Instrument Serial No. 008862

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

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

I certify that on the 25 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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**

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862  
Test Date: 03/25/2010

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

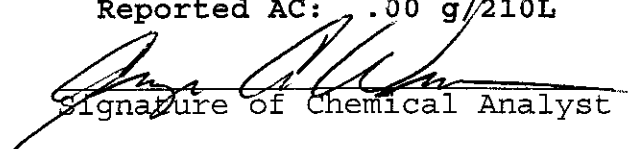
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
10/01/2009-10/01/2011

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

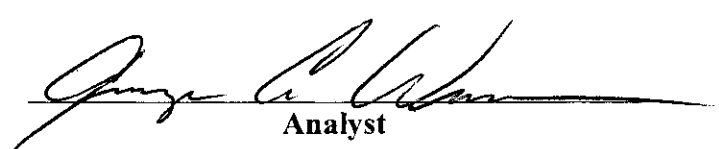
Lot Number: AG816303  
Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	1:08pm
AIR BLK	.00	1:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:10pm</b>
AIR BLK	.00	1:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:13pm</b>
AIR BLK	.00	1:14pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

*WILKES COUNTY NORTH WILKESBORO PD 960*

Serial Number: 008862      Test Record Number: 164  
Test Date: 03/25/2010      Test Time: 1:19pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	1:19pm
FLO	Pass	1:19pm
FC	Pass	1:19pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

**Blank Tests**

Test	Status	Time
AIR	Pass	1:20pm

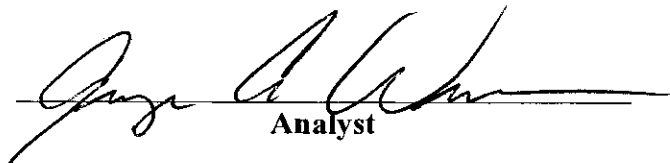
**Printer Tests**

Test	Status	Time
PRNT	Pass	1:20pm

**CRC Tests**

Test	Status	Time
COMP	Pass	1:20pm
CAL	Pass	1:20pm

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 Wilkes

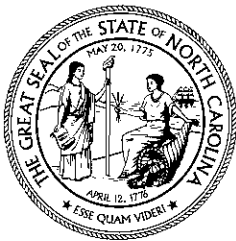
Instrument Location Wilkes Co Court House

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 25 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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**

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843  
Test Date: 03/25/2010

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

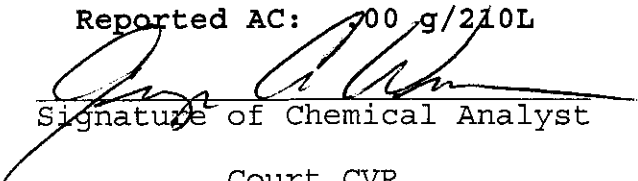
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	11:59am
AIR BLK	.00	11:59am
ACCY CHK	.07	12:00pm
AIR BLK	.00	12:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:02pm</b>
AIR BLK	.00	12:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:04pm</b>
AIR BLK	.00	12:05pm

Reported AC: 000 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: 575  
Test Date: 03/25/2010      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**

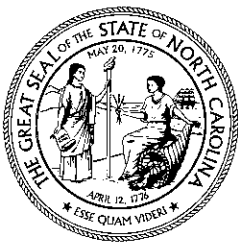
County Yadkin Instrument Location Yadkinville P.D.

Instrument Serial No. 008925

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

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

I certify that on the 24 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

632  
Certificate Number

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

Intox EC/IR-II: Subject Test

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925  
Test Date: 03/24/2010

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

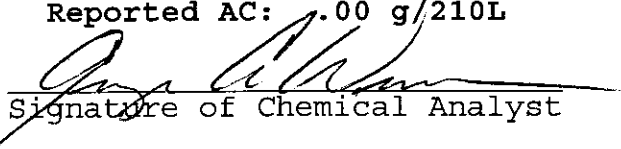
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	2:38pm
AIR BLK	.00	2:39pm
ACCY CHK	.08	2:40pm
AIR BLK	.00	2:41pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:41pm</b>
AIR BLK	.00	2:42pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:44pm</b>
AIR BLK	.00	2:45pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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



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

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925      Test Record Number: 166  
Test Date: 03/24/2010      Test Time: 2:45pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:46pm
FLO	Pass	2:46pm
FC	Pass	2:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:46pm
SRC	Pass	2:46pm
DET	Pass	2:46pm
BAR	Pass	2:46pm
BT	Pass	2:46pm

Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

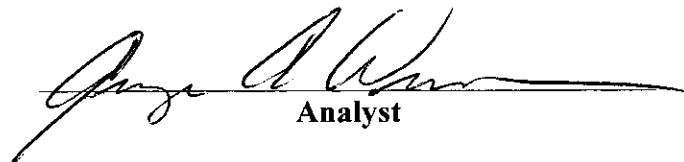
Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm

CRC Tests

Test	Status	Time
COMP	Pass	2:47pm
CAL	Pass	2:47pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

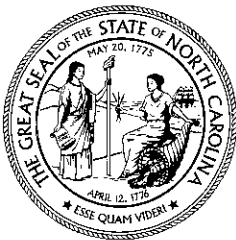
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Ashe Instrument Location Ashe Co Jail (New)  
140 GOVERNMENT CIR.  
Instrument Serial No. 008849 JEFFERSON, NC 28640

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

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

I certify that on the 10 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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: 03/10/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: Unknown

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

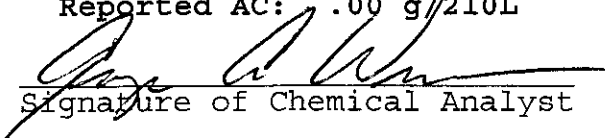
Test Type: Breath Test

Lot Number: AG816302

Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	4:44pm
AIR BLK	.00	4:45pm
ACCY CHK	.07	4:46pm
AIR BLK	.00	4:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:48pm</b>
AIR BLK	.00	4:49pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:50pm</b>
AIR BLK	.00	4:51pm

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: 344  
Test Date: 03/10/2010      Test Time: 4:53pm EST

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	4:54pm

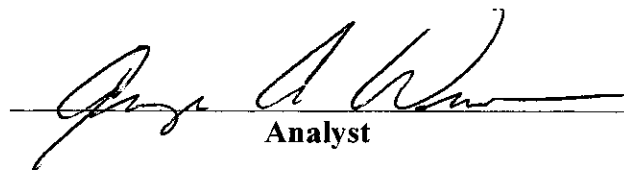
Printer Tests

Test	Status	Time
PRNT	Pass	4:54pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

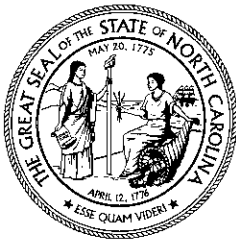
County Wilkes Instrument Location North Wilkesboro P.O.

Instrument Serial No. 008638

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

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

I certify that on the 10 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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**

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008638  
Test Date: 03/10/2010

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

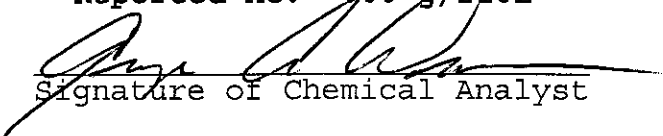
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
10/01/2009-10/01/2011

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

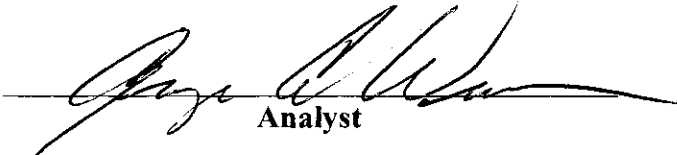
Lot Number: AG816303  
Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	11:50am
AIR BLK	.00	11:50am
ACCY CHK	.07	11:51am
AIR BLK	.00	11:52am
<b>SUB TEST</b>	<b>.00</b>	<b>11:53am</b>
AIR BLK	.00	11:54am
<b>SUB TEST</b>	<b>.00</b>	<b>11:55am</b>
AIR BLK	.00	11:56am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR.

  
Analyst

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008638      Test Record Number: 352  
Test Date: 03/10/2010      Test Time: 11:58am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:58am
FLO	Pass	11:58am
FC	Pass	11:58am

Temperature Tests

Test	Status	Time
FC1	Pass	11:59am
SRC	Pass	11:59am
DET	Pass	11:59am
BAR	Pass	11:59am
BT	Pass	11:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:59am

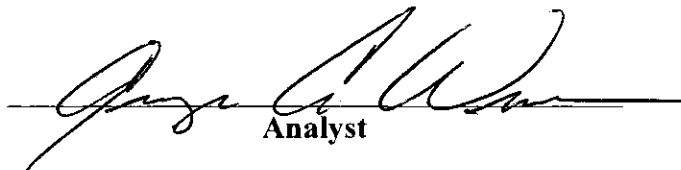
Printer Tests

Test	Status	Time
PRNT	Pass	11:59am

CRC Tests

Test	Status	Time
COMP	Pass	11:59am
CAL	Pass	11:59am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Yadkin

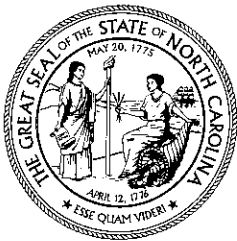
Instrument Location Yadkinville P.D.

Instrument Serial No. 008828

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

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

I certify that on the 9 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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

\_\_\_\_\_  
Certificate Number

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



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

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008828  
Test Date: 03/09/2010

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

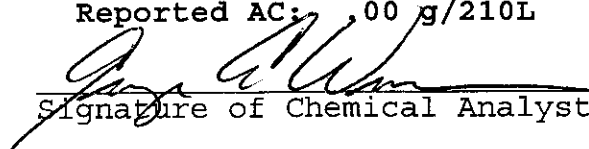
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	12:11pm
AIR BLK	.00	12:12pm
ACCY CHK	.08	12:13pm
AIR BLK	.00	12:14pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:15pm</b>
AIR BLK	.00	12:16pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:17pm</b>
AIR BLK	.00	12:18pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008828      Test Record Number: 181  
Test Date: 03/09/2010      Test Time: 12:19pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT	Pass	12:19pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

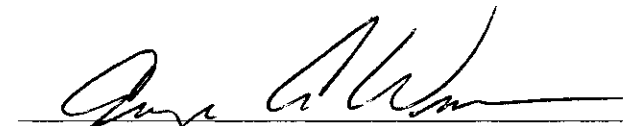
Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm

CRC Tests

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

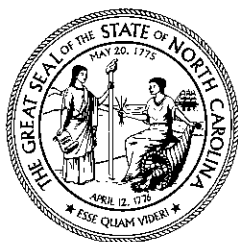
County Rockingham Instrument Location Rockingham Co. Jail

Instrument Serial No. 008796 Wentworth, NC

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

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

I certify that on the 8 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

632  
Certificate Number

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

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

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL  
780

Serial Number: 008796  
Test Date: 03/08/2010

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

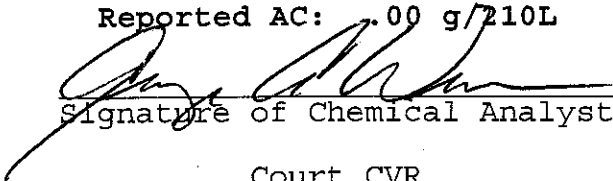
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	3:31pm
AIR BLK	.00	3:32pm
ACCY CHK	.07	3:33pm
AIR BLK	.00	3:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:35pm</b>
AIR BLK	.00	3:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:37pm</b>
AIR BLK	.00	3:38pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796      Test Record Number: 496  
Test Date: 03/08/2010      Test Time: 3:39pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC	Pass	3:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

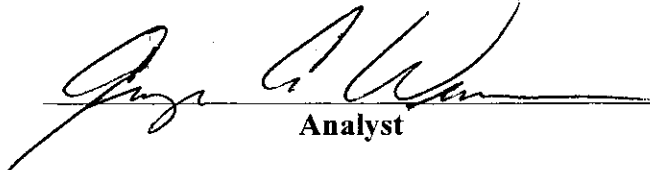
Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm

CRC Tests

Test	Status	Time
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford

Instrument Location Greensboro Police

Instrument Serial No. 008725

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



[Signature]  
Signature of Certifying Official

642  
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725

Test Date: 03/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

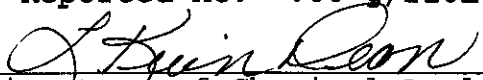
Test Type: Breath Test

Lot Number: AG920303

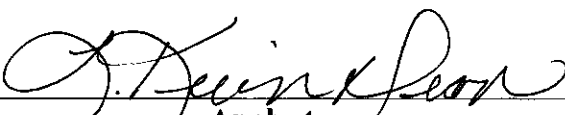
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	11:17am
AIR BLK	.00	11:18am
ACCY CHK	.08	11:19am
AIR BLK	.00	11:20am
<b>SUB TEST</b>	<b>.00</b>	<b>11:20am</b>
AIR BLK	.00	11:21am
<b>SUB TEST</b>	<b>.00</b>	<b>11:22am</b>
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725      Test Record Number: 1168  
Test Date: 03/11/2010      Test Time: 11:24am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:24am
FLO	Pass	11:24am
FC	Pass	11:25am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

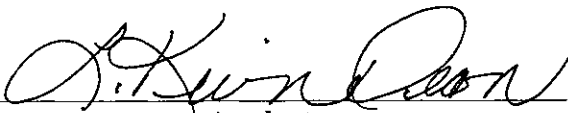
Printer Tests

Test	Status	Time
PRNT	Pass	11:25am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location High Point Jail

Instrument Serial No. 008718

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

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

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



[Signature]  
Signature of Certifying Official

647  
Certificate Number

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

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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718  
Test Date: 03/11/2010

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

Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
10/01/2009-10/01/2011

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

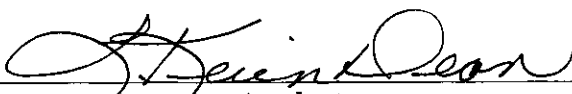
Lot Number: AG902001  
Exp Date: 01/20/2011

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*GUILFORD COUNTY HIGH POINT JAIL 401*

Serial Number: 008718      Test Record Number: 216  
Test Date: 03/11/2010      Test Time: 2:10pm EST

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

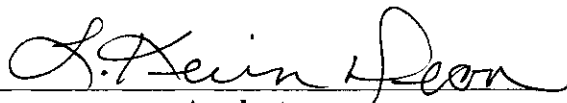
Printer Tests

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

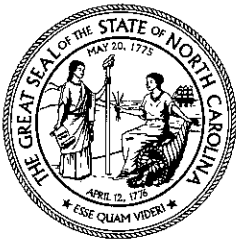
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

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



[Signature]  
Signature of Certifying Official

642  
Certificate Number

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

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868  
Test Date: 03/11/2010

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

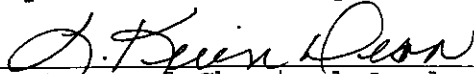
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
10/01/2009-10/01/2011

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

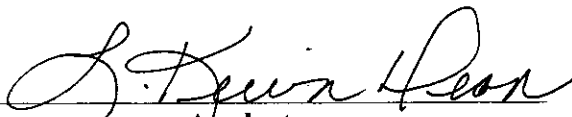
Lot Number: AG904902  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	3:50pm
AIR BLK	.00	3:51pm
ACCY CHK	.07	3:52pm
AIR BLK	.00	3:52pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:53pm</b>
AIR BLK	.00	3:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:55pm</b>
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868      Test Record Number: 837  
Test Date: 03/11/2010      Test Time: 3:57pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

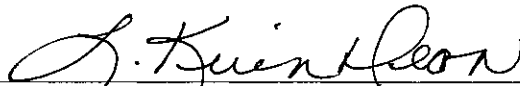
Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm

CRC Tests

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

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**

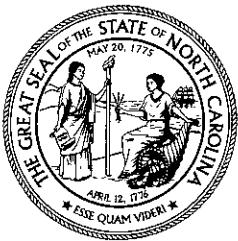
County Guilford Instrument Location High Point Jail

Instrument Serial No. 008655

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

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

I certify that on the 11 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the 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. T. Keen  
Signature of Certifying Official

642  
Certificate Number

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

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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655  
Test Date: 03/11/2010

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


Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	2:27pm
AIR BLK	.00	2:27pm
ACCY CHK	.07	2:28pm
AIR BLK	.00	2:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:29pm</b>
AIR BLK	.00	2:30pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:32pm</b>
AIR BLK	.00	2:32pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

*GUILFORD COUNTY HIGH POINT JAIL 401*

Serial Number: 008655      Test Record Number: 1264  
Test Date: 03/11/2010      Test Time: 2:33pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

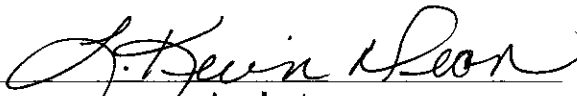
Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm

CRC Tests

Test	Status	Time
COMP	Pass	2:34pm
CAL	Pass	2:34pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

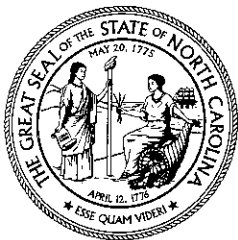
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rowan Instrument Location Salisbury Police  
Instrument Serial No. 008835 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 11 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



J. H. Stein  
Signature of Certifying Official

642  
Certificate Number

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

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Date: 03/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

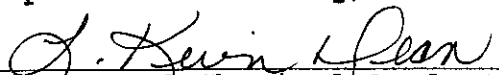
Test Type: Breath Test

Lot Number: AG904902

Exp Date: 02/18/2011

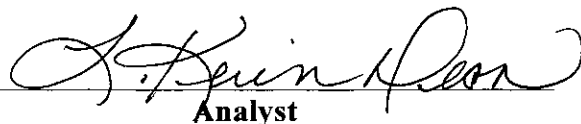
Test	g/210L	Time
DIAG	Pass	4:18pm
AIR BLK	.00	4:19pm
ACCY CHK	.07	4:20pm
AIR BLK	.00	4:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:21pm</b>
AIR BLK	.00	4:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:24pm</b>
AIR BLK	.00	4:25pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835      Test Record Number: 466  
Test Date: 03/11/2010      Test Time: 4:26pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:26pm
FLO	Pass	4:26pm
FC	Pass	4:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:26pm
SRC	Pass	4:26pm
DET	Pass	4:26pm
BAR	Pass	4:26pm
BT	Pass	4:26pm

Blank Tests

Test	Status	Time
AIR	Pass	4:27pm

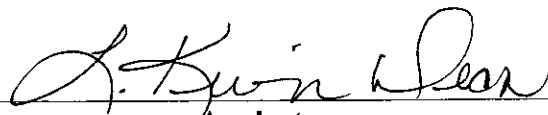
Printer Tests

Test	Status	Time
PRNT	Pass	4:27pm

CRC Tests

Test	Status	Time
COMP	Pass	4:27pm
CAL	Pass	4:27pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

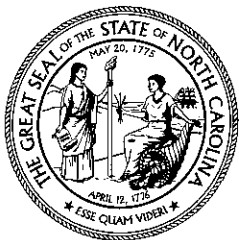
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County 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 23 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the 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**

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791  
Test Date: 03/23/2010

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

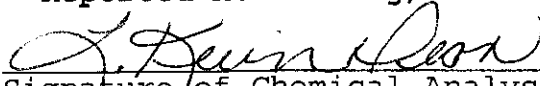
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
10/01/2009-10/01/2011

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

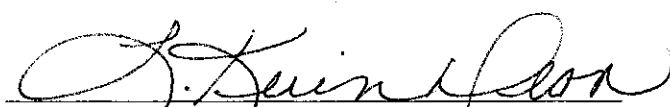
Lot Number: AG904902  
Exp Date: 02/18/2011

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

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: 363  
Test Date: 03/23/2010      Test Time: 12:37pm 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	12:38pm

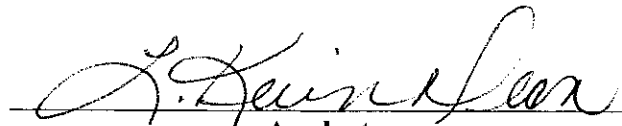
Printer Tests

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

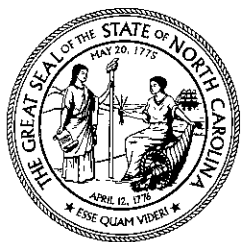
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rowan Instrument Location Salisbury Police  
Instrument Serial No. 008865 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 March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

642  
Certificate Number

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



Intox EC/IR-II: Subject Test

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008865

Test Date: 03/23/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

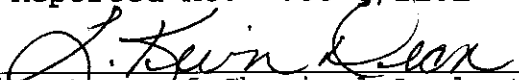
Test Type: Breath Test

Lot Number: AG904902

Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	4:17pm
AIR BLK	.00	4:18pm
ACCY CHK	.07	4:18pm
AIR BLK	.00	4:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:20pm</b>
AIR BLK	.00	4:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:23pm</b>
AIR BLK	.00	4:24pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008865      Test Record Number: 212  
Test Date: 03/23/2010      Test Time: 4:24pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:25pm
FLO	Pass	4:25pm
FC	Pass	4:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:25pm
SRC	Pass	4:25pm
DET	Pass	4:25pm
BAR	Pass	4:25pm
BT	Pass	4:25pm

Blank Tests

Test	Status	Time
AIR	Pass	4:25pm

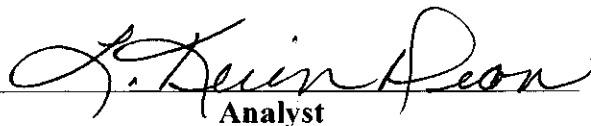
Printer Tests

Test	Status	Time
PRNT	Pass	4:26pm

CRC Tests

Test	Status	Time
COMP	Pass	4:26pm
CAL	Pass	4:26pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

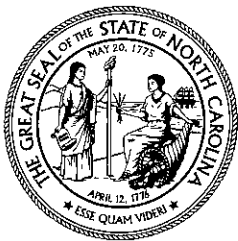
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 25 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the 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**

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Date: 03/25/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301

Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	11:19am
AIR BLK	.00	11:20am
ACCY CHK	.07	11:20am
AIR BLK	.00	11:21am
<b>SUB TEST</b>	<b>.00</b>	<b>11:22am</b>
AIR BLK	.00	11:23am
<b>SUB TEST</b>	<b>.00</b>	<b>11:24am</b>
AIR BLK	.00	11:25am

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR

Bobby D. Willis  
Analyst

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

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824      Test Record Number: 387  
Test Date: 03/25/2010      Test Time: 11:27am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:28am

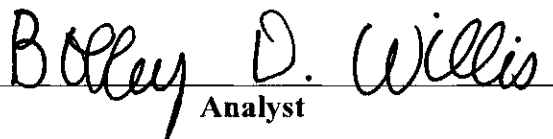
Printer Tests

Test	Status	Time
PRNT	Pass	11:28am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

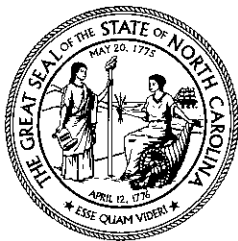
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 25 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the 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**

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842  
Test Date: 03/25/2010

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

Analyst's Name: WILLIS, BOBBY D  
Permit Number: 08010E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.08	11:56am
AIR BLK	.00	11:57am
<b>SUB TEST</b>	<b>.00</b>	<b>11:58am</b>
AIR BLK	.00	11:59am
<b>SUB TEST</b>	<b>.00</b>	<b>12:00pm</b>
AIR BLK	.00	12:01pm

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR

Bobby D. Willis  
Analyst

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

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842      Test Record Number: 565  
Test Date: 03/25/2010      Test Time: 12:02pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm

CRC Tests

Test	Status	Time
COMP	Pass	12:04pm
CAL	Pass	12:04pm

Preventive Maintenance  
Status: Pass

Bobby D. Willis  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

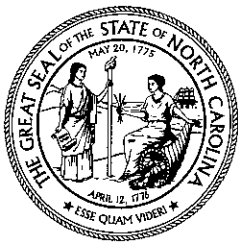
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Iredell Instrument Location Iredell County S. D.  
Instrument Serial No. 008809 221 E. Water St., Statesville  
704-878-3131

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

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

I certify that on the 17 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



B. Ray T. Willes  
Signature of Certifying Official

557  
Certificate Number

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

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

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809  
Test Date: 03/17/2010

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

Analyst's Name: WILLIS, BOBBY D  
Permit Number: 08010E  
Effective:  
10/01/2009-10/01/2011

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

Lot Number: AG920401  
Exp Date: 07/23/2011

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.08	12:17pm
AIR BLK	.00	12:18pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:18pm</b>
AIR BLK	.00	12:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:21pm</b>
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR

Bobby D. Willis  
Analyst

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

*IREDELL COUNTY IREDELL COUNTY SD 480*

Serial Number: 008809      Test Record Number: 1026  
Test Date: 03/17/2010      Test Time: 12:24pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

Bobby D. Willis  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

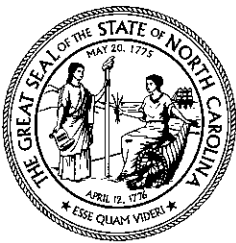
County Iredell Instrument Location Statesville P. D.

Instrument Serial No. 008619 330 S. Tradd St, Statesville  
704-878-3406

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

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

I certify that on the 17 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the 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 L. Willes  
Signature of Certifying Official

557  
Certificate Number

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

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

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619  
Test Date: 03/17/2010

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

Analyst's Name: WILLIS, BOBBY D  
Permit Number: 08010E  
Effective:  
10/01/2009-10/01/2011

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

Lot Number: AG920401  
Exp Date: 07/23/2011

Test	g/210L	Time
DIAG	Pass	10:38am
AIR BLK	.00	10:39am
ACCY CHK	.08	10:40am
AIR BLK	.00	10:41am
<b>SUB TEST</b>	<b>.00</b>	<b>10:42am</b>
AIR BLK	.00	10:43am
<b>SUB TEST</b>	<b>.00</b>	<b>10:44am</b>
AIR BLK	.00	10:45am

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR

Bobby D. Willis  
Analyst

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

*IREDELL COUNTY STATESVILLE PD 480*

Serial Number: 008619      Test Record Number: 442  
Test Date: 03/17/2010      Test Time: 10:45am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:47am

Printer Tests

Test	Status	Time
PRNT	Pass	10:47am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

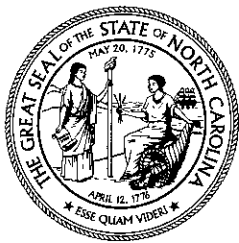
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Cornelius P.D.  
Instrument Serial No. 008692 21440 Catawba Ave. Cornelius  
704-892-1363

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

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

I certify that on the 15 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the 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. Wilkins  
Signature of Certifying Official

557  
Certificate Number

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

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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692  
Test Date: 03/15/2010

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

Analyst's Name: WILLIS, BOBBY D  
Permit Number: 08010E  
Effective:  
10/01/2009-10/01/2011

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

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

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	12:38pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:39pm</b>
AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR

Bobby D. Willis  
Analyst



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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692      Test Record Number: 597  
Test Date: 03/15/2010      Test Time: 12:41pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:41pm
FLO	Pass	12:41pm
FC	Pass	12:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

Bobby D. Willis  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

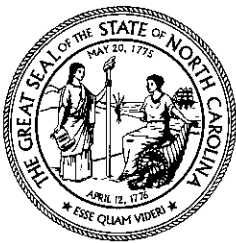
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Polk Instrument Location Polk County S.D.  
Instrument Serial No. 008927 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 5 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bobby D. Willis  
Signature of Certifying Official

557  
Certificate Number

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

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

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008927  
Test Date: 03/05/2010

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

Analyst's Name: WILLIS, BOBBY D  
Permit Number: 08010E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	10:40am
AIR BLK	.00	10:41am
ACCY CHK	.08	10:41am
AIR BLK	.00	10:42am
<b>SUB TEST</b>	<b>.00</b>	<b>10:43am</b>
AIR BLK	.00	10:44am
<b>SUB TEST</b>	<b>.00</b>	<b>10:45am</b>
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

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: 008927      Test Record Number: 253  
Test Date: 03/05/2010      Test Time: 10:47am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:47am
FLO	Pass	10:47am
FC	Pass	10:47am

Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

Blank Tests

Test	Status	Time
AIR	Pass	10:48am

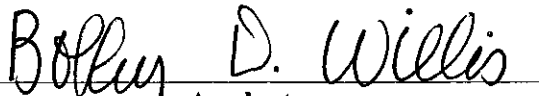
Printer Tests

Test	Status	Time
PRNT	Pass	10:48am

CRC Tests

Test	Status	Time
COMP	Pass	10:48am
CAL	Pass	10:48am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Yancey Instrument Location Yancey Co. Jail

Instrument Serial No. 008653 Bucasville, 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 March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653  
Test Date: 03/26/2010

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

Analyst's Name: BURNETTE, ANTHONY J  
Permit Number: 11304E  
Effective:  
10/01/2009-10/01/2011

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

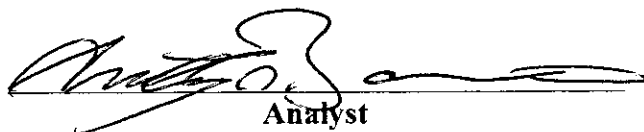
Lot Number: AG916701  
Exp Date: 06/16/2011

Test	g/210L	Time
DIAG	Pass	5:39pm
AIR BLK	.00	5:40pm
ACCY CHK	.08	5:41pm
AIR BLK	.00	5:42pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:43pm</b>
AIR BLK	.00	5:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:45pm</b>
AIR BLK	.00	5:46pm

Reported AC: .00 g/210L

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

Court CVR

  
Analyst

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

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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653      Test Record Number: 625  
Test Date: 03/26/2010      Test Time: 5:47pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	5:48pm
FLO	Pass	5:48pm
FC	Pass	5:48pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	5:48pm
SRC	Pass	5:48pm
DET	Pass	5:48pm
BAR	Pass	5:48pm
BT	Pass	5:48pm

**Blank Tests**

Test	Status	Time
AIR	Pass	5:49pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	5:49pm

**CRC Tests**

Test	Status	Time
COMP	Pass	5:49pm
CAL	Pass	5:49pm

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**

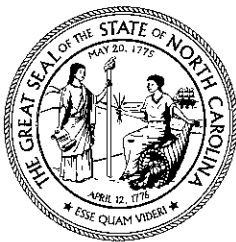
County Mitchell Instrument Location Spruce Pine P.D.

Instrument Serial No. 008726 Spruce Pine, NC

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

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

I certify that on the 18 day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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



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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726  
Test Date: 03/18/2010

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

Analyst's Name: BURNETTE, ANTHONY J  
Permit Number: 11304E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	11:46am
AIR BLK	.00	11:47am
ACCY CHK	.08	11:48am
AIR BLK	.00	11:49am
<b>SUB TEST</b>	<b>.00</b>	<b>11:49am</b>
AIR BLK	.00	11:50am
<b>SUB TEST</b>	<b>.00</b>	<b>11:52am</b>
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

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

Court CVR

  
Analyst

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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726      Test Record Number: 261  
Test Date: 03/18/2010      Test Time: 11:54am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:54am
FLO	Pass	11:54am
FC	Pass	11:54am

Temperature Tests

Test	Status	Time
FC1	Pass	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

Blank Tests

Test	Status	Time
AIR	Pass	11:55am

Printer Tests

Test	Status	Time
PRNT	Pass	11:55am

CRC Tests

Test	Status	Time
COMP	Pass	11:55am
CAL	Pass	11:55am

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**

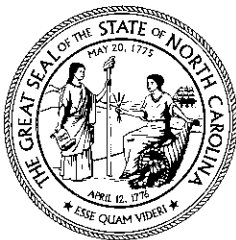
County Washington Instrument Location Washington Co. S.O.

Instrument Serial No. 004829 Adams St., Plymouth, N.C.

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

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

I certify that on the 24th day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



James Kessel  
Signature of Certifying Official

497  
Certificate Number

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

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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829  
Test Date: 03/24/2010

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

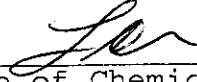
Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
10/01/2009-10/01/2011

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

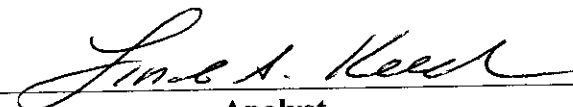
Lot Number: AG816303  
Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	1:27pm
AIR BLK	.00	1:27pm
ACCY CHK	.07	1:28pm
AIR BLK	.00	1:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:30pm</b>
AIR BLK	.00	1:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:32pm</b>
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829      Test Record Number: 188  
Test Date: 03/24/2010      Test Time: 1:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

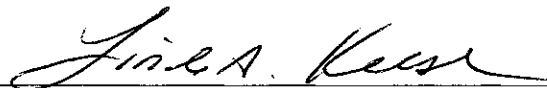
Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm

CRC Tests

Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance  
Status: Pass



**Analyst**

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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829  
Test Date: 03/24/2010

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

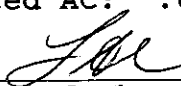
Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
10/01/2009-10/01/2011

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

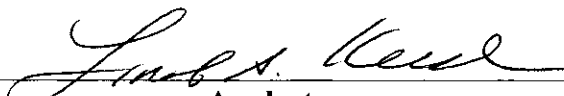
Lot Number: AG816303  
Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	1:27pm
AIR BLK	.00	1:27pm
ACCY CHK	.07	1:28pm
AIR BLK	.00	1:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:30pm</b>
AIR BLK	.00	1:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:32pm</b>
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829      Test Record Number: 188  
Test Date: 03/24/2010      Test Time: 1:35pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

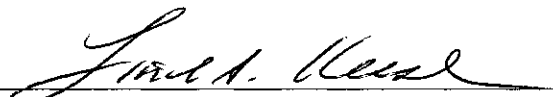
Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm

CRC Tests

Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

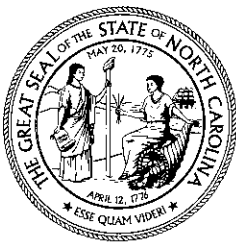
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Tyrrell Instrument Location Tyrrell Co. S.D.  
Instrument Serial No. 004902 402 Main St., Columbia, N.C.

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

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

I certify that on the 24<sup>th</sup> day of March, 2010 the forgoing preventive maintenance procedures were performed on the 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

677  
Certificate Number

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



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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902  
Test Date: 03/24/2010

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


Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	12:16pm
AIR BLK	.00	12:17pm
ACCY CHK	.07	12:18pm
AIR BLK	.00	12:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:19pm</b>
AIR BLK	.00	12:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:22pm</b>
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*TYRRELL COUNTY SHERIFF'S OFFICE 880*

Serial Number: 008902      Test Record Number: 204  
Test Date: 03/24/2010      Test Time: 12:24pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:25pm
FLO	Pass	12:25pm
FC	Pass	12:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:25pm
SRC	Pass	12:25pm
DET	Pass	12:25pm
BAR	Pass	12:25pm
BT	Pass	12:25pm

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

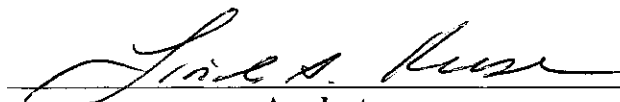
Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm

CRC Tests

Test	Status	Time
COMP	Pass	12:26pm
CAL	Pass	12:26pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902  
Test Date: 03/24/2010

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

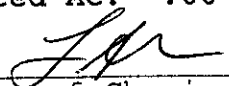
Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
10/01/2009-10/01/2011

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

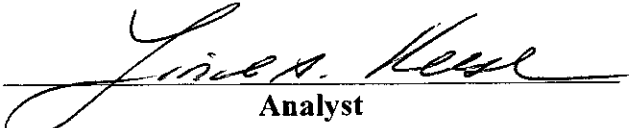
Lot Number: AG816302  
Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	12:16pm
AIR BLK	.00	12:17pm
ACCY CHK	.07	12:18pm
AIR BLK	.00	12:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:19pm</b>
AIR BLK	.00	12:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:22pm</b>
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

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

Court CVR.

  
\_\_\_\_\_  
Analyst

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

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

*TYRRELL COUNTY SHERIFF'S OFFICE 880*

Serial Number: 008902      Test Record Number: 204  
Test Date: 03/24/2010      Test Time: 12:24pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:25pm
FLO	Pass	12:25pm
FC	Pass	12:25pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:25pm
SRC	Pass	12:25pm
DET	Pass	12:25pm
BAR	Pass	12:25pm
BT	Pass	12:25pm

**Blank Tests**

Test	Status	Time
AIR	Pass	12:25pm

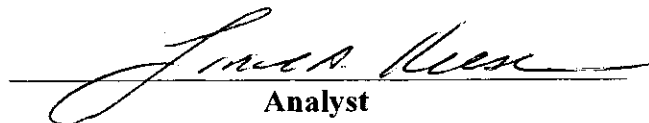
**Printer Tests**

Test	Status	Time
PRNT	Pass	12:25pm

**CRC Tests**

Test	Status	Time
COMP	Pass	12:26pm
CAL	Pass	12:26pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

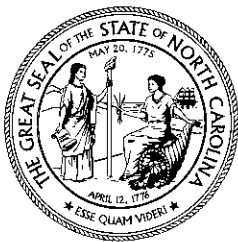
County MARTIN Instrument Location MARTIN Co. S.D.

Instrument Serial No. 008879 305 E. MAIN ST., WILLIAMSON, N.C.

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

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

I certify that on the 22<sup>nd</sup> day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jinda A. Kesh  
Signature of Certifying Official

4-17  
Certificate Number

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

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879  
Test Date: 03/22/2010

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

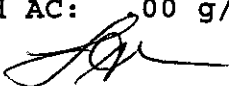
Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	12:05pm
AIR BLK	.00	12:05pm
ACCY CHK	.08	12:06pm
AIR BLK	.00	12:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:08pm</b>
AIR BLK	.00	12:08pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:10pm</b>
AIR BLK	.00	12:11pm

Reported AC: 00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*MARTIN COUNTY SHERIFF'S OFFICE 570*

Serial Number: 008879      Test Record Number: 166  
Test Date: 03/22/2010      Test Time: 12:13pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm

CRC Tests

Test	Status	Time
COMP	Pass	12:15pm
CAL	Pass	12:15pm

Preventive Maintenance  
Status: Pass

  
Analyst

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879  
Test Date: 03/22/2010

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


Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	12:05pm
AIR BLK	.00	12:05pm
ACCY CHK	.08	12:06pm
AIR BLK	.00	12:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:08pm</b>
AIR BLK	.00	12:08pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:10pm</b>
AIR BLK	.00	12:11pm

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**

*MARTIN COUNTY SHERIFF'S OFFICE 570*

Serial Number: 008879      Test Record Number: 166  
Test Date: 03/22/2010      Test Time: 12:13pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

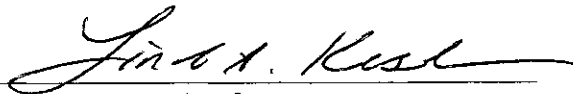
Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm

CRC Tests

Test	Status	Time
COMP	Pass	12:15pm
CAL	Pass	12:15pm

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**

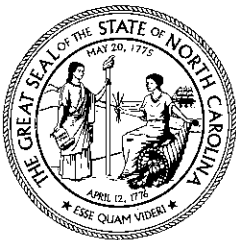
County Martin Instrument Location Martin Co. S.O.

Instrument Serial No. 008912 305 E. MAIN ST., WILLIAMSTON, N.C.

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

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

I certify that on the 22<sup>ND</sup> day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

697  
Certificate Number

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

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912  
Test Date: 03/22/2010

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

Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
10/01/2009-10/01/2011

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

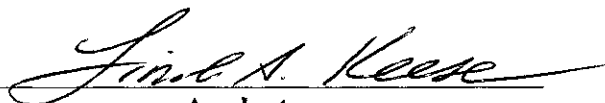
Lot Number: AG002803  
Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	11:35am
AIR BLK	.00	11:36am
ACCY CHK	.08	11:37am
AIR BLK	.00	11:38am
<b>SUB TEST</b>	<b>.00</b>	<b>11:38am</b>
AIR BLK	.00	11:39am
<b>SUB TEST</b>	<b>.00</b>	<b>11:41am</b>
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

*MARTIN COUNTY SHERIFF'S OFFICE 570*

Serial Number: 008912      Test Record Number: 282  
Test Date: 03/22/2010      Test Time: 11:43am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:44am
FLO	Pass	11:44am
FC	Pass	11:44am

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:44am
SRC	Pass	11:44am
DET	Pass	11:44am
BAR	Pass	11:44am
BT	Pass	11:44am

**Blank Tests**

Test	Status	Time
AIR	Pass	11:44am

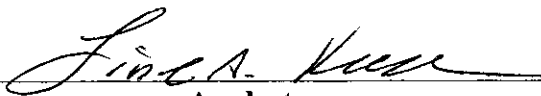
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:44am

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912  
Test Date: 03/22/2010

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

Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
10/01/2009-10/01/2011

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

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

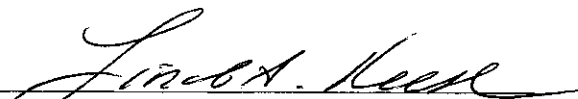
Test	g/210L	Time
DIAG	Pass	11:35am
AIR BLK	.00	11:36am
ACCY CHK	.08	11:37am
AIR BLK	.00	11:38am
<b>SUB TEST</b>	<b>.00</b>	<b>11:38am</b>
AIR BLK	.00	11:39am
<b>SUB TEST</b>	<b>.00</b>	<b>11:41am</b>
AIR BLK	.00	11:42am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

*MARTIN COUNTY SHERIFF'S OFFICE 570*

Serial Number: 008912      Test Record Number: 282  
Test Date: 03/22/2010      Test Time: 11:43am EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:44am
FLO	Pass	11:44am
FC	Pass	11:44am

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:44am
SRC	Pass	11:44am
DET	Pass	11:44am
BAR	Pass	11:44am
BT	Pass	11:44am

**Blank Tests**

Test	Status	Time
AIR	Pass	11:44am

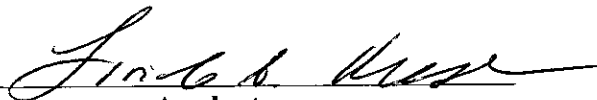
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:44am

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

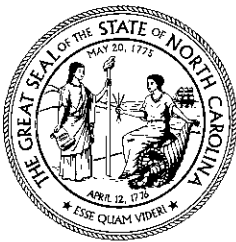
County Gaston Instrument Location GASTON CO. S.O.

Instrument Serial No. 009884 203 Court St., Gastonville, 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 9th day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

647  
Certificate Number

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

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

GATES COUNTY GATES CO SO 360

Serial Number: 008884

Test Date: 03/09/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

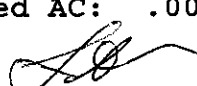
Test Type: Breath Test

Lot Number: AG002803

Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	3:44pm
AIR BLK	.00	3:45pm
ACCY CHK	.08	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

**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**

GATES COUNTY GATES CO SO 360

Serial Number: 008884      Test Record Number: 213  
Test Date: 03/09/2010      Test Time: 3:57pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

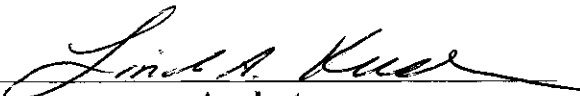
Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm

CRC Tests

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance  
Status: Pass

  
Analyst

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

GATES COUNTY GATES CO SO 360

Serial Number: 008884      Test Record Number: 213  
Test Date: 03/09/2010      Test Time: 3:57pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

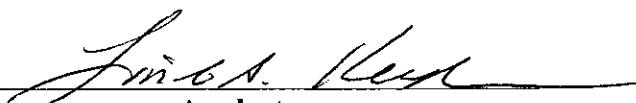
Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm

CRC Tests

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

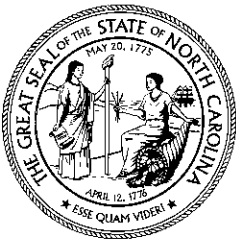
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ALAMANCE Instrument Location ALAMANCE CO. JAIL  
Instrument Serial No. 008913 109 S. MADIE ST. GRAHAM, N.C.

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

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

I certify that on the 26 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]  
Signature of Certifying Official

652  
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913  
Test Date: 03/26/2010

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

Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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

Lot Number: AG920301  
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	11:38am
AIR BLK	.00	11:39am
ACCY CHK	.07	11:39am
AIR BLK	.00	11:40am
<b>SUB TEST</b>	<b>.00</b>	<b>11:41am</b>
AIR BLK	.00	11:42am
<b>SUB TEST</b>	<b>.00</b>	<b>11:44am</b>
AIR BLK	.00	11:44am

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: 699  
Test Date: 03/26/2010      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**

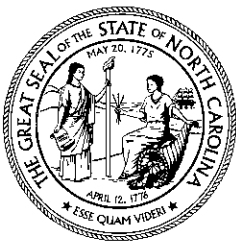
County ALAMANCE Instrument Location ALAMANCE CO. JAIL

Instrument Serial No. 008853 109 S. MAPLE ST. GRAHAM, NC

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

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

I certify that on the 26 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Nat J. [Signature]  
Signature of Certifying Official

650  
Certificate Number

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

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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853  
Test Date: 03/26/2010

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

Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	11:34am
AIR BLK	.00	11:35am
ACCY CHK	.07	11:35am
AIR BLK	.00	11:36am
<b>SUB TEST</b>	<b>.00</b>	<b>11:37am</b>
AIR BLK	.00	11:38am
<b>SUB TEST</b>	<b>.00</b>	<b>11:39am</b>
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853      Test Record Number: 462  
Test Date: 03/26/2010      Test Time: 11:42am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:43am


Printer Tests

Test	Status	Time
PRNT	Pass	11:43am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

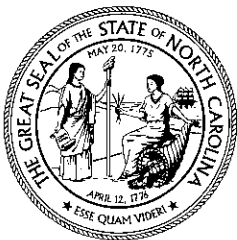
County ALAMANCE Instrument Location BURLINGTON P.D.

Instrument Serial No. 008907 267 W. FRONT ST. BURLINGTON, N.C.

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

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

I certify that on the 26 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907  
Test Date: 03/26/2010

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

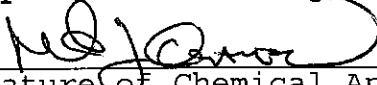
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	10:50am
AIR BLK	.00	10:51am
ACCY CHK	.08	10:52am
AIR BLK	.00	10:53am
<b>SUB TEST</b>	<b>.00</b>	<b>10:54am</b>
AIR BLK	.00	10:55am
<b>SUB TEST</b>	<b>.00</b>	<b>10:56am</b>
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907      Test Record Number: 282  
Test Date: 03/26/2010      Test Time: 10:59am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am


Printer Tests

Test	Status	Time
PRNT	Pass	11:00am

CRC Tests

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

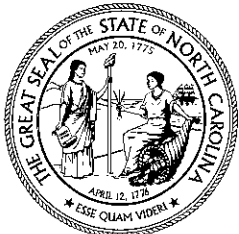
County ALAMANCE Instrument Location BURLINGTON P.D.

Instrument Serial No. 008812 257 W. FRONT ST. BURLINGTON, N.C.

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

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

I certify that on the 26 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812  
Test Date: 03/26/2010

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

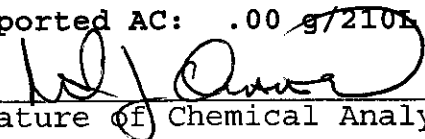
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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


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

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812      Test Record Number: 546  
Test Date: 03/26/2010      Test Time: 10:51am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:52am

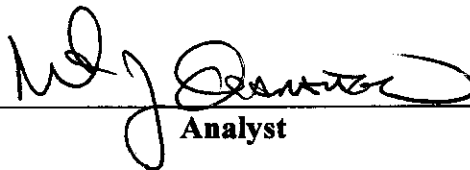
Printer Tests

Test	Status	Time
PRNT	Pass	10:52am

CRC Tests

Test	Status	Time
COMP	Pass	10:53am
CAL	Pass	10:53am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

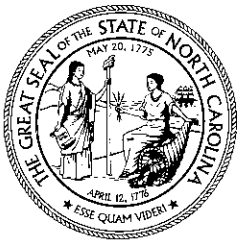
County ORANGE Instrument Location HILLSBOROUGH P.D.

Instrument Serial No. 008799 127 W. CHARLTON ST. HILLSBOROUGH, N.C.

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

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

I certify that on the 25 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799  
Test Date: 03/25/2010

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

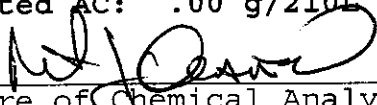
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	11:41am
AIR BLK	.00	11:42am
ACCY CHK	.07	11:42am
AIR BLK	.00	11:43am
<b>SUB TEST</b>	<b>.00</b>	<b>11:44am</b>
AIR BLK	.00	11:45am
<b>SUB TEST</b>	<b>.00</b>	<b>11:46am</b>
AIR BLK	.00	11:47am

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: 493  
Test Date: 03/25/2010      Test Time: 11:49am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:49am
SRC	Pass	11:49am
DET	Pass	11:49am
BAR	Pass	11:49am
BT	Pass	11:49am

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	11:50am
CAL	Pass	11:50am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

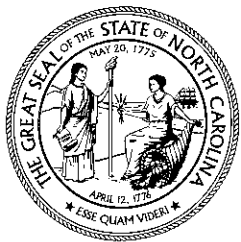
County ORANGE Instrument Location CHAPEL HILL P.D.

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

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

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

I certify that on the 25 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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: 03/25/2010

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

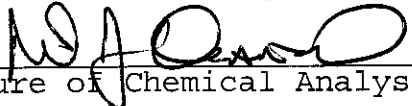
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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

Lot Number: AG920302  
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	10:48am
AIR BLK	.00	10:49am
ACCY CHK	.08	10:50am
AIR BLK	.00	10:51am
<b>SUB TEST</b>	<b>.00</b>	<b>10:51am</b>
AIR BLK	.00	10:52am
<b>SUB TEST</b>	<b>.00</b>	<b>10:54am</b>
AIR BLK	.00	10:55am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839      Test Record Number: 451  
Test Date: 03/25/2010      Test Time: 10:58am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:58am
FLO	Pass	10:58am
FC	Pass	10:58am

Temperature Tests

Test	Status	Time
FC1	Pass	10:58am
SRC	Pass	10:58am
DET	Pass	10:58am
BAR	Pass	10:58am
BT	Pass	10:58am

Blank Tests

Test	Status	Time
AIR	Pass	10:59am

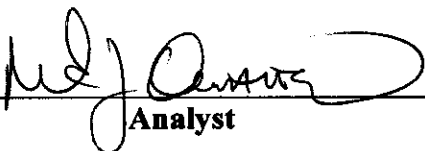
Printer Tests

Test	Status	Time
PRNT	Pass	10:59am

CRC Tests

Test	Status	Time
COMP	Pass	10:59am
CAL	Pass	10:59am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

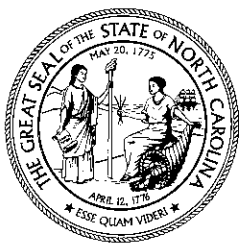
County ORANGE Instrument Location CHAPEL HILL P.D.

Instrument Serial No. 008856 806 MARTIN LUTHER KING JR BUD  
CHAPEL HILL, N.C.

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

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

I certify that on the 25 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the 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**

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856  
Test Date: 03/25/2010

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

Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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

Lot Number: AG920302  
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	10:45am
AIR BLK	.00	10:46am
ACCY CHK	.08	10:46am
AIR BLK	.00	10:47am
<b>SUB TEST</b>	<b>.00</b>	<b>10:48am</b>
AIR BLK	.00	10:49am
<b>SUB TEST</b>	<b>.00</b>	<b>10:50am</b>
AIR BLK	.00	10:51am

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: 458  
Test Date: 03/25/2010      Test Time: 10:53am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:54am

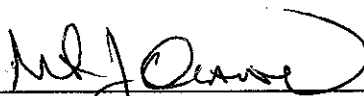
Printer Tests

Test	Status	Time
PRNT	Pass	10:54am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

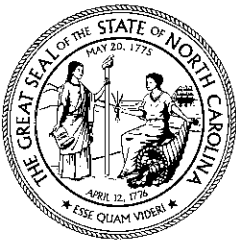
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CHATHAM Instrument Location PITTSBORO POLICE DEPT.  
Instrument Serial No. 008591 PITTSBORO NC

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

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

I certify that on the 29 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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



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

CHATHAM PITTSBORO PD 180

Serial Number: 008591  
Test Date: 03/29/2010

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

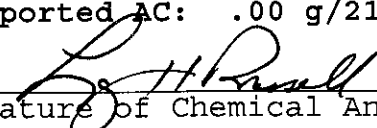
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
10/01/2009-10/01/2011

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

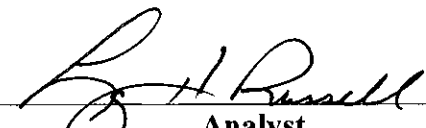
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	10:06am
AIR BLK	.00	10:06am
ACCY CHK	.08	10:07am
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>10:12am</b>
AIR BLK	.00	10:13am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

CHATHAM PITTSBORO PD 180

Serial Number: 008591      Test Record Number: 525  
Test Date: 03/29/2010      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

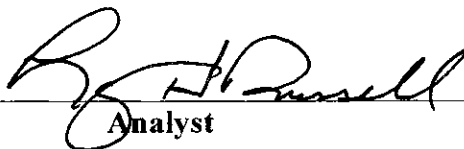
Printer Tests

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**

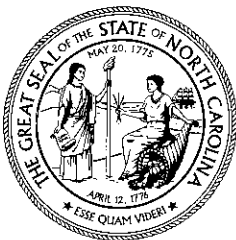
County P.H. Instrument Location Pitt Co. Detention Center

Instrument Serial No. 008646 124 Detention Dr., Greenville, NC

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

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

I certify that on the 25<sup>th</sup> day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. [Signature]  
Signature of Certifying Official

643  
Certificate Number

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

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646  
Test Date: 03/25/2010

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

Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	11:56am
AIR BLK	.00	11:57am
ACCY CHK	.08	11:58am
AIR BLK	.00	11:59am
<b>SUB TEST</b>	<b>.00</b>	<b>11:59am</b>
AIR BLK	.00	12:00pm
<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**

*PITT COUNTY PITT CO DETENTION 730*

Serial Number: 008646      Test Record Number: 805  
Test Date: 03/25/2010      Test Time: 12:06pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:07pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

**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**

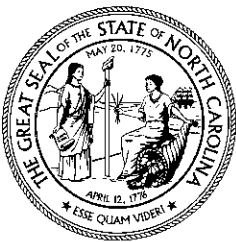
County PIH Instrument Location PIH Co. Detention Center

Instrument Serial No. 008668 124 Detention Dr, Greenville, NC

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

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

I certify that on the 25<sup>th</sup> day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. O.  
Signature of Certifying Official

643  
Certificate Number

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

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Date: 03/25/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

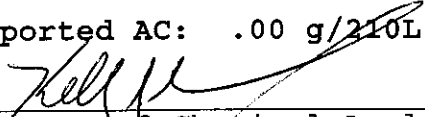
Test Type: Breath Test

Lot Number: AG825401

Exp Date: 09/10/2010

Test	g/210L	Time
DIAG	Pass	11:38am
AIR BLK	.00	11:39am
ACCY CHK	.07	11:40am
AIR BLK	.00	11:40am
<b>SUB TEST</b>	<b>.00</b>	<b>11:41am</b>
AIR BLK	.00	11:42am
<b>SUB TEST</b>	<b>.00</b>	<b>11:44am</b>
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668      Test Record Number: 1262  
Test Date: 03/25/2010      Test Time: 11:47am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

Printer Tests

Test	Status	Time
PRNT	Pass	11:49am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

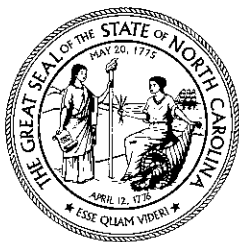
County Pitt Instrument Location Pitt Co. Detention Center

Instrument Serial No. 008662 124 Detention Dr., Greenville, NC

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

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

I certify that on the 25<sup>th</sup> day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. D.  
Signature of Certifying Official

643

Certificate Number

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

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662  
Test Date: 03/25/2010

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

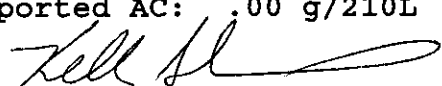
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
10/01/2009-10/01/2011

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

Lot Number: AG916602  
Exp Date: 06/15/2011

Test	g/210L	Time
DIAG	Pass	11:20am
AIR BLK	.00	11:21am
ACCY CHK	.08	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>11:25am</b>
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662      Test Record Number: 392  
Test Date: 03/25/2010      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	11:29am
SRC	Pass	11:29am
DET	Pass	11:29am
BAR	Pass	11:29am
BT	Pass	11:29am

Blank Tests

Test	Status	Time
AIR	Pass	11:29am


Printer Tests

Test	Status	Time
PRNT	Pass	11:29am

CRC Tests

Test	Status	Time
COMP	Pass	11:29am
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**

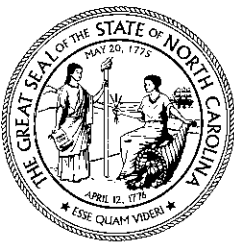
County Chowan Instrument Location Chowan Co. Public Safety Center

Instrument Serial No. 008895 305 W. Freemason St, Edenboro, NC

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

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

I certify that on the 18<sup>th</sup> day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. O.  
Signature of Certifying Official

643  
Certificate Number

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

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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895  
Test Date: 03/18/2010

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

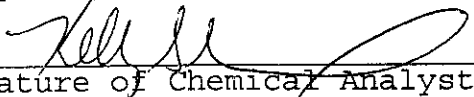
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
10/01/2009-10/01/2011

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

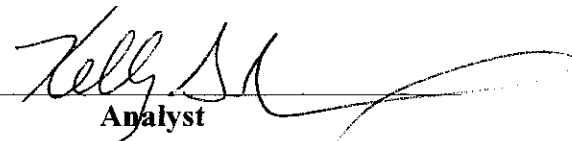
Lot Number: AG920303  
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	11:09am
AIR BLK	.00	11:10am
ACCY CHK	.08	11:11am
AIR BLK	.00	11:12am
<b>SUB TEST</b>	<b>.00</b>	<b>11:12am</b>
AIR BLK	.00	11:13am
<b>SUB TEST</b>	<b>.00</b>	<b>11:15am</b>
AIR BLK	.00	11:16am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895      Test Record Number: 229  
Test Date: 03/18/2010      Test Time: 11:17am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:17am

Temperature Tests

Test	Status	Time
FC1	Pass	11:17am
SRC	Pass	11:17am
DET	Pass	11:17am
BAR	Pass	11:17am
BT	Pass	11:17am

Blank Tests

Test	Status	Time
AIR	Pass	11:18am

Printer Tests

Test	Status	Time
PRNT	Pass	11:18am

CRC Tests

Test	Status	Time
COMP	Pass	11:18am
CAL	Pass	11:18am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

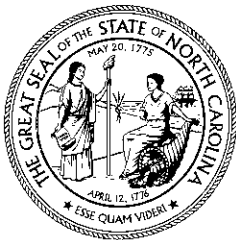
County Halifax Instrument Location BAT mobile unit #5

Instrument Serial No. 0086 98

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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. M. [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

HOKE COUNTY BAT MOBILE UNIT 5 460

Serial Number: 008698      Test Record Number: 477  
Test Date: 03/27/2010      Test Time: 10:33pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:33pm
FLO	Pass	10:33pm
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	10:34pm

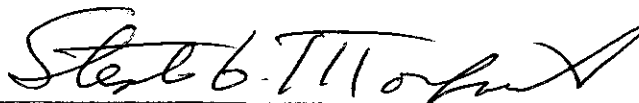
Printer Tests

Test	Status	Time
PRNT	Pass	10:34pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst



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

HOKE COUNTY BAT MOBILE UNIT 5 460

Serial Number: 008698  
Test Date: 03/27/2010

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

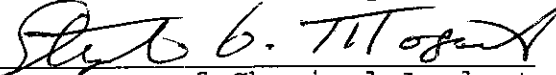
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
10/01/2009-10/01/2011

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

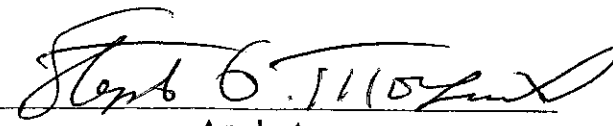
Lot Number: AG920302  
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	10:23pm
AIR BLK	.00	10:24pm
ACCY CHK	.08	10:25pm
AIR BLK	.00	10:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:26pm</b>
AIR BLK	.00	10:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:30pm</b>
AIR BLK	.00	10:31pm

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**

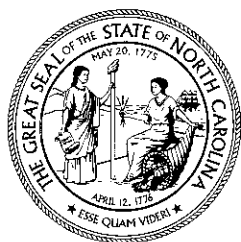
County Hoke Instrument Location BAT MOBILE UNIT #5

Instrument Serial No. 008788

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph O. Howard

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**

HOKE COUNTY BAT MOBILE UNIT 5 460

Serial Number: 008788      Test Record Number: 378  
Test Date: 03/27/2010      Test Time: 10:32pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

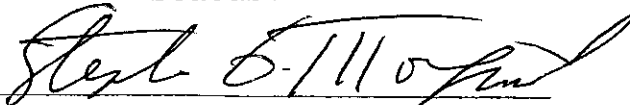
Printer Tests

Test	Status	Time
PRNT	Pass	10:33pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

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

HOKE COUNTY BAT MOBILE UNIT 5 460

Serial Number: 008788  
Test Date: 03/27/2010

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

Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
10/01/2009-10/01/2011

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

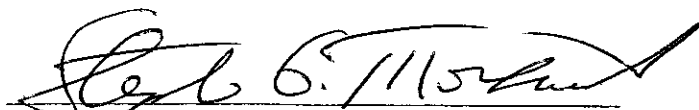
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	10:22pm
AIR BLK	.00	10:23pm
ACCY CHK	.08	10:24pm
AIR BLK	.00	10:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:25pm</b>
AIR BLK	.00	10:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:28pm</b>
AIR BLK	.00	10:29pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

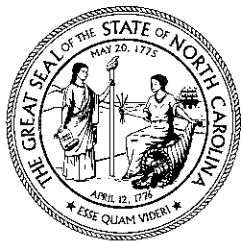
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location BAT MOBILE Unit #5  
Instrument Serial No. 008678 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 26<sup>th</sup> day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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. Thompson  
Signature of Certifying Official

656  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698      Test Record Number: 471  
Test Date: 03/26/2010      Test Time: 11:36pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:38pm

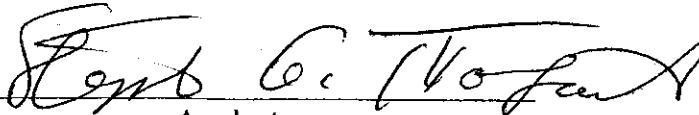
Printer Tests

Test	Status	Time
PRNT	Pass	11:38pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698  
Test Date: 03/26/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

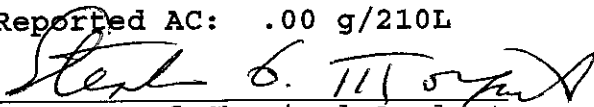
Test Type: Breath Test

Lot Number: AG920302

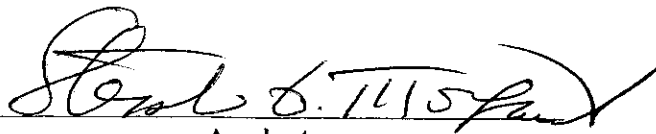
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	11:23pm
AIR BLK	.00	11:24pm
ACCY CHK	.08	11:25pm
AIR BLK	.00	11:26pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm
SUB TEST	.00	11:29pm
AIR BLK	.00	11:30pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

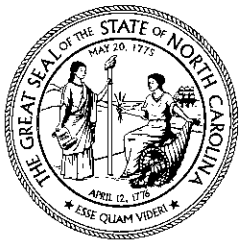
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location BAT MOBILE Unit #5  
Instrument Serial No. 008600 Robtett

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stephen O. III

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: 594  
Test Date: 03/26/2010      Test Time: 11:57pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:58pm
FLO	Pass	11:58pm
FC	Pass	11:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:58pm
SRC	Pass	11:58pm
DET	Pass	11:58pm
BAR	Pass	11:58pm
BT	Pass	11:58pm

Blank Tests

Test	Status	Time
AIR	Pass	11:59pm

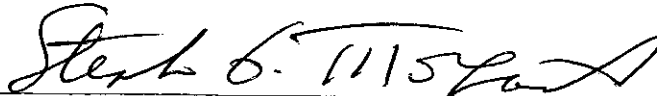
Printer Tests

Test	Status	Time
PRNT	Pass	11:59pm

CRC Tests

Test	Status	Time
COMP	Pass	11:59pm
CAL	Pass	11:59pm

Preventive Maintenance  
Status: Pass



Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600      Test Record Number: 594  
Test Date: 03/26/2010      Test Time: 11:57pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:58pm
FLO	Pass	11:58pm
FC	Pass	11:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:58pm
SRC	Pass	11:58pm
DET	Pass	11:58pm
BAR	Pass	11:58pm
BT	Pass	11:58pm

Blank Tests

Test	Status	Time
AIR	Pass	11:59pm

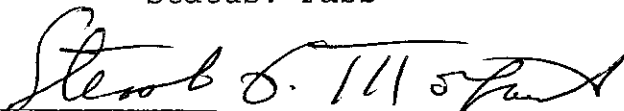
Printer Tests

Test	Status	Time
PRNT	Pass	11:59pm

CRC Tests

Test	Status	Time
COMP	Pass	11:59pm
CAL	Pass	11:59pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

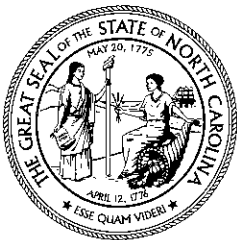
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location BAT 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 26<sup>th</sup> day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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: 371  
Test Date: 03/26/2010      Test Time: 11:36pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:36pm
FLO	Pass	11:36pm
FC	Pass	11:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:36pm
SRC	Pass	11:36pm
DET	Pass	11:36pm
BAR	Pass	11:36pm
BT	Pass	11:36pm

Blank Tests

Test	Status	Time
AIR	Pass	11:37pm

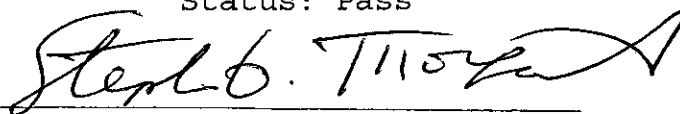
Printer Tests

Test	Status	Time
PRNT	Pass	11:37pm

CRC Tests

Test	Status	Time
COMP	Pass	11:37pm
CAL	Pass	11:37pm

Preventive Maintenance  
Status: Pass



Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788  
Test Date: 03/26/2010

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

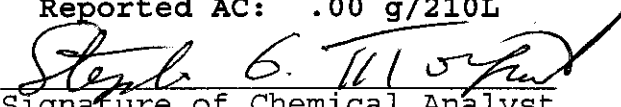
Test Type: Breath Test

Lot Number: AG904903

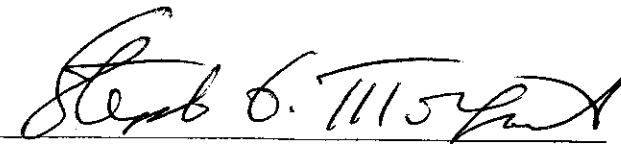
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	11:22pm
AIR BLK	.00	11:23pm
ACCY CHK	.08	11:24pm
AIR BLK	.00	11:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:26pm</b>
AIR BLK	.00	11:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:29pm</b>
AIR BLK	.00	11:30pm

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**

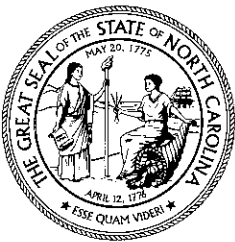
County Granville Instrument Location BAT Mobile Unit 4

Instrument Serial No. 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 20<sup>th</sup> day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



William T. Marshall, Jr.  
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: 008871      Test Record Number: 236  
Test Date: 03/26/2010      Test Time: 9:25pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:26pm
FLO	Pass	9:26pm
FC	Pass	9:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:26pm
SRC	Pass	9:26pm
DET	Pass	9:26pm
BAR	Pass	9:26pm
BT	Pass	9:26pm

Blank Tests

Test	Status	Time
AIR	Pass	9:27pm

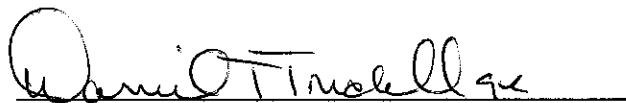
Printer Tests

Test	Status	Time
PRNT	Pass	9:27pm

CRC Tests

Test	Status	Time
COMP	Pass	9:27pm
CAL	Pass	9:27pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008871  
Test Date: 03/26/2010

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

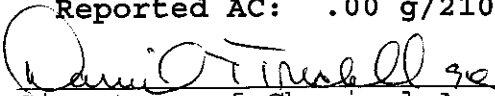
Test Type: Breath Test

Lot Number: AG816303

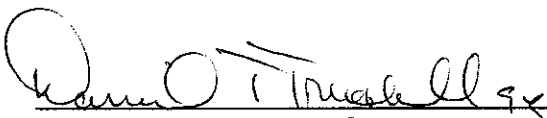
Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	9:18pm
AIR BLK	.00	9:19pm
ACCY CHK	.07	9:19pm
AIR BLK	.00	9:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:21pm</b>
AIR BLK	.00	9:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:23pm</b>
AIR BLK	.00	9:24pm

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**

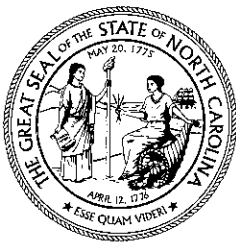
County Wake Instrument Location BAT MOBIL & UNIT #5

Instrument Serial No. 008698 Cary

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>TH</sup> day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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 B. 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: 008698      Test Record Number: 461  
Test Date: 03/12/2010      Test Time: 11:32pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:32pm
FLO	Pass	11:32pm
FC	Pass	11:32pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:33pm

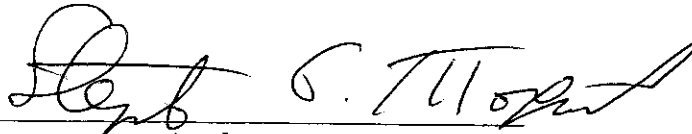
Printer Tests

Test	Status	Time
PRNT	Pass	11:33pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698

Test Date: 03/12/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302

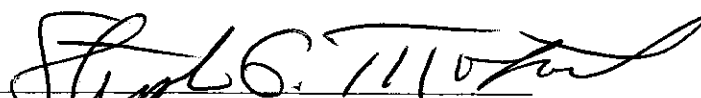
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	11:20pm
AIR BLK	.00	11:21pm
ACCY CHK	.08	11:22pm
AIR BLK	.00	11:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:23pm</b>
AIR BLK	.00	11:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:26pm</b>
AIR BLK	.00	11:27pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

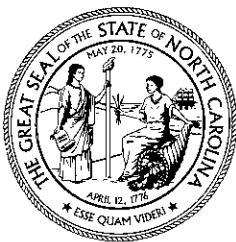
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location Bot Mobile Unit #5  
Instrument Serial No. 008788 C.A.M.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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. Tilgner  
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: 356  
Test Date: 03/12/2010      Test Time: 11:31pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:32pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788  
Test Date: 03/12/2010

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

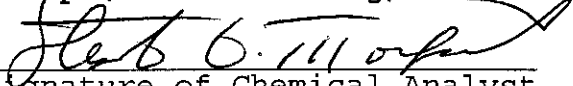
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
10/01/2009-10/01/2011

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

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

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

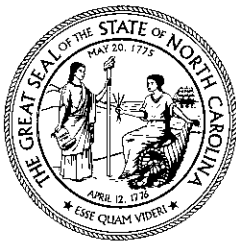
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location 521 MID BILE LANE #3  
KNIGHTDALE  
Instrument Serial No. 008788

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Step 6 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: 364  
Test Date: 03/19/2010      Test Time: 10:56pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:56pm
FLO	Pass	10:56pm
FC	Pass	10:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:56pm
SRC	Pass	10:56pm
DET	Pass	10:56pm
BAR	Pass	10:56pm
BT	Pass	10:56pm

Blank Tests

Test	Status	Time
AIR	Pass	10:57pm

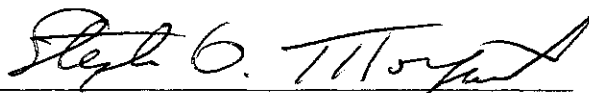
Printer Tests

Test	Status	Time
PRNT	Pass	10:57pm

CRC Tests

Test	Status	Time
COMP	Pass	10:57pm
CAL	Pass	10:57pm

Preventive Maintenance  
Status: Pass



Analyst



Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788  
Test Date: 03/19/2010

Citation Number: M0000000-0  
Subject's Name:

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

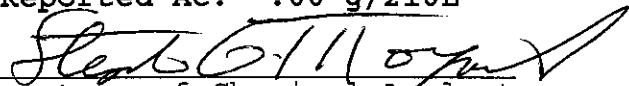
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
10/01/2009-10/01/2011

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

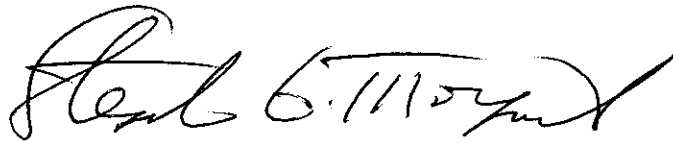
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	10:38pm
AIR BLK	.00	10:39pm
ACCY CHK	.08	10:40pm
AIR BLK	.00	10:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:41pm</b>
AIR BLK	.00	10:42pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:44pm</b>
AIR BLK	.00	10:45pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

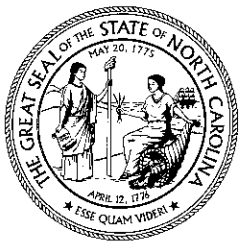
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ORANGE Instrument Location BAT MOBILE UNIT #5  
Instrument Serial No. 008698 CHARL HILL

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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 D. Moore 636  
Signature of Certifying Official Certificate Number

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

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

ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008698      Test Record Number: 468  
Test Date: 03/20/2010      Test Time: 10:29pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:30pm
FLO	Pass	10:30pm
FC	Pass	10:30pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:31pm

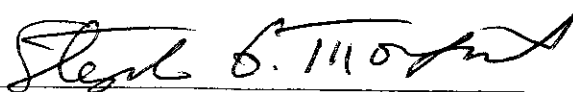
Printer Tests

Test	Status	Time
PRNT	Pass	10:31pm

CRC Tests

Test	Status	Time
COMP	Pass	10:31pm
CAL	Pass	10:31pm

Preventive Maintenance  
Status: Pass



Analyst

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

ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008698  
Test Date: 03/20/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

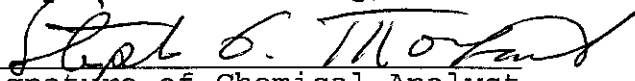
Test Type: Breath Test

Lot Number: AG920302

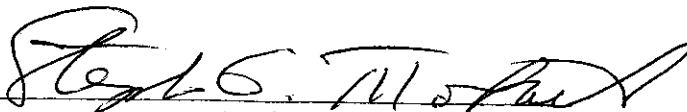
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	10:21pm
AIR BLK	.00	10:22pm
ACCY CHK	.08	10:23pm
AIR BLK	.00	10:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:24pm</b>
AIR BLK	.00	10:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:27pm</b>
AIR BLK	.00	10:28pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

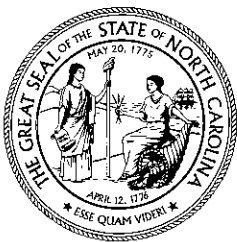
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ORANGE Instrument Location BAT MOBILE UNIT #5  
Instrument Serial No. 008788 CHAPEL HILL

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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**

ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008788      Test Record Number: 367  
Test Date: 03/20/2010      Test Time: 10:22pm 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	10:23pm

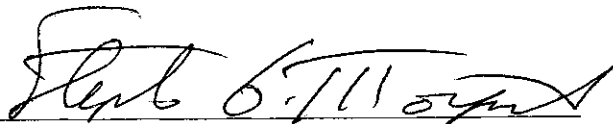
Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm

CRC Tests

Test	Status	Time
COMP	Pass	10:23pm
CAL	Pass	10:23pm

Preventive Maintenance  
Status: Pass



Analyst

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

ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008788  
Test Date: 03/20/2010

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

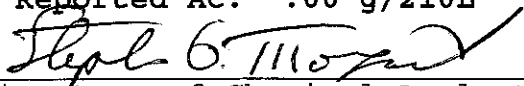
Test Type: Breath Test

Lot Number: AG904903

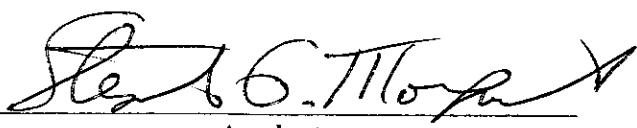
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	10:13pm
AIR BLK	.00	10:14pm
ACCY CHK	.08	10:15pm
AIR BLK	.00	10:15pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:17pm</b>
AIR BLK	.00	10:18pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:19pm</b>
AIR BLK	.00	10:20pm

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**

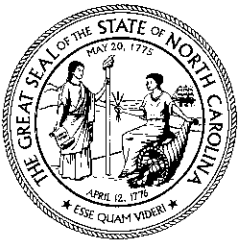
County WAKE Instrument Location KENNESAW DALE PS

Instrument Serial No. 008638 979 STEEPE SQUARE CT. KENNESAW, NC.

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

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

I certify that on the 24 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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



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

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838  
Test Date: 03/24/2010

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

Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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

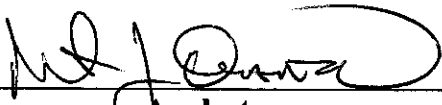
Lot Number: AG002602  
Exp Date: 01/26/2012

Test	g/210L	Time
DIAG	Pass	10:50am
AIR BLK	.00	10:51am
ACCY CHK	.08	10:52am
AIR BLK	.00	10:53am
<b>SUB TEST</b>	<b>.00</b>	<b>10:54am</b>
AIR BLK	.00	10:55am
<b>SUB TEST</b>	<b>.00</b>	<b>10:56am</b>
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838      Test Record Number: 293  
Test Date: 03/24/2010      Test Time: 10:58am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

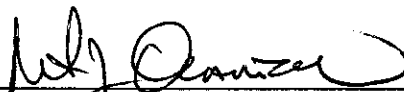
Printer Tests

Test	Status	Time
PRNT	Pass	11:00am

CRC Tests

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

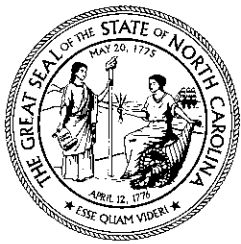
County WAKE Instrument Location CARY PD.

Instrument Serial No. 008587 100 Wilkinson Ave. Cary, NC.

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

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

I certify that on the 23 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

WAKE COUNTY CARY PD 910

Serial Number: 008587  
Test Date: 03/23/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG916701

Exp Date: 06/16/2011

Test	g/210L	Time
DIAG	Pass	11:01am
AIR BLK	.00	11:02am
ACCY CHK	.07	11:03am
AIR BLK	.00	11:04am
<b>SUB TEST</b>	<b>.00</b>	<b>11:04am</b>
AIR BLK	.00	11:05am
<b>SUB TEST</b>	<b>.00</b>	<b>11:07am</b>
AIR BLK	.00	11:08am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

WAKE COUNTY CARY PD 910

Serial Number: 008587      Test Record Number: 1028  
Test Date: 03/23/2010      Test Time: 11:09am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:10am

Printer Tests

Test	Status	Time
PRNT	Pass	11:10am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

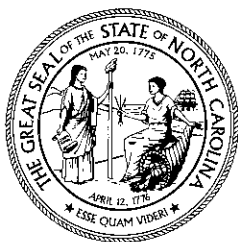
County Durham Instrument Location Durham Co. Jail

Instrument Serial No. 008859 217 S. HANCOCK 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 22 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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: 008859  
Test Date: 03/22/2010

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

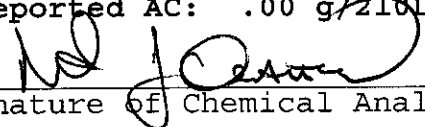
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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

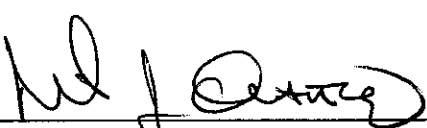
Lot Number: AG002602  
Exp Date: 01/26/2012

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.08	12:17pm
AIR BLK	.00	12:18pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:19pm</b>
AIR BLK	.00	12:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:21pm</b>
AIR BLK	.00	12:22pm

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: 498  
Test Date: 03/22/2010      Test Time: 12:23pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

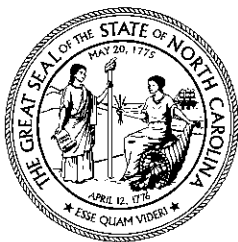
County DURHAM Instrument Location DURHAM Co. Jail

Instrument Serial No. 008878 217 S. HANCOCK 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 22 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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: 008878  
Test Date: 03/22/2010

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

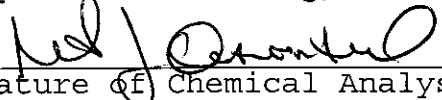
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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

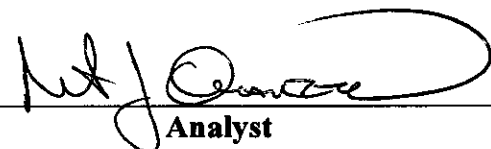
Lot Number: AG925102  
Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:54am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:56am
<b>SUB TEST</b>	<b>.00</b>	<b>11:56am</b>
AIR BLK	.00	11:57am
<b>SUB TEST</b>	<b>.00</b>	<b>11:59am</b>
AIR BLK	.00	12:00pm

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: 008878      Test Record Number: 805  
Test Date: 03/22/2010      Test Time: 12:03pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

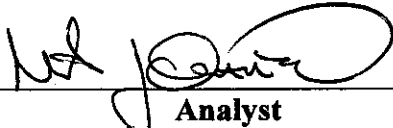
Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm

CRC Tests

Test	Status	Time
COMP	Pass	12:04pm
CAL	Pass	12:04pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

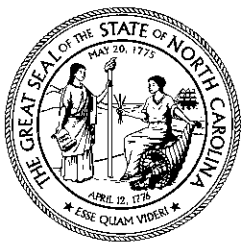
County Durham Instrument Location Durham Co. Jail

Instrument Serial No. 008891 217 S. MANSUM 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 22 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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: 008891  
Test Date: 03/22/2010

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

Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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


Lot Number: AG002602  
Exp Date: 01/26/2012

Test	g/210L	Time
DIAG	Pass	11:48am
AIR BLK	.00	11:49am
ACCY CHK	.07	11:50am
AIR BLK	.00	11:51am
<b>SUB TEST</b>	<b>.00</b>	<b>11:52am</b>
AIR BLK	.00	11:52am
<b>SUB TEST</b>	<b>.00</b>	<b>11:54am</b>
AIR BLK	.00	11:55am

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: 008891      Test Record Number: 633  
Test Date: 03/22/2010      Test Time: 11:56am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:56am
FLO	Pass	11:56am
FC	Pass	11:57am

Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

Blank Tests

Test	Status	Time
AIR	Pass	11:57am

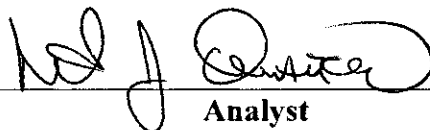
Printer Tests

Test	Status	Time
PRNT	Pass	11:57am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

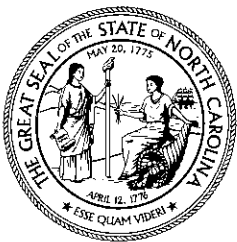
County Granville Instrument Location CREECHWOOD P.D.

Instrument Serial No. 008641 111 MASONIC ST. CREECHWOOD, NC

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

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

I certify that on the 19 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641  
Test Date: 03/19/2010

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

Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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

Lot Number: AG925102  
Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	2:40pm
AIR BLK	.00	2:41pm
ACCY CHK	.08	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641      Test Record Number: 512  
Test Date: 03/19/2010      Test Time: 2:49pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:49pm
FLO	Pass	2:49pm
FC	Pass	2:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
BT	Pass	2:50pm

Blank Tests

Test	Status	Time
AIR	Pass	2:50pm

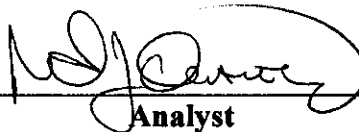
Printer Tests

Test	Status	Time
PRNT	Pass	2:50pm

CRC Tests

Test	Status	Time
COMP	Pass	2:50pm
CAL	Pass	2:50pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

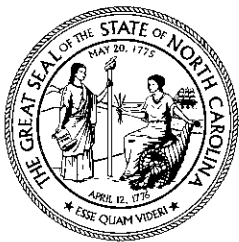
County SANDHILLS Instrument Location OFFICE P.D.

Instrument Serial No. 008903 201 E McCRAWMAN ST ORONO, NC

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

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

I certify that on the 17 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923  
Test Date: 03/17/2010

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


Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
10/01/2009-10/01/2011

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

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

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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**

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923      Test Record Number: 181  
Test Date: 03/17/2010      Test Time: 10:11am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:12am
FLO	Pass	10:12am
FC	Pass	10:12am

Temperature Tests

Test	Status	Time
FC1	Pass	10:12am
SRC	Pass	10:12am
DET	Pass	10:12am
BAR	Pass	10:12am
BT	Pass	10:12am

Blank Tests

Test	Status	Time
AIR	Pass	10:13am

Printer Tests

Test	Status	Time
PRNT	Pass	10:13am

CRC Tests

Test	Status	Time
COMP	Pass	10:13am
CAL	Pass	10:13am

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

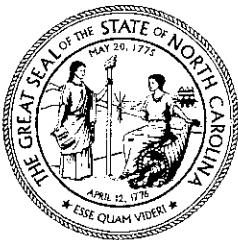
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County FORSYTH Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008616 WINSTON SALEM, NC

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

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

I certify that on the 19 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the 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 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**

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008616  
Test Date: 03/19/2010

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904903

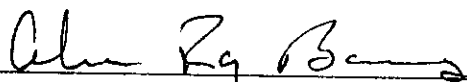
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	10:00pm
AIR BLK	.00	10:01pm
ACCY CHK	.07	10:01pm
AIR BLK	.00	10:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:03pm</b>
AIR BLK	.00	10:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:05pm</b>
AIR BLK	.00	10:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008616 Test Record Number: 777  
Test Date: 03/19/2010 Test Time: 10:12pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:12pm
FLO	Pass	10:12pm
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	10:13pm

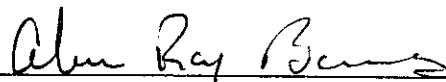
Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm

CRC Tests

Test	Status	Time
COMP	Pass	10:13pm
CAL	Pass	10:13pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

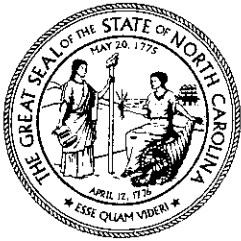
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CABARRUS Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008616 KANNAPOLIS, NC

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

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

I certify that on the 20 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the 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**

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616  
Test Date: 03/20/2010

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
10/01/2009-10/01/2011

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

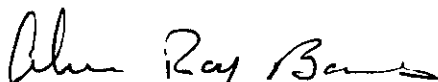
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	9:47pm
AIR BLK	.00	9:48pm
ACCY CHK	.07	9:49pm
AIR BLK	.00	9:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:50pm</b>
AIR BLK	.00	9:51pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:53pm</b>
AIR BLK	.00	9:53pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616      Test Record Number: 780  
Test Date: 03/20/2010      Test Time: 9:59pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:01pm

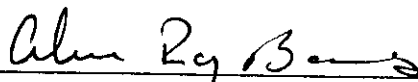
Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

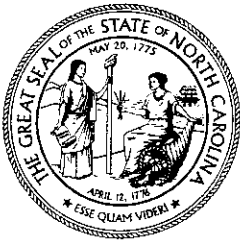
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CABARRUS Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008647 KANNAPOLIS, NC

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

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

I certify that on the 20 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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 Bando

Signature of Certifying Official

648

Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647  
Test Date: 03/20/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904903


Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	9:51pm
AIR BLK	.00	9:52pm
ACCY CHK	.08	9:53pm
AIR BLK	.00	9:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:54pm</b>
AIR BLK	.00	9:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:56pm</b>
AIR BLK	.00	9:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647      Test Record Number: 739  
Test Date: 03/20/2010      Test Time: 9:58pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:58pm
FLO	Pass	9:58pm
FC	Pass	9:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:58pm
SRC	Pass	9:58pm
DET	Pass	9:58pm
BAR	Pass	9:58pm
BT	Pass	9:58pm

Blank Tests

Test	Status	Time
AIR	Pass	9:59pm

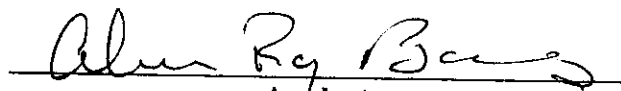
Printer Tests

Test	Status	Time
PRNT	Pass	9:59pm

CRC Tests

Test	Status	Time
COMP	Pass	9:59pm
CAL	Pass	9:59pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

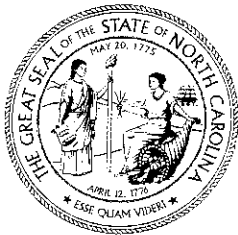
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

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 17 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the 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 Bandy  
Signature of Certifying Official

648  
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008616  
Test Date: 03/17/2010

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
10/01/2009-10/01/2011

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

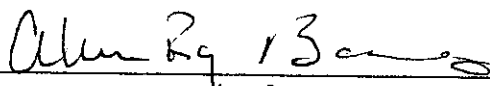
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	10:45pm
AIR BLK	.00	10:46pm
ACCY CHK	.07	10:47pm
AIR BLK	.00	10:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:48pm</b>
AIR BLK	.00	10:49pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:50pm</b>
AIR BLK	.00	10:51pm

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: 770  
Test Date: 03/17/2010      Test Time: 10:56pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:57pm
FLO	Pass	10:57pm
FC	Pass	10:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:57pm
SRC	Pass	10:57pm
DET	Pass	10:57pm
BAR	Pass	10:57pm
BT	Pass	10:57pm

Blank Tests

Test	Status	Time
AIR	Pass	10:58pm

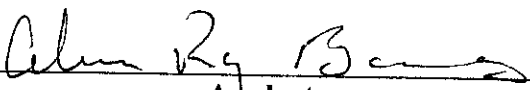
Printer Tests

Test	Status	Time
PRNT	Pass	10:58pm

CRC Tests

Test	Status	Time
COMP	Pass	10:58pm
CAL	Pass	10:58pm

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

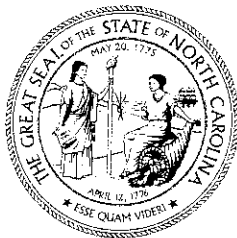
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

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 17 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alex Ray Bann  
Signature of Certifying Official

648  
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008647  
Test Date: 03/17/2010

Citation Number: M0000000-0  
Subject's Name:

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
10/01/2009-10/01/2011

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

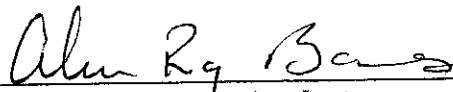
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	10:47pm
AIR BLK	.00	10:48pm
ACCY CHK	.07	10:49pm
AIR BLK	.00	10:50pm
SUB TEST	.00	10:50pm
AIR BLK	.00	10:51pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm

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: 729  
Test Date: 03/17/2010      Test Time: 10:54pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:55pm

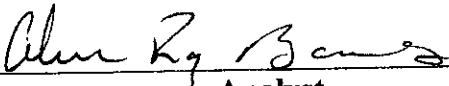
Printer Tests

Test	Status	Time
PRNT	Pass	10:55pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

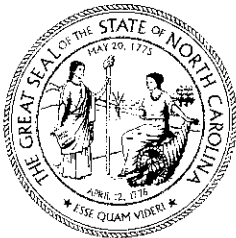
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

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 17 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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: 008707  
Test Date: 03/17/2010

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
10/01/2009-10/01/2011

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


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

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

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**

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707      Test Record Number: 523  
Test Date: 03/17/2010      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

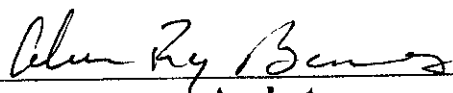
Printer Tests

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

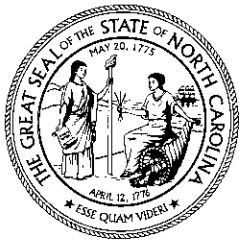
County Person Instrument Location BAT Mobile Unit 4

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 30th day of March, 2010 the forgoing preventive maintenance procedures were performed on the 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**

PERSON COUNTY BAT MOBILE UNIT 4 720

Serial Number: 008871      Test Record Number: 232  
Test Date: 03/20/2010      Test Time: 8:23pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:23pm
FLO	Pass	8:23pm
FC	Pass	8:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:24pm
SRC	Pass	8:24pm
DET	Pass	8:24pm
BAR	Pass	8:24pm
BT	Pass	8:24pm

Blank Tests

Test	Status	Time
AIR	Pass	8:24pm


Printer Tests

Test	Status	Time
PRNT	Pass	8:24pm

CRC Tests

Test	Status	Time
COMP	Pass	8:25pm
CAL	Pass	8:25pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



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

PERSON COUNTY BAT MOBILE UNIT 4 720

Serial Number: 008871  
Test Date: 03/20/2010

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

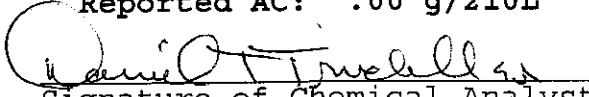
Analyst's Name: TRUDELL, SR., DANIEL T  
Permit Number: 21535E  
Effective:  
10/01/2009-10/01/2011

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

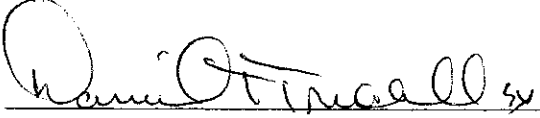
Lot Number: AG816303  
Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	8:15pm
AIR BLK	.00	8:16pm
ACCY CHK	.07	8:17pm
AIR BLK	.00	8:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:18pm</b>
AIR BLK	.00	8:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:20pm</b>
AIR BLK	.00	8:21pm

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**

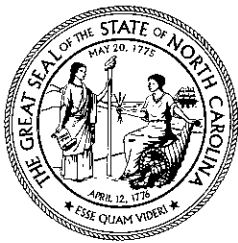
County Person Instrument Location BAT Mobile Unit 4

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 20<sup>th</sup> day of March, 2010 the forgoing preventive maintenance procedures were performed on the 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**

PERSON COUNTY BAT MOBILE UNIT 4 720

Serial Number: 008734      Test Record Number: 331  
Test Date: 03/20/2010      Test Time: 8:25pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:25pm
FLO	Pass	8:25pm
FC	Pass	8:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:25pm
SRC	Pass	8:25pm
DET	Pass	8:25pm
BAR	Pass	8:25pm
BT	Pass	8:25pm

Blank Tests

Test	Status	Time
AIR	Pass	8:26pm

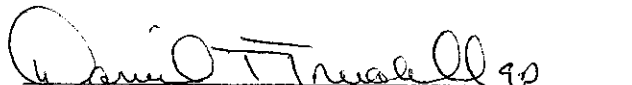
Printer Tests

Test	Status	Time
PRNT	Pass	8:26pm

CRC Tests

Test	Status	Time
COMP	Pass	8:26pm
CAL	Pass	8:26pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

PERSON COUNTY BAT MOBILE UNIT 4 720

Serial Number: 008734  
Test Date: 03/20/2010

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

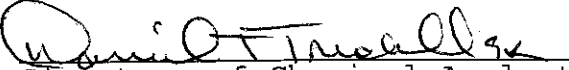
Analyst's Name: TRUDELL, SR., DANIEL T  
Permit Number: 21535E  
Effective:  
10/01/2009-10/01/2011

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


Lot Number: AG920302  
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	8:17pm
AIR BLK	.00	8:18pm
ACCY CHK	.08	8:18pm
AIR BLK	.00	8:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:20pm</b>
AIR BLK	.00	8:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:22pm</b>
AIR BLK	.00	8:23pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

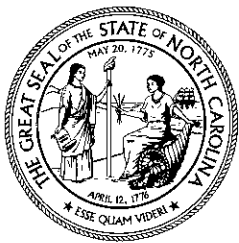
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Richmond Instrument Location Richmond County  
Instrument Serial No. 008701 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 17 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

578  
Certificate Number

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

Intox EC/IR-II: Subject Test

RICHMOND COUNTY RICHMOND CO. MAG OFF  
760

Serial Number: 008701  
Test Date: 03/17/2010

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


Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
10/01/2009-10/01/2011

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

Lot Number: AG925102  
Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	11:17am
AIR BLK	.00	11:17am
ACCY CHK	.08	11:18am
AIR BLK	.00	11:19am
<b>SUB TEST</b>	<b>.00</b>	<b>11:19am</b>
AIR BLK	.00	11:20am
<b>SUB TEST</b>	<b>.00</b>	<b>11:22am</b>
AIR BLK	.00	11:23am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

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

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701      Test Record Number: 795  
Test Date: 03/17/2010      Test Time: 11:24am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

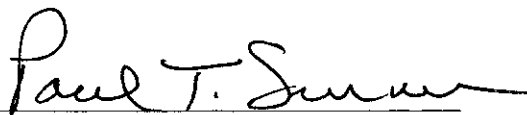
Printer Tests

Test	Status	Time
PRNT	Pass	11:25am

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

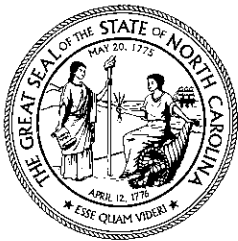
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Richmond Instrument Location Richmond County  
Instrument Serial No. 008840 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 17 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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 K. [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**

RICHMOND COUNTY RICHMOND CO. MAG OFF  
760

Serial Number: 008840  
Test Date: 03/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG925102

Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	11:12am
AIR BLK	.00	11:13am
ACCY CHK	.08	11:13am
AIR BLK	.00	11:15am
<b>SUB TEST</b>	<b>.00</b>	<b>11:15am</b>
AIR BLK	.00	11:16am
<b>SUB TEST</b>	<b>.00</b>	<b>11:18am</b>
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840      Test Record Number: 292  
Test Date: 03/17/2010      Test Time: 11:21am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:21am

Temperature Tests

Test	Status	Time
FC1	Pass	11:21am
SRC	Pass	11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

Test	Status	Time
PRNT	Pass	11:22am

CRC Tests

Test	Status	Time
COMP	Pass	11:22am
CAL	Pass	11:22am

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

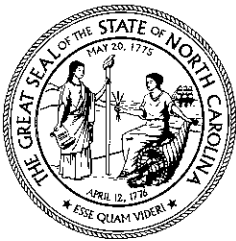
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CUMBERLAND Instrument Location POPE AIR FORCE  
Instrument Serial No. 00 8657 BASE, SECURITY FORCES

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

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

I certify that on the 15 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the 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 A. [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**

POPE AIR FORCE BASE SECURITY FORCES  
CUMBERLAND COUNTY

Serial Number: 008657  
Test Date: 03/15/2010

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

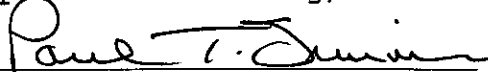
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
10/01/2009-10/01/2011

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

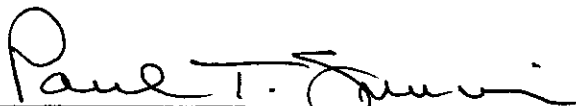
Lot Number: AG901901  
Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	12:22pm
AIR BLK	.00	12:24pm
ACCY CHK	.07	12:24pm
AIR BLK	.00	12:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:26pm</b>
AIR BLK	.00	12:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:28pm</b>
AIR BLK	.00	12:29pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

POPE AIR FORCE BASE SECURITY FORCES CUMBERLAND COUNTY

Serial Number: 008657      Test Record Number: 930  
Test Date: 03/15/2010      Test Time: 12:33pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:33pm
FLO	Pass	12:33pm
FC	Pass	12:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

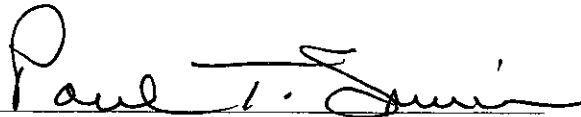
Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm

CRC Tests

Test	Status	Time
COMP	Pass	12:34pm
CAL	Pass	12:34pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

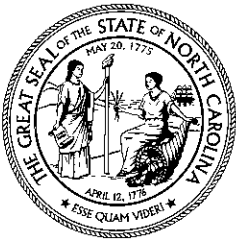
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ANSON Instrument Location ANSON COUNTY  
Instrument Serial No. 008737 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 17 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. [Signature]  
Signature of Certifying Official

578  
Certificate Number

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

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

ANSON COUNTY ANSON CO. SO. 030

Serial Number: 008739  
Test Date: 03/17/2010

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

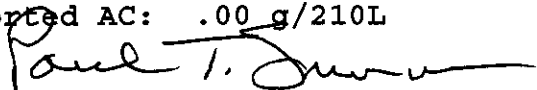
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
10/01/2009-10/01/2011

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

Lot Number: AG002802  
Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:43pm</b>
AIR BLK	.00	1:44pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:45pm</b>
AIR BLK	.00	1:46pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR.



Analyst

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

Intox EC/IR-II: Preventive Maintenance

ANSON COUNTY ANSON CO. SO. 030

Serial Number: 008739      Test Record Number: 88  
Test Date: 03/17/2010      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

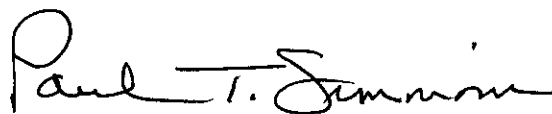
Printer Tests

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 ANSON Instrument Location ANSON County  
Instrument Serial No. 008597 Sheriff's Dept. (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 17 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the 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 Thomas  
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

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597  
Test Date: 03/17/2010

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

Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
10/01/2009-10/01/2011

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

Lot Number: AG002802  
Exp Date: 01/28/2012

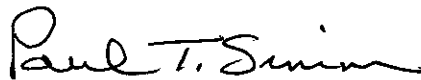
Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:18pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:20pm</b>
AIR BLK	.00	1:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:23pm</b>
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597      Test Record Number: 384  
Test Date: 03/17/2010      Test Time: 1:25pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	1:26pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	1:26pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County SCOTLAND

Instrument Location LAURINBURG,

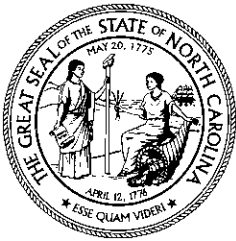
Instrument Serial No. 008834

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 18 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul T. [Signature]  
Signature of Certifying Official

578  
Certificate Number

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

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

SCOTLAND LAURIBURG PD. 820

Serial Number: 008834  
Test Date: 03/18/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

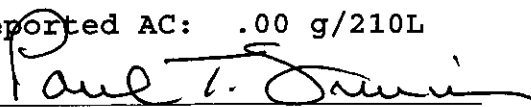
Test Type: Breath Test

Lot Number: AG002802

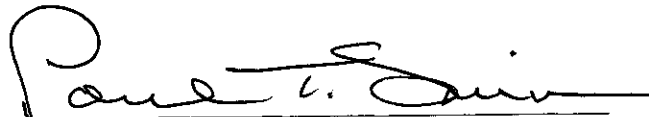
Exp Date: 01/28/2012

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

SCOTLAND LAURIBURG PD. 820

Serial Number: 008834      Test Record Number: 277  
Test Date: 03/18/2010      Test Time: 12:10pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:10pm
FLO	Pass	12:10pm
FC	Pass	12:10pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

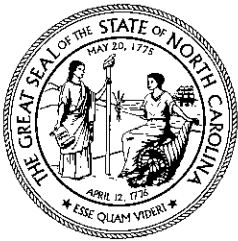
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County SCOTLAND Instrument Location SCOTLAND COUNTY  
Instrument Serial No. 00 5861 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 18 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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 Thompson

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 SHERIFF'S OFFICE 820

Serial Number: 008861

Test Date: 03/18/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

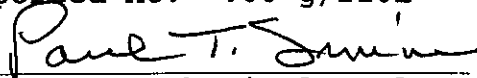
Test Type: Breath Test

Lot Number: AG904903

Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	12:56pm
AIR BLK	.00	12:57pm
ACCY CHK	.08	12:58pm
AIR BLK	.00	12:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:59pm</b>
AIR BLK	.00	1:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:02pm</b>
AIR BLK	.00	1:02pm

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 SHERIFF'S OFFICE 820

Serial Number: 008861      Test Record Number: 261  
Test Date: 03/18/2010      Test Time: 1:03pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm

CRC Tests

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

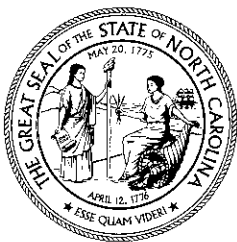
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location WAKE COUNTY  
Instrument Serial No. 008937 SHP-BAT-Unit 910

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

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

I certify that on the 15 day of MARCH, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

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**

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929

Test Date: 03/15/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG14002

Exp Date: 05/19/2010

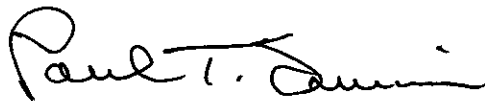
Test	g/210L	Time
DIAG	Pass	3:22pm
AIR BLK	.00	3:24pm
ACCY CHK	.07	3:24pm
AIR BLK	.00	3:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:26pm</b>
AIR BLK	.00	3:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:29pm</b>
AIR BLK	.00	3:30pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR.



Analyst

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

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929      Test Record Number: 215  
Test Date: 03/15/2010      Test Time: 3:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC	Pass	3:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

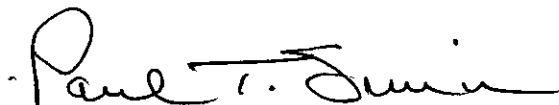
Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm

CRC Tests

Test	Status	Time
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

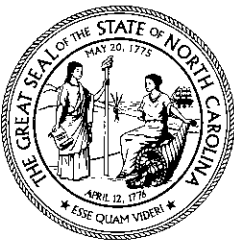
County RANDOLPH Instrument Location RANDOLPH Co. JAIL

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 17 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008860

Test Date: 03/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

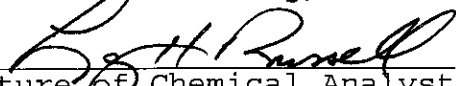
Test Type: Breath Test

Lot Number: AG925102

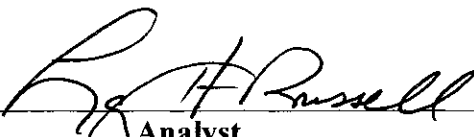
Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	12:35pm
AIR BLK	.00	12:36pm
ACCY CHK	.08	12:37pm
AIR BLK	.00	12:38pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:39pm</b>
AIR BLK	.00	12:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:41pm</b>
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008860      Test Record Number: 650  
Test Date: 03/17/2010      Test Time: 12:49pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
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	12:50pm

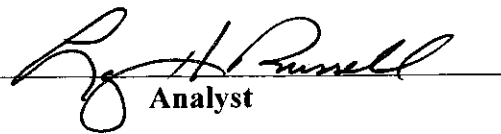
Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm

CRC Tests

Test	Status	Time
COMP	Pass	12:50pm
CAL	Pass	12:50pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

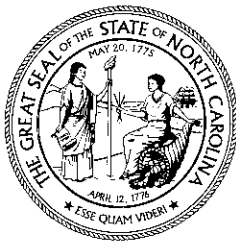
County RANDOLPH Instrument Location RANDOLPH Co. Jail

Instrument Serial No. 008899 A-HEBORO NC

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

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

I certify that on the 17 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. H. Russell  
Signature of Certifying Official

371  
Certificate Number

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



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

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899  
Test Date: 03/17/2010

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

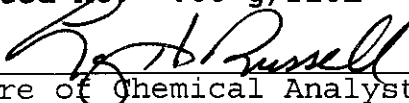
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
10/01/2009-10/01/2011

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

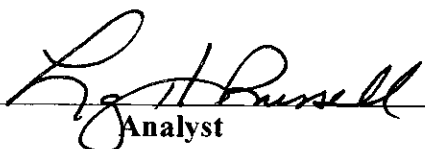
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	12:38pm
AIR BLK	.00	12:39pm
ACCY CHK	.08	12:40pm
AIR BLK	.00	12:41pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:41pm</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**

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899      Test Record Number: 760  
Test Date: 03/17/2010      Test Time: 12:47pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:48pm
FLO	Pass	12:48pm
FC	Pass	12:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:48pm
SRC	Pass	12:48pm
DET	Pass	12:48pm
BAR	Pass	12:48pm
BT	Pass	12:48pm

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

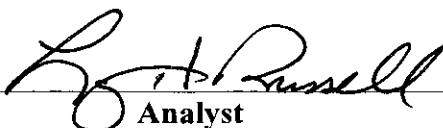
Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm

CRC Tests

Test	Status	Time
COMP	Pass	12:49pm
CAL	Pass	12:49pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Orange

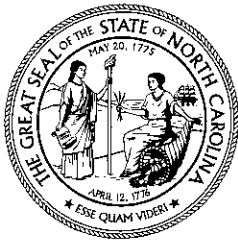
Instrument Location BAT Mobile Unit 4

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 16<sup>th</sup> day of March, 2010 the forgoing preventive maintenance procedures were performed on the 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**

ORANGE COUNTY BAT MOBILE UNIT 4 670

Serial Number: 008734      Test Record Number: 328  
Test Date: 03/16/2010      Test Time: 11:37pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:38pm

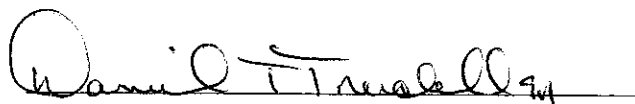
Printer Tests

Test	Status	Time
PRNT	Pass	11:38pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

ORANGE COUNTY BAT MOBILE UNIT 4 670

Serial Number: 008734  
Test Date: 03/16/2010

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

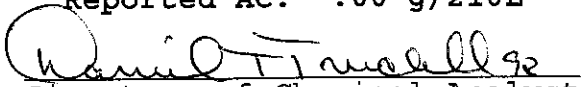
Analyst's Name: TRUDELL, SR., DANIEL T  
Permit Number: 21535E  
Effective:  
10/01/2009-10/01/2011

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

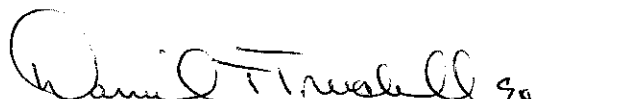
Lot Number: AG920302  
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	11:29pm
AIR BLK	.00	11:30pm
ACCY CHK	.08	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**

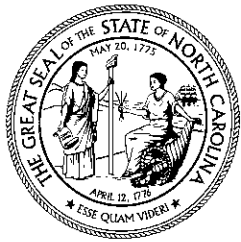
County Orange Instrument Location BAT Mobile Unit 4

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 16<sup>th</sup> day of March, 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: Preventive Maintenance**

ORANGE COUNTY BAT MOBILE UNIT 4 670

Serial Number: 008871      Test Record Number: 228  
Test Date: 03/16/2010      Test Time: 11:16pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:16pm
FLO	Pass	11:16pm
FC	Pass	11:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:17pm
SRC	Pass	11:17pm
DET	Pass	11:17pm
BAR	Pass	11:17pm
BT	Pass	11:17pm

Blank Tests

Test	Status	Time
AIR	Pass	11:17pm

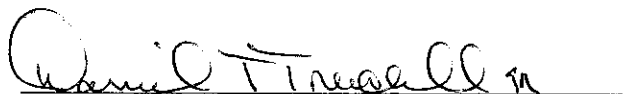
Printer Tests

Test	Status	Time
PRNT	Pass	11:17pm

CRC Tests

Test	Status	Time
COMP	Pass	11:17pm
CAL	Pass	11:17pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

ORANGE COUNTY BAT MOBILE UNIT 4 670

Serial Number: 008871  
Test Date: 03/16/2010

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

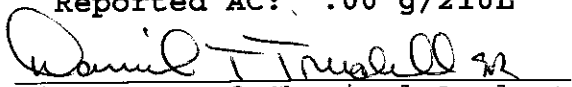
Analyst's Name: TRUDELL, SR., DANIEL T  
Permit Number: 21535E  
Effective:  
10/01/2009-10/01/2011

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

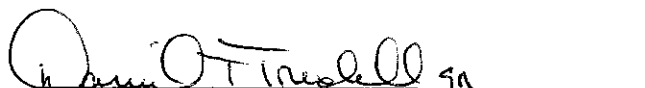
Lot Number: AG816303  
Exp Date: 06/11/2010

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

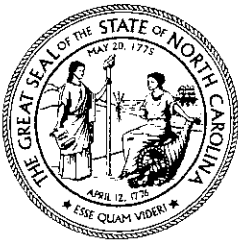
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County GUILFORD Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008647 HIGH POINT, 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 MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Allen Ray Bams  
Signature of Certifying Official

648  
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008647  
Test Date: 03/05/2010

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
10/01/2009-10/01/2011

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

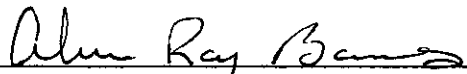
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	11:11pm
AIR BLK	.00	11:12pm
ACCY CHK	.08	11:13pm
AIR BLK	.00	11:14pm
SUB TEST	.00	11:14pm
AIR BLK	.00	11:15pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008647      Test Record Number: 714  
Test Date: 03/05/2010      Test Time: 11:18pm EST

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	11:19pm
SRC	Pass	11:19pm
DET	Pass	11:19pm
BAR	Pass	11:19pm
BT	Pass	11:19pm

Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

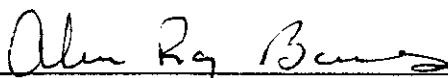
Printer Tests

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

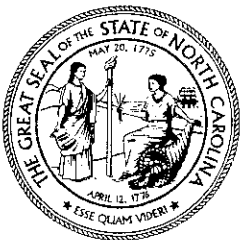
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County GUILFORD Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008616 HIGH POINT, 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 MARCH, 2010 the forgoing preventive maintenance procedures were performed on the 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

GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008616  
Test Date: 03/05/2010

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
10/01/2009-10/01/2011

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

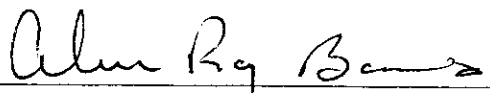
Lot Number: AG904903  
Exp Date: 02/18/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008616      Test Record Number: 749  
Test Date: 03/05/2010      Test Time: 10:16pm EST

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

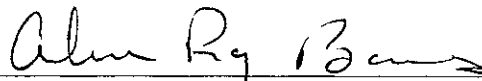
Printer Tests

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

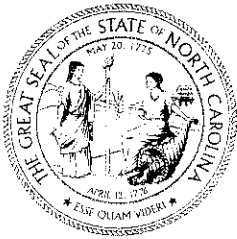
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

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



Alan Ray Bano

Signature of Certifying Official

648

Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008616  
Test Date: 03/11/2010

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
10/01/2009-10/01/2011

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

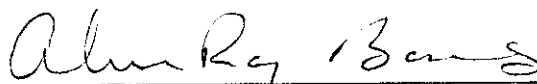
Lot Number: AG904903  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	11:20pm
AIR BLK	.00	11:21pm
ACCY CHK	.07	11:22pm
AIR BLK	.00	11:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:24pm</b>
AIR BLK	.00	11:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:26pm</b>
AIR BLK	.00	11:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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



Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616      Test Record Number: 754  
Test Date: 03/11/2010      Test Time: 11:28pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:29pm

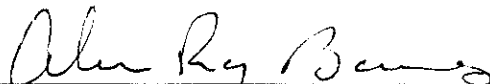
Printer Tests

Test	Status	Time
PRNT	Pass	11:29pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

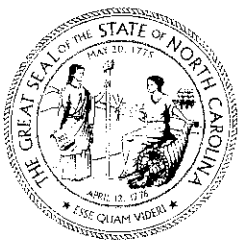
County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008907 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 11 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Bens

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: 03/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902001

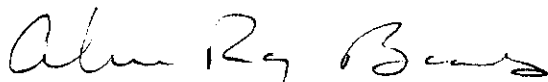
Exp Date: 01/20/2011

Test	g/210L	Time
DIAG	Pass	11:36pm
AIR BLK	.00	11:37pm
ACCY CHK	.08	11:38pm
AIR BLK	.00	11:39pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:39pm</b>
AIR BLK	.00	11:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:42pm</b>
AIR BLK	.00	11:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707      Test Record Number: 518  
Test Date: 03/11/2010      Test Time: 11:44pm EST

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

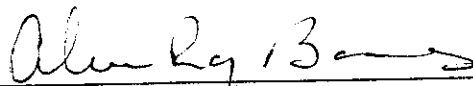
Printer Tests

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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

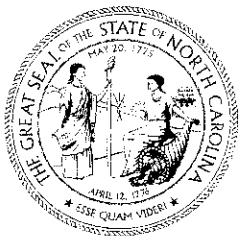
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

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



Alan Ray Bams  
Signature of Certifying Official

648  
Certificate Number

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

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008647  
Test Date: 03/11/2010

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
10/01/2009-10/01/2011

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


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

Test	g/210L	Time
DIAG	Pass	11:31pm
AIR BLK	.00	11:32pm
ACCY CHK	.08	11:32pm
AIR BLK	.00	11:33pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:34pm</b>
AIR BLK	.00	11:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:36pm</b>
AIR BLK	.00	11:37pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647      Test Record Number: 717  
Test Date: 03/11/2010      Test Time: 11:38pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:38pm
FLO	Pass	11:38pm
FC	Pass	11:38pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:39pm

CRC Tests

Test	Status	Time
COMP	Pass	11:39pm
CAL	Pass	11:39pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

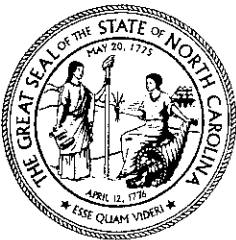
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County DAVIDSON Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008616 LEXINGTON, NC

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

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

I certify that on the 13 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes

Signature of Certifying Official

648

Certificate Number

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



Intox EC/IR-II: Subject Test

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616  
Test Date: 03/13/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904903

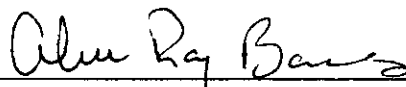
Exp Date: 02/18/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616      Test Record Number: 765  
Test Date: 03/13/2010      Test Time: 10:31pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:31pm
FLO	Pass	10:31pm
FC	Pass	10:32pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

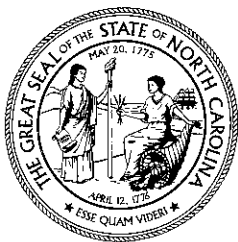
County WAKE Instrument Location CCBT

Instrument Serial No. 008816 330 S. SALISBURY ST, RALEIGH 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 11 day of MARCH, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

WAKE COUNTY CCBI 910

Serial Number: 008816

Test Date: 03/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

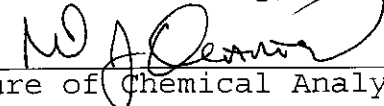
Test Type: Breath Test

Lot Number: AG002602

Exp Date: 01/26/2012

Test	g/210L	Time
DIAG	Pass	11:33am
AIR BLK	.00	11:34am
ACCY CHK	.08	11:35am
AIR BLK	.00	11:36am
<b>SUB TEST</b>	<b>.00</b>	<b>11:37am</b>
AIR BLK	.00	11:37am
<b>SUB TEST</b>	<b>.00</b>	<b>11:39am</b>
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

WAKE COUNTY CCBI 910

Serial Number: 008816      Test Record Number: 2636  
Test Date: 03/11/2010      Test Time: 11:43am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
FC	Pass	11:43am

Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

Blank Tests

Test	Status	Time
AIR	Pass	11:44am

Printer Tests

Test	Status	Time
PRNT	Pass	11:44am

CRC Tests

Test	Status	Time
COMP	Pass	11:44am
CAL	Pass	11:44am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

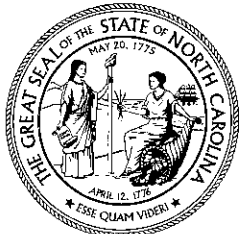
County CASWELL Instrument Location SHP CASWELL OFFICE

Instrument Serial No. 008593 956 FINESTRA RD. NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the 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

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593

Test Date: 03/04/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE N

Type of Agency: FTA

Agency: DHHS

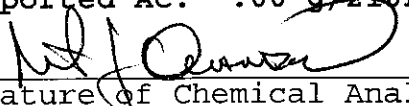
Test Type: Breath Test

Lot Number: AG002602

Exp Date: 01/26/2012

Test	g/210L	Time
DIAG	Pass	1:34pm
AIR BLK	.00	1:35pm
ACCY CHK	.08	1:35pm
AIR BLK	.00	1:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:37pm</b>
AIR BLK	.00	1:38pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:39pm</b>
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593      Test Record Number: 513  
Test Date: 03/04/2010      Test Time: 1:41pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:42pm
FLO	Pass	1:42pm
FC	Pass	1:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:42pm
SRC	Pass	1:42pm
DET	Pass	1:42pm
BAR	Pass	1:42pm
BT	Pass	1:42pm

Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

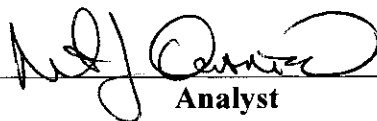
Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm

CRC Tests

Test	Status	Time
COMP	Pass	1:43pm
CAL	Pass	1:43pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

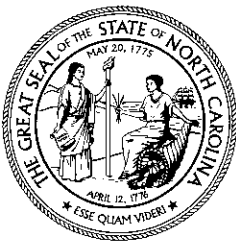
County WAKE Instrument Location CCBI

Instrument Serial No. 008686 330 S. SALISBURY ST., RALEIGH NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 08 day of MARCH, 20 10 the forgoing preventive maintenance procedures were performed on the 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

WAKE COUNTY CCBI 910

Serial Number: 008686  
Test Date: 03/08/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

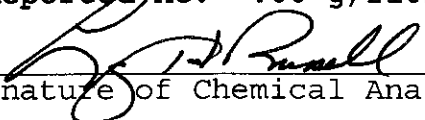
Test Type: Breath Test

Lot Number: AG904903

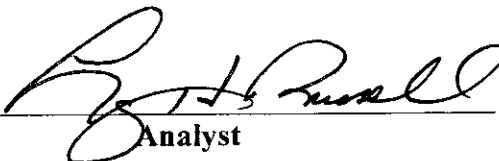
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	1:24pm
AIR BLK	.00	1:25pm
ACCY CHK	.08	1:26pm
AIR BLK	.00	1:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:27pm</b>
AIR BLK	.00	1:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:30pm</b>
AIR BLK	.00	1:31pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

WAKE COUNTY CCBI 910

Serial Number: 008686      Test Record Number: 1810  
Test Date: 03/08/2010      Test Time: 1:38pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

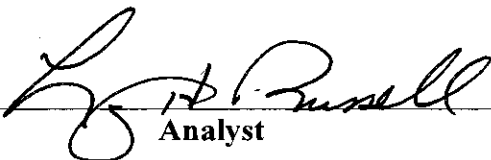
Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm

CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

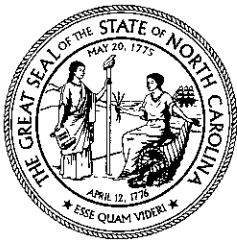
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pender Instrument Location Pender County  
Instrument Serial No. 8948 Sherrills Dept. Annex

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera 634  
Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948  
Test Date: 03/03/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

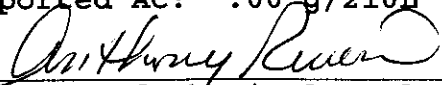
Analyst's Name: RIVERA, ANTHONY  
Permit Number: 08259E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

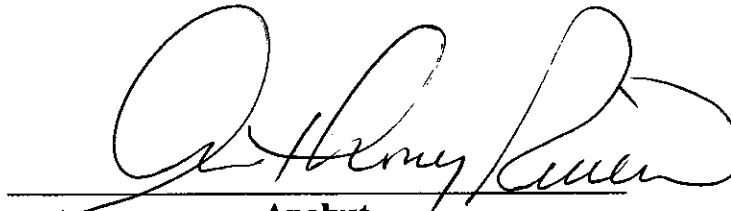
Lot Number: AG904902  
Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	4:50pm
AIR BLK	.00	4:51pm
ACCY CHK	.08	4:52pm
AIR BLK	.00	4:53pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:53pm</b>
AIR BLK	.00	4:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:56pm</b>
AIR BLK	.00	4:57pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948      Test Record Number: 272  
Test Date: 03/03/2010      Test Time: 4:59pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:59pm
FLO	Pass	4:59pm
FC	Pass	4:59pm

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	5:00pm

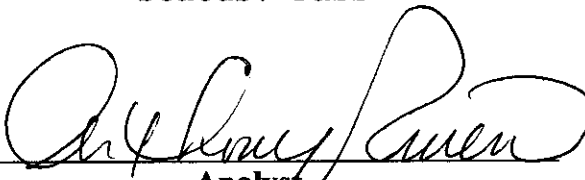
Printer Tests

Test	Status	Time
PRNT	Pass	5:00pm

CRC Tests

Test	Status	Time
COMP	Pass	5:00pm
CAL	Pass	5:00pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

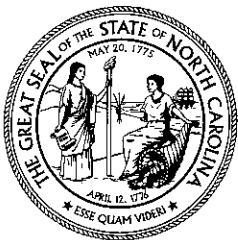
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County PENDER Instrument Location PENDER County  
Instrument Serial No. 8946 Sherrill 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 3 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the 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

634  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

PENDER PENDER CO SD 700

Serial Number: 008946  
Test Date: 03/03/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

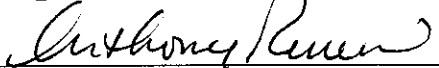
Analyst's Name: RIVERA, ANTHONY  
Permit Number: 08259E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG904902  
Exp Date: 02/18/2011


Test	g/210L	Time
DIAG	Pass	3:46pm
AIR BLK	.00	3:47pm
ACCY CHK	.08	3:47pm
AIR BLK	.00	3:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:49pm</b>
AIR BLK	.00	3:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:53pm</b>
AIR BLK	.00	3:54pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR

  
Analyst



**Intox EC/IR-II: Preventive Maintenance**

PENDER PENDER CO SD 700

Serial Number: 008946      Test Record Number: 529  
Test Date: 03/03/2010      Test Time: 3:57pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:57pm
SRC	Pass	3:57pm
DET	Pass	3:57pm
BAR	Pass	3:57pm
BT	Pass	3:57pm

Blank Tests

Test	Status	Time
AIR	Pass	3:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm

CRC Tests

Test	Status	Time
COMP	Pass	3:58pm
CAL	Pass	3:58pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Duplin Instrument Location Wallace  
Instrument Serial No. 8858 POLICE Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera 634  
Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858  
Test Date: 03/03/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

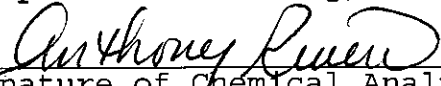
Analyst's Name: RIVERA, ANTHONY  
Permit Number: 08259E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

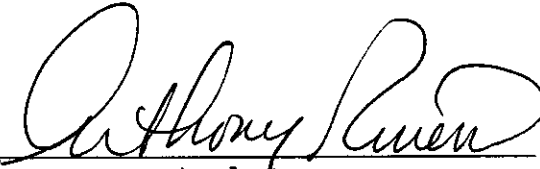
Lot Number: AG002803  
Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	2:54pm
AIR BLK	.00	2:56pm
ACCY CHK	.08	2:56pm
AIR BLK	.00	2:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:58pm</b>
AIR BLK	.00	2:59pm
<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**

*DUPLIN COUNTY WALLACE PD 300*

Serial Number: 008858      Test Record Number: 272  
Test Date: 03/03/2010      Test Time: 3:04pm EST

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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

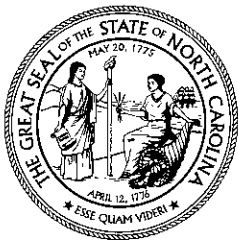
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Duplin Instrument Location Warsaw  
Instrument Serial No. 8874 Police Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the 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 Ruler

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: 03/03/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

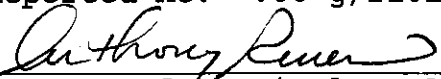
Analyst's Name: RIVERA, ANTHONY  
Permit Number: 08259E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test


Lot Number: AG002704  
Exp Date: 01/27/2012

Test	g/210L	Time
DIAG	Pass	12:20pm
AIR BLK	.00	12:21pm
ACCY CHK	.08	12:22pm
AIR BLK	.00	12:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:23pm</b>
AIR BLK	.00	12:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:27pm</b>
AIR BLK	.00	12:28pm

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: 155  
Test Date: 03/03/2010      Test Time: 12:29pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:30pm
FLO	Pass	12:30pm
FC	Pass	12:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:30pm
SRC	Pass	12:30pm
DET	Pass	12:30pm
BAR	Pass	12:30pm
BT	Pass	12:30pm

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm

CRC Tests

Test	Status	Time
COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

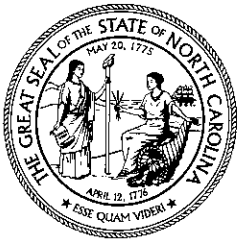
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Duplin Instrument Location Duplin County  
Instrument Serial No. 8864 Sheriffs Dept

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the 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 Kuen  
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 DUPLIN CO SD 300

Serial Number: 008864  
Test Date: 03/03/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

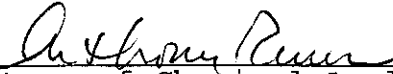
Analyst's Name: RIVERA, ANTHONY  
Permit Number: 08259E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

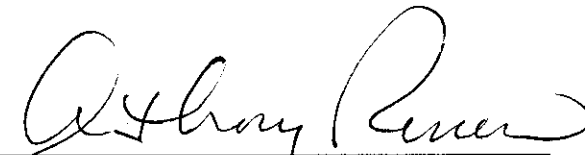
Lot Number: AG910601  
Exp Date: 04/16/2011

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.08	11:32am
AIR BLK	.00	11:33am
<b>SUB TEST</b>	<b>.00</b>	<b>11:34am</b>
AIR BLK	.00	11:34am
<b>SUB TEST</b>	<b>.00</b>	<b>11:36am</b>
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864      Test Record Number: 583  
Test Date: 03/03/2010      Test Time: 11:38am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:39am
FLO	Pass	11:39am
FC	Pass	11:39am

Temperature Tests

Test	Status	Time
FC1	Pass	11:39am
SRC	Pass	11:39am
DET	Pass	11:39am
BAR	Pass	11:39am
BT	Pass	11:39am

Blank Tests

Test	Status	Time
AIR	Pass	11:39am

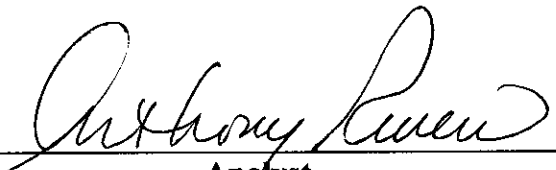
Printer Tests

Test	Status	Time
PRNT	Pass	11:39am

CRC Tests

Test	Status	Time
COMP	Pass	11:40am
CAL	Pass	11:40am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

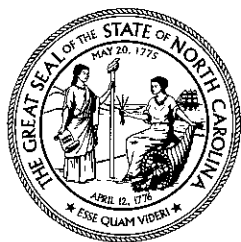
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Columbus Instrument Location Columbus County  
Instrument Serial No. 8886 Sherrill'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 2 day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony P. [Signature]  
Signature of Certifying Official

634  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886  
Test Date: 03/02/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

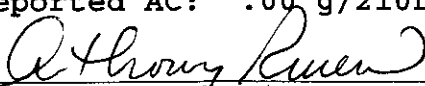
Analyst's Name: RIVERA, ANTHONY  
Permit Number: 08259E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

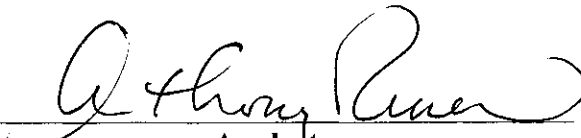
Lot Number: AG002704  
Exp Date: 01/27/2012

Test	g/210L	Time
DIAG	Pass	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.08	2:28pm
AIR BLK	.00	2:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:30pm</b>
AIR BLK	.00	2:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:32pm</b>
AIR BLK	.00	2:33pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886      Test Record Number: 276  
Test Date: 03/02/2010      Test Time: 2:34pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:34pm
FLO	Pass	2:34pm
FC	Pass	2:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

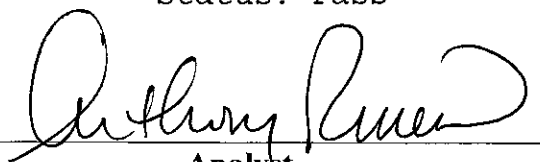
Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm

CRC Tests

Test	Status	Time
COMP	Pass	2:35pm
CAL	Pass	2:35pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

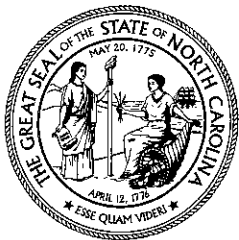
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Columbus Instrument Location Columbus County  
Instrument Serial No. 8975 Shanks Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera  
Signature of Certifying Official

634  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875  
Test Date: 03/02/2010

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

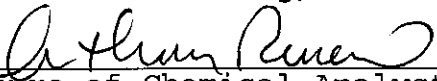
Analyst's Name: RIVERA, ANTHONY  
Permit Number: 08259E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

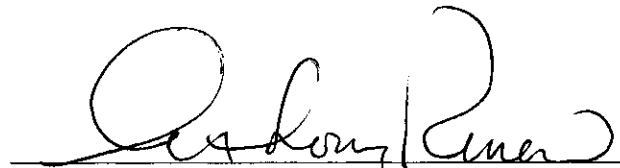
Lot Number: AG002704  
Exp Date: 01/27/2012

Test	g/210L	Time
DIAG	Pass	2:25pm
AIR BLK	.00	2:26pm
ACCY CHK	.08	2:27pm
AIR BLK	.00	2:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:28pm</b>
AIR BLK	.00	2:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:31pm</b>
AIR BLK	.00	2:32pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875      Test Record Number: 380  
Test Date: 03/02/2010      Test Time: 2:33pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:33pm
SRC	Pass	2:33pm
DET	Pass	2:33pm
BAR	Pass	2:33pm
BT	Pass	2:33pm

Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

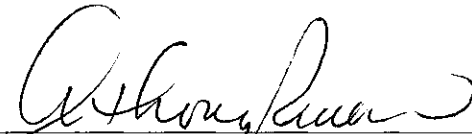
Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm

CRC Tests

Test	Status	Time
COMP	Pass	2:34pm
CAL	Pass	2:34pm

Preventive Maintenance  
Status: Pass



Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

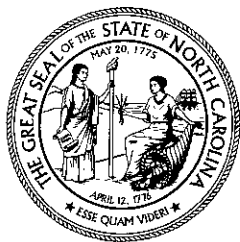
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County BLADEN Instrument Location BLADEN County  
Instrument Serial No. 8894 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 2 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the 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**

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894  
Test Date: 03/02/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

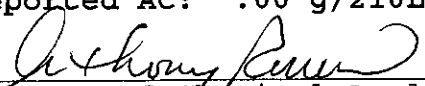
Analyst's Name: RIVERA, ANTHONY  
Permit Number: 08259E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

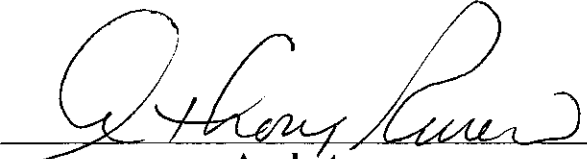
Lot Number: AG002704  
Exp Date: 01/27/2012

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK	.00	1:01pm
ACCY CHK	.08	1:02pm
AIR BLK	.00	1:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:03pm</b>
AIR BLK	.00	1:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:06pm</b>
AIR BLK	.00	1:07pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894      Test Record Number: 197  
Test Date: 03/02/2010      Test Time: 1:08pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
BT	Pass	1:09pm

Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

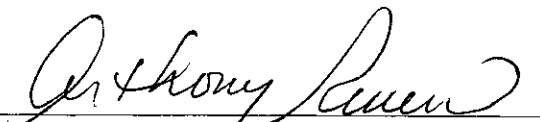
Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm

CRC Tests

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

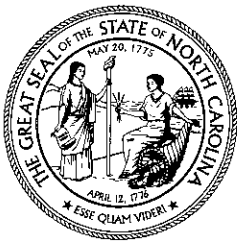
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County BLADEN Instrument Location BLADEN County  
Instrument Serial No. 8818 Sherriff'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 2 day of March, 2010 the forgoing preventive maintenance procedures were performed on the 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**

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818  
Test Date: 03/02/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

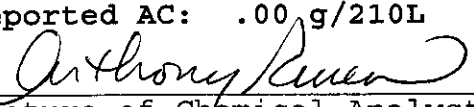
Analyst's Name: RIVERA, ANTHONY  
Permit Number: 08259E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

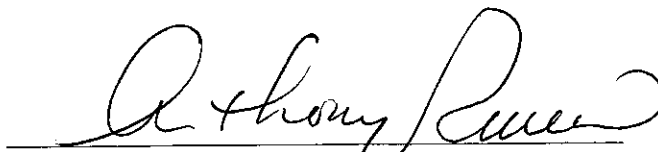
Lot Number: AG920301  
Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	12:59pm
AIR BLK	.00	1:00pm
ACCY CHK	.08	1:01pm
AIR BLK	.00	1:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:02pm</b>
AIR BLK	.00	1:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:05pm</b>
AIR BLK	.00	1:06pm

Reported AC: .00, g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

*BLADEN COUNTY BLADEN COUNTY SD 080*

Serial Number: 008818      Test Record Number: 305  
Test Date: 03/02/2010      Test Time: 1:07pm EST

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	1:07pm
FLO	Pass	1:07pm
FC	Pass	1:08pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

**Blank Tests**

Test	Status	Time
AIR	Pass	1:08pm

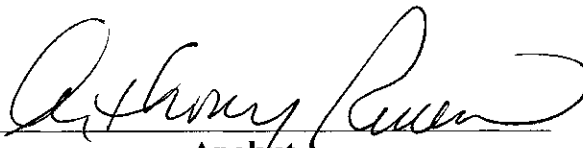
**Printer Tests**

Test	Status	Time
PRNT	Pass	1:08pm

**CRC Tests**

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

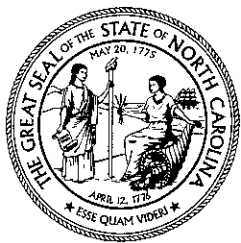
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Sampson Instrument Location Sampson County  
Instrument Serial No. 8825 Shirley Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera 634  
Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825  
Test Date: 03/02/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

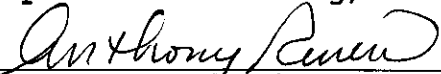
Analyst's Name: RIVERA, ANTHONY  
Permit Number: 08259E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

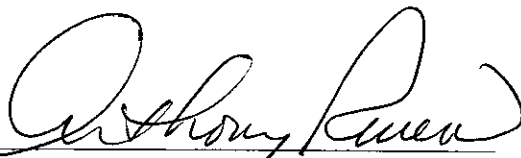
Lot Number: AG002704  
Exp Date: 01/27/2012

Test	g/210L	Time
DIAG	Pass	11:50am
AIR BLK	.00	11:51am
ACCY CHK	.08	11:52am
AIR BLK	.00	11:53am
<b>SUB TEST</b>	<b>.00</b>	<b>11:53am</b>
AIR BLK	.00	11:54am
<b>SUB TEST</b>	<b>.00</b>	<b>11:56am</b>
AIR BLK	.00	11:57am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



**Intox EC/IR-II: Preventive Maintenance**

*SAMPSON COUNTY SAMPSON CO SD 810*

Serial Number: 008825      Test Record Number: 750  
Test Date: 03/02/2010      Test Time: 12:00pm EST

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	12:01pm

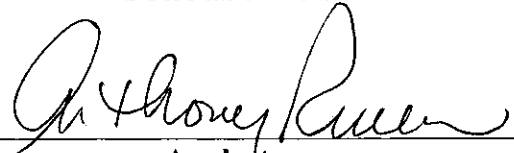
Printer Tests

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

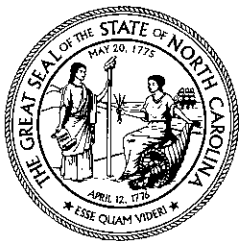
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Sampson Instrument Location Sampson County  
Instrument Serial No. 8877 Shunk Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of March, 20 10 the forgoing preventive maintenance procedures were performed on the 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

634  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877

Test Date: 03/02/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

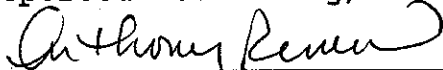
Test Type: Breath Test

Lot Number: AG002704

Exp Date: 01/27/2012

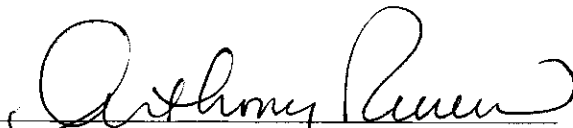
Test	g/210L	Time
DIAG	Pass	11:50am
AIR BLK	.00	11:51am
ACCY CHK	.08	11:51am
AIR BLK	.00	11:52am
<b>SUB TEST</b>	<b>.00</b>	<b>11:53am</b>
AIR BLK	.00	11:54am
<b>SUB TEST</b>	<b>.00</b>	<b>11:55am</b>
AIR BLK	.00	11:56am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**Intox EC/IR-II: Preventive Maintenance**

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877      Test Record Number: 386  
Test Date: 03/02/2010      Test Time: 11:57am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:58am

Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

Blank Tests

Test	Status	Time
AIR	Pass	11:58am

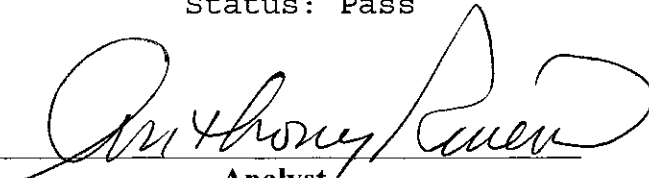
Printer Tests

Test	Status	Time
PRNT	Pass	11:58am

CRC Tests

Test	Status	Time
COMP	Pass	11:59am
CAL	Pass	11:59am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

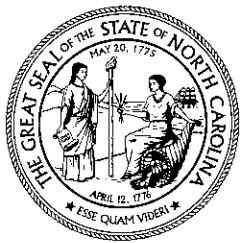
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Alexander Instrument Location Alexander County SD  
Instrument Serial No. 008813 29 W. Main Avenue, Taylorsville  
828-632-4658

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24th day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatcher  
Signature of Certifying Official

650  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

ALEXANDER COUNTY ALEXANDER COUNTY SD  
010

Serial Number: 008813  
Test Date: 03/24/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

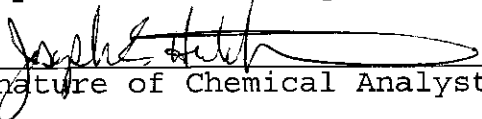
Analyst's Name: HUTCHINSON, JOSEPH E  
Permit Number: 19951E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG901901  
Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	12:07pm
AIR BLK	.00	12:08pm
ACCY CHK	.08	12:09pm
AIR BLK	.00	12:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:10pm</b>
AIR BLK	.00	12:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:13pm</b>
AIR BLK	.00	12:14pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813      Test Record Number: 509  
Test Date: 03/24/2010      Test Time: 12:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
BT	Pass	12:17pm

Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm

CRC Tests

Test	Status	Time
COMP	Pass	12:18pm
CAL	Pass	12:18pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

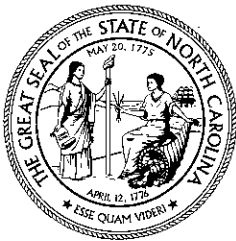
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cabarrus Instrument Location Cabarrus County SD  
Instrument Serial No. 008590 30 Corban Ave, Concord  
704 - 920 - 3000

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16th day of March, 2010 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchinson  
Signature of Certifying Official

650  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.



**Intox EC/IR-II: Subject Test**

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590  
Test Date: 03/16/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

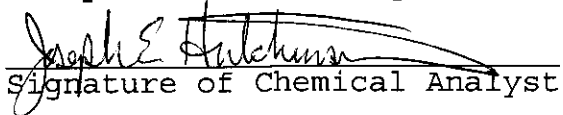
Analyst's Name: HUTCHINSON, JOSEPH E  
Permit Number: 19951E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

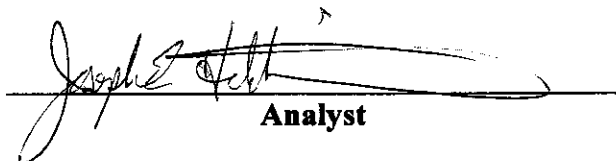
Lot Number: AG902001  
Exp Date: 01/20/2011

Test	g/210L	Time
DIAG	Pass	9:45am
AIR BLK	.00	9:46am
ACCY CHK	.07	9:46am
AIR BLK	.00	9:47am
<b>SUB TEST</b>	<b>.00</b>	<b>9:49am</b>
AIR BLK	.00	9:49am
<b>SUB TEST</b>	<b>.00</b>	<b>9:52am</b>
AIR BLK	.00	9:53am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590      Test Record Number: 988  
Test Date: 03/16/2010      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**

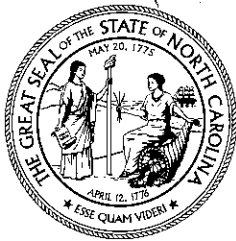
County Cabarrus Instrument Location Kannapolis PD

Instrument Serial No. 008589 314 S. Main Street, Kannapolis  
704-920-4000

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of March, 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchins  
Signature of Certifying Official

650  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Date: 03/25/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

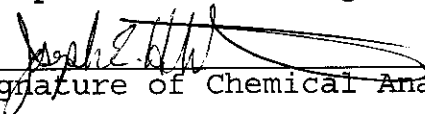
Test Type: Breath Test

Lot Number: AG816302

Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	10:51am
AIR BLK	.00	10:52am
ACCY CHK	.07	10:53am
AIR BLK	.00	10:54am
<b>SUB TEST</b>	<b>.00</b>	<b>10:54am</b>
AIR BLK	.00	10:55am
<b>SUB TEST</b>	<b>.00</b>	<b>10:57am</b>
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589      Test Record Number: 931  
Test Date: 03/25/2010      Test Time: 11:03am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:04am
FC	Pass	11:04am

Temperature Tests

Test	Status	Time
FC1	Pass	11:04am
SRC	Pass	11:04am
DET	Pass	11:04am
BAR	Pass	11:04am
BT	Pass	11:04am

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

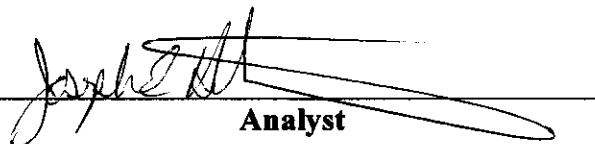
Printer Tests

Test	Status	Time
PRNT	Pass	11:04am

CRC Tests

Test	Status	Time
COMP	Pass	11:05am
CAL	Pass	11:05am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

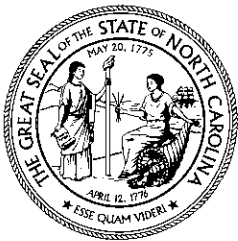
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cabarrus Instrument Location Cabarrus County SD  
Instrument Serial No. 008792 30 Corban Ave SE, Concord  
704-920-3000

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25th day of March, 2010 the forgoing preventive maintenance procedures were performed on the 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. Hult  
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**

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792  
Test Date: 03/25/2010

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

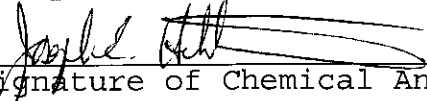
Analyst's Name: HUTCHINSON, JOSEPH E  
Permit Number: 19951E  
Effective:  
10/01/2009-10/01/2011

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

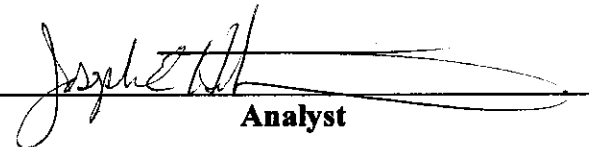
Lot Number: AG920401  
Exp Date: 07/23/2011

Test	g/210L	Time
DIAG	Pass	10:07am
AIR BLK	.00	10:08am
ACCY CHK	.08	10:08am
AIR BLK	.00	10:09am
<b>SUB TEST</b>	<b>.00</b>	<b>10:11am</b>
AIR BLK	.00	10:11am
<b>SUB TEST</b>	<b>.00</b>	<b>10:13am</b>
AIR BLK	.00	10:14am

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792      Test Record Number: 132  
Test Date: 03/25/2010      Test Time: 10:16am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:17am
FLO	Pass	10:17am
FC	Pass	10:17am

Temperature Tests

Test	Status	Time
FC1	Pass	10:17am
SRC	Pass	10:17am
DET	Pass	10:17am
BAR	Pass	10:17am
BT	Pass	10:17am

Blank Tests

Test	Status	Time
AIR	Pass	10:18am

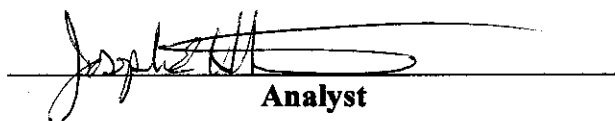
Printer Tests

Test	Status	Time
PRNT	Pass	10:18am

CRC Tests

Test	Status	Time
COMP	Pass	10:18am
CAL	Pass	10:18am

Preventive Maintenance  
Status: Pass

  
Analyst