

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

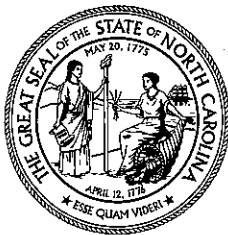
County ALAMANCE Instrument Location ALAMANCE CO JAIL

Instrument Serial No. 008924 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 22 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

662
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY ALAMANCE COUNTY JAIL
000

Serial Number: 008924
Test Date: 04/22/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

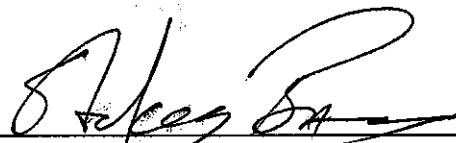
Lot Number: AG902106
Exp Date: 01/21/2021

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:53am |
| AIR BLK | .00 | 9:54am |
| ACCY CHK | .08 | 9:54am |
| AIR BLK | .00 | 9:55am |
| SUB TEST | .00 | 9:57am |
| AIR BLK | .00 | 9:58am |
| SUB TEST | .00 | 9:59am |
| AIR BLK | .00 | 10:00am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY ALAMANCE COUNTY JAIL 000

Serial Number: 008924 Test Record Number: 1456
Test Date: 04/22/2019 Test Time: 10:00am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:01am |
| FLO | Pass | 10:01am |
| FC | Pass | 10:01am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:01am |
| SRC | Pass | 10:01am |
| DET | Pass | 10:01am |
| BAR | Pass | 10:01am |
| BT | Pass | 10:01am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:02am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:02am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:02am |
| CAL | Pass | 10:02am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

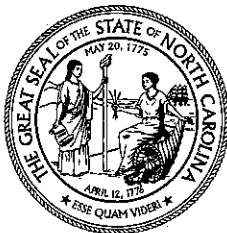
County ALAMANCE Instrument Location ALAMANCE CO JAIL

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

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

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

I certify that on the 29 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913
Test Date: 04/29/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

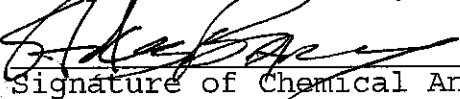
Test Type: Breath Test

Lot Number: AG902106

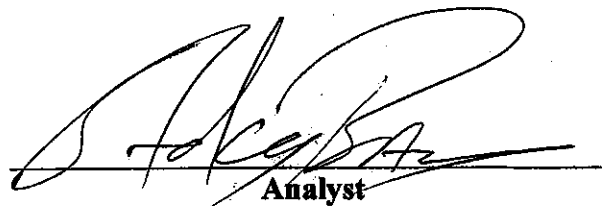
Exp Date: 01/21/2021

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 3487
Test Date: 04/29/2019 Test Time: 11:42am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:42am |
| FLO | Pass | 11:42am |
| FC | Pass | 11:42am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:43am |

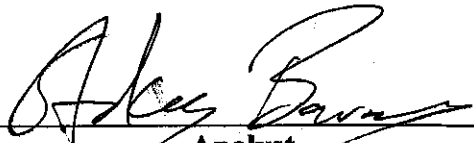
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:43am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:43am |
| CAL | Pass | 11:43am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

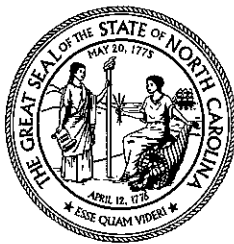
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Anson Instrument Location BAT mobile unit #5
Instrument Serial No. .8704 Wadesboro, N.C.

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

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

I certify that on the 29 day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

664
Certificate Number

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 BAT MOBILE UNIT 5 030

Serial Number: 008704
Test Date: 04/29/2019

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


Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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


Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:29pm |
| AIR BLK | .00 | 7:30pm |
| ACCY CHK | .08 | 7:31pm |
| AIR BLK | .00 | 7:32pm |
| SUB TEST | .00 | 7:32pm |
| AIR BLK | .00 | 7:33pm |
| SUB TEST | .00 | 7:35pm |
| AIR BLK | .00 | 7:36pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008704 Test Record Number: 551
Test Date: 04/29/2019 Test Time: 7:38pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:38pm |
| FLO | Pass | 7:38pm |
| FC | Pass | 7:38pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:38pm |
| SRC | Pass | 7:38pm |
| DET | Pass | 7:38pm |
| BAR | Pass | 7:38pm |
| BT | Pass | 7:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:39pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:39pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:39pm |
| CAL | Pass | 7:39pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

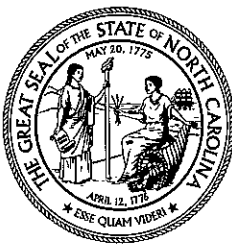
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

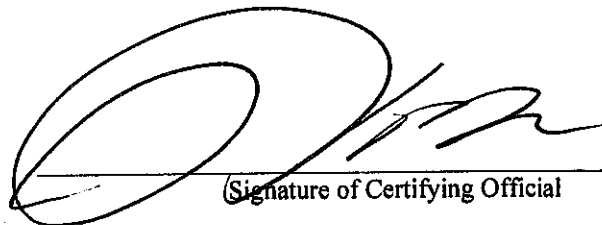
County Anson Instrument Location BAT Mobile Unit #5
Instrument Serial No. 8647 Wadesboro, N.C.

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

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

I certify that on the 29 day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




(Signature of Certifying Official)

664
Certificate Number

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 BAT MOBILE UNIT 5 030

Serial Number: 008647
Test Date: 04/29/2019

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

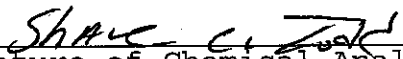
Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

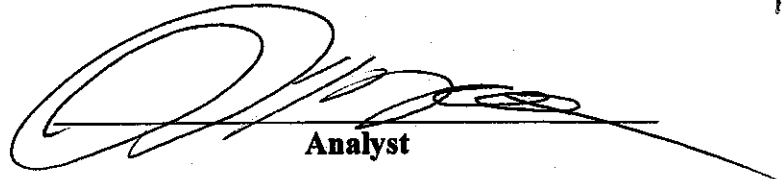
Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:27pm |
| AIR BLK | .00 | 7:28pm |
| ACCY CHK | .07 | 7:28pm |
| AIR BLK | .00 | 7:29pm |
| SUB TEST | .00 | 7:30pm |
| AIR BLK | .00 | 7:31pm |
| SUB TEST | .00 | 7:33pm |
| AIR BLK | .00 | 7:33pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008647 Test Record Number: 2452
Test Date: 04/29/2019 Test Time: 7:36pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:36pm |
| FLO | Pass | 7:36pm |
| FC | Pass | 7:36pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:36pm |
| SRC | Pass | 7:36pm |
| DET | Pass | 7:36pm |
| BAR | Pass | 7:36pm |
| BT | Pass | 7:36pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:37pm |

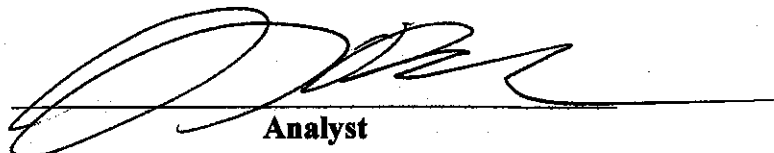
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:37pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:37pm |
| CAL | Pass | 7:37pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

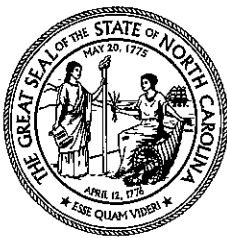
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Ansco Instrument Location BAT mobile units
Instrument Serial No. 8707 Polkton

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 664
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

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008707 Test Record Number: 2573
Test Date: 04/13/2019 Test Time: 9:04pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:04pm |
| FLO | Pass | 9:04pm |
| FC | Pass | 9:04pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:04pm |
| SRC | Pass | 9:04pm |
| DET | Pass | 9:04pm |
| BAR | Pass | 9:04pm |
| BT | Pass | 9:04pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:05pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:05pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:05pm |
| CAL | Pass | 9:05pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008707
Test Date: 04/13/2019

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

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

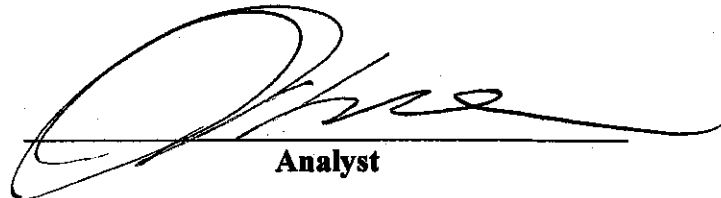
Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:55pm |
| AIR BLK | .00 | 8:56pm |
| ACCY CHK | .08 | 8:57pm |
| AIR BLK | .00 | 8:58pm |
| SUB TEST | .00 | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| SUB TEST | .00 | 9:02pm |
| AIR BLK | .00 | 9:03pm |

Reported AC: .00 g/210L

Shane C. Todd
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 Anson Instrument Location BAT mobile unit #5

Instrument Serial No. 8578 Polkton, 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 April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

664
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

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008575 Test Record Number: 1147
Test Date: 04/13/2019 Test Time: 9:07pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:07pm |
| FLO | Pass | 9:07pm |
| FC | Pass | 9:07pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:07pm |
| SRC | Pass | 9:07pm |
| DET | Pass | 9:07pm |
| BAR | Pass | 9:07pm |
| BT | Pass | 9:07pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:08pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:08pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:08pm |
| CAL | Pass | 9:08pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008575
Test Date: 04/13/2019

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


Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| ACCY CHK | .08 | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| SUB TEST | .00 | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| SUB TEST | .00 | 9:05pm |
| AIR BLK | .00 | 9:05pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Buncombe Instrument Location Bat Mobile Unit 1

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 24 day of April, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chad Doy

Signature of Certifying Official

658

Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE BAT MOBILE UNIT 1 100

Serial Number: 008788

Test Date: 04/24/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

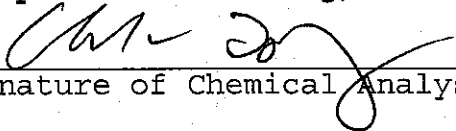
Test Type: Breath Test

Lot Number: AG716201

Exp Date: 06/11/2019

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:27pm |
| AIR BLK | .00 | 9:28pm |
| ACCY CHK | .08 | 9:28pm |
| AIR BLK | .00 | 9:29pm |
| SUB TEST | .00 | 9:30pm |
| AIR BLK | .00 | 9:31pm |
| SUB TEST | .00 | 9:32pm |
| AIR BLK | .00 | 9:33pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE BAT MOBILE UNIT 1 100

Serial Number: 008788 Test Record Number: 1392
Test Date: 04/24/2019 Test Time: 9:34pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:34pm |
| FLO | Pass | 9:34pm |
| FC | Pass | 9:34pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:34pm |
| SRC | Pass | 9:34pm |
| DET | Pass | 9:34pm |
| BAR | Pass | 9:34pm |
| BT | Pass | 9:34pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:35pm |

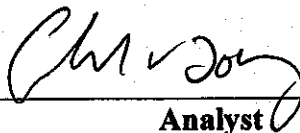
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:35pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:35pm |
| CAL | Pass | 9:35pm |

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**

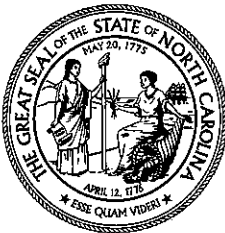
County Buncombe Instrument Location BAT Mobile Unit 1

Instrument Serial No. 609788

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chris Jones
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE BAT MOBILE UNIT 1 100

Serial Number: 008788 Test Record Number: 1387
Test Date: 04/19/2019 Test Time: 7:45pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:45pm |
| FLO | Pass | 7:45pm |
| FC | Pass | 7:45pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:45pm |
| SRC | Pass | 7:45pm |
| DET | Pass | 7:45pm |
| BAR | Pass | 7:45pm |
| BT | Pass | 7:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:46pm |

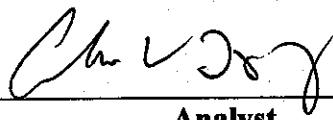
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:46pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:46pm |
| CAL | Pass | 7:46pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

BUNCOMBE BAT MOBILE UNIT 1 100

Serial Number: 008788
Test Date: 04/19/2019

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

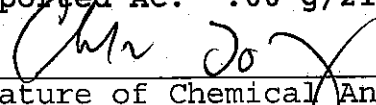
Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
06/01/2017-06/01/2019

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

Lot Number: AG716201
Exp Date: 06/11/2019

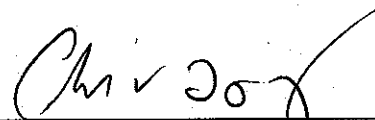
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:38pm |
| AIR BLK | .00 | 7:39pm |
| ACCY CHK | .08 | 7:39pm |
| AIR BLK | .00 | 7:40pm |
| SUB TEST | .00 | 7:41pm |
| AIR BLK | .00 | 7:41pm |
| SUB TEST | .00 | 7:43pm |
| AIR BLK | .00 | 7:44pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

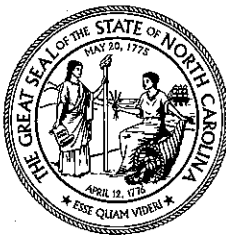
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Buncombe Instrument Location Buncombe Co. Jail
Instrument Serial No. 008697 Asheville, NC

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

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

I certify that on the 24 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

649
Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008697
Test Date: 04/24/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901

Exp Date: 05/29/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:51pm |
| AIR BLK | .00 | 1:52pm |
| ACCY CHK | .08 | 1:52pm |
| AIR BLK | .00 | 1:53pm |
| SUB TEST | .00 | 1:54pm |
| AIR BLK | .00 | 1:55pm |
| SUB TEST | .00 | 1:56pm |
| AIR BLK | .00 | 1:57pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 3539
Test Date: 04/24/2019 Test Time: 1:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:58pm |
| FLO | Pass | 1:58pm |
| FC | Pass | 1:58pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:58pm |
| SRC | Pass | 1:58pm |
| DET | Pass | 1:58pm |
| BAR | Pass | 1:58pm |
| BT | Pass | 1:58pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:59pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:59pm |
| CAL | Pass | 1:59pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

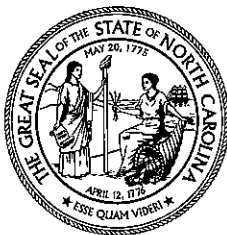
County Buncombe Instrument Location Buncombe Co Jail

Instrument Serial No. 008808 Asheville, NC

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

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

I certify that on the 24 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

649
Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008808
Test Date: 04/24/2019

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

Lot Number: AG821401
Exp Date: 08/02/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:48pm |
| AIR BLK | .00 | 1:49pm |
| ACCY CHK | .07 | 1:49pm |
| AIR BLK | .00 | 1:50pm |
| SUB TEST | .00 | 1:51pm |
| AIR BLK | .00 | 1:52pm |
| SUB TEST | .00 | 1:53pm |
| AIR BLK | .00 | 1:54pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008808 Test Record Number: 1247
Test Date: 04/24/2019 Test Time: 1:56pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:56pm |
| FLO | Pass | 1:56pm |
| FC | Pass | 1:56pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:56pm |
| SRC | Pass | 1:56pm |
| DET | Pass | 1:56pm |
| BAR | Pass | 1:56pm |
| BT | Pass | 1:56pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:57pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:57pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:57pm |
| CAL | Pass | 1:57pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

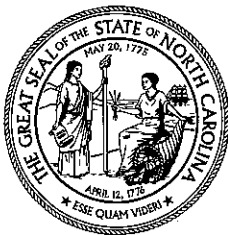
County Buncombe Instrument Location Buncombe Co Jail

Instrument Serial No. 008798 Asheville, NC

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

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

I certify that on the 24 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

649
Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008798
Test Date: 04/24/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801


Exp Date: 08/06/2020

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:50pm |
| AIR BLK | .00 | 1:51pm |
| ACCY CHK | .08 | 1:51pm |
| AIR BLK | .00 | 1:52pm |
| SUB TEST | .00 | 1:53pm |
| AIR BLK | .00 | 1:54pm |
| SUB TEST | .00 | 1:56pm |
| AIR BLK | .00 | 1:56pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 4809
Test Date: 04/24/2019 Test Time: 1:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:59pm |
| FLO | Pass | 1:59pm |
| FC | Pass | 1:59pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:59pm |
| SRC | Pass | 1:59pm |
| DET | Pass | 1:59pm |
| BAR | Pass | 1:59pm |
| BT | Pass | 1:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:00pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:00pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:00pm |
| CAL | Pass | 2:00pm |

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

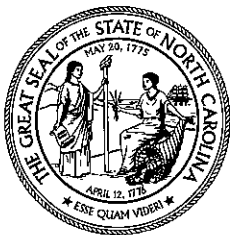
County Burke Instrument Location Burke-Catawba Jail

Instrument Serial No. 008904 Morganton, NC

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

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

I certify that on the 23 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

649
Certificate Number

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

Intox EC/IR-II: Subject Test

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904
Test Date: 04/23/2019

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

Lot Number: AG805801
Exp Date: 02/27/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:44pm |
| AIR BLK | .00 | 3:45pm |
| ACCY CHK | .08 | 3:46pm |
| AIR BLK | .00 | 3:47pm |
| SUB TEST | .00 | 3:47pm |
| AIR BLK | .00 | 3:48pm |
| SUB TEST | .00 | 3:50pm |
| AIR BLK | .00 | 3:50pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Record Number: 2384
Test Date: 04/23/2019 Test Time: 3:51pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:52pm |
| FLO | Pass | 3:52pm |
| FC | Pass | 3:52pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:52pm |
| SRC | Pass | 3:52pm |
| DET | Pass | 3:52pm |
| BAR | Pass | 3:52pm |
| BT | Pass | 3:52pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:52pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:52pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:53pm |
| CAL | Pass | 3:53pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Burke

Instrument Location Burke - Catawba Jail

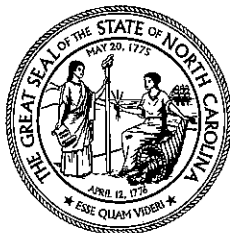
Instrument Serial No. 008831

Morganton, NC

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

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

I certify that on the 23 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

649
Certificate Number

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

Intox EC/IR-II: Subject Test

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831
Test Date: 04/23/2019

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

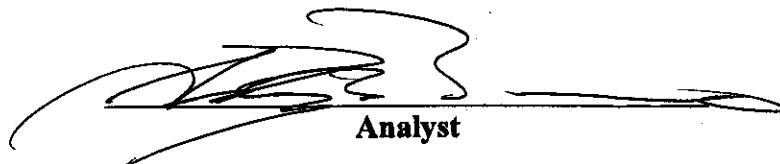
Lot Number: AG734102
Exp Date: 12/07/2019

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:45pm |
| AIR BLK | .00 | 3:46pm |
| ACCY CHK | .08 | 3:47pm |
| AIR BLK | .00 | 3:48pm |
| SUB TEST | .00 | 3:48pm |
| AIR BLK | .00 | 3:49pm |
| SUB TEST | .00 | 3:51pm |
| AIR BLK | .00 | 3:52pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Record Number: 2077
Test Date: 04/23/2019 Test Time: 3:53pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:53pm |
| FLO | Pass | 3:53pm |
| FC | Pass | 3:53pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:54pm |
| SRC | Pass | 3:54pm |
| DET | Pass | 3:54pm |
| BAR | Pass | 3:54pm |
| BT | Pass | 3:54pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:54pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:54pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:54pm |
| CAL | Pass | 3:54pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

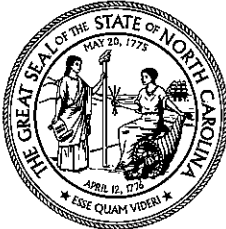
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Cabarrus Instrument Location Cabarrus County SO
Instrument Serial No. 008590 30 Cordan Ave., Concord

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M. D. [Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590
Test Date: 04/16/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101

Exp Date: 12/07/2019

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:35am |
| AIR BLK | .00 | 11:36am |
| ACCY CHK | .08 | 11:37am |
| AIR BLK | .00 | 11:38am |
| SUB TEST | .00 | 11:39am |
| AIR BLK | .00 | 11:40am |
| SUB TEST | .00 | 11:41am |
| AIR BLK | .00 | 11:42am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court OVR



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 SO 120

Serial Number: 008590 Test Record Number: 3075
Test Date: 04/16/2019 Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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


Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

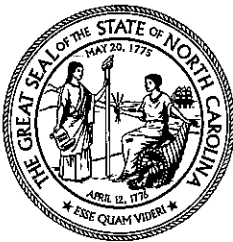
County Columbus Instrument Location RA7 Mobile units

Instrument Serial No. 8704 Old Rock, 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 April, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

664
Certificate Number

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 BAT MOBILE UNIT 5 230

Serial Number: 008704
Test Date: 04/27/2019

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

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:26pm |
| AIR BLK | .00 | 9:27pm |
| ACCY CHK | .08 | 9:28pm |
| AIR BLK | .00 | 9:29pm |
| SUB TEST | .00 | 9:29pm |
| AIR BLK | .00 | 9:30pm |
| SUB TEST | .00 | 9:32pm |
| AIR BLK | .00 | 9:33pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008704 Test Record Number: 549
Test Date: 04/27/2019 Test Time: 10:06pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:06pm |
| FLO | Pass | 10:06pm |
| FC | Pass | 10:06pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:06pm |
| SRC | Pass | 10:06pm |
| DET | Pass | 10:06pm |
| BAR | Pass | 10:06pm |
| BT | Pass | 10:06pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:07pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:07pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:07pm |
| CAL | Pass | 10:07pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

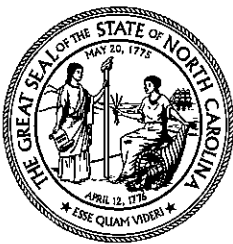
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Columbus Instrument Location BAT Mobile unit #5
Instrument Serial No. 8826 DH Dock, 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 27 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

664
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 5 230

Serial Number: 008826 Test Record Number: 8102
Test Date: 04/27/2019 Test Time: 9:46pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:46pm |
| FLO | Pass | 9:46pm |
| FC | Pass | 9:46pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:46pm |
| SRC | Pass | 9:46pm |
| DET | Pass | 9:46pm |
| BAR | Pass | 9:46pm |
| BT | Pass | 9:46pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:47pm |

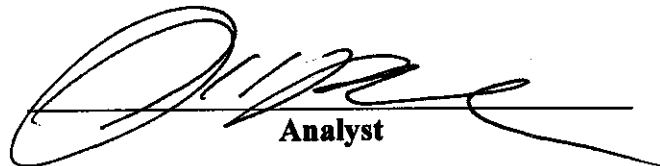
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:47pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:47pm |
| CAL | Pass | 9:47pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008826
Test Date: 04/27/2019

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

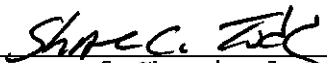
Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:35pm |
| AIR BLK | .00 | 9:36pm |
| ACCY CHK | .08 | 9:37pm |
| AIR BLK | .00 | 9:38pm |
| SUB TEST | .00 | 9:40pm |
| AIR BLK | .00 | 9:41pm |
| SUB TEST | .00 | 9:42pm |
| AIR BLK | .00 | 9:43pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

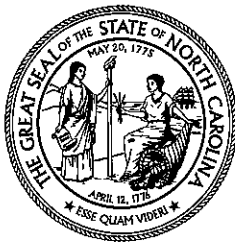
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Columbus Instrument Location BAT Mobile Unit #5
Instrument Serial No. 8647 Old Dock, 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 27 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

664
Certificate Number

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 BAT MOBILE UNIT 5 230

Serial Number: 008647
Test Date: 04/27/2019

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

Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:21pm |
| AIR BLK | .00 | 9:22pm |
| ACCY CHK | .07 | 9:23pm |
| AIR BLK | .00 | 9:24pm |
| SUB TEST | .00 | 9:25pm |
| AIR BLK | .00 | 9:26pm |
| SUB TEST | .00 | 9:27pm |
| AIR BLK | .00 | 9:28pm |

Reported AC: .00 g/210L

Shane C. Todd
Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008647 Test Record Number: 2450
Test Date: 04/27/2019 Test Time: 9:29pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:30pm |
| FLO | Pass | 9:30pm |
| FC | Pass | 9:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:30pm |
| SRC | Pass | 9:30pm |
| DET | Pass | 9:30pm |
| BAR | Pass | 9:30pm |
| BT | Pass | 9:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:31pm |

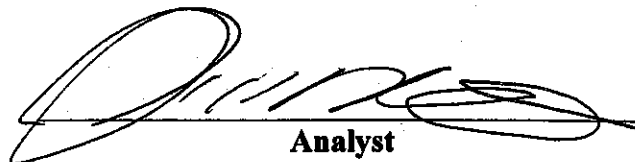
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:31pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:31pm |
| CAL | Pass | 9:31pm |

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**

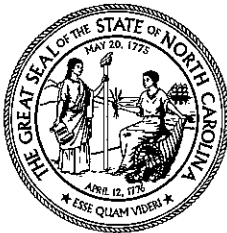
County CRAVEN Instrument Location HAUCLOCK AD

Instrument Serial No. 008800

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

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

I certify that on the 12 day of APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall
Signature of Certifying Official

354
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800
Test Date: 04/12/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
03/01/2019-03/01/2021

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

Lot Number: AG722408
Exp Date: 08/12/2019

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:27am |
| AIR BLK | .00 | 11:28am |
| ACCY CHK | .08 | 11:28am |
| AIR BLK | .00 | 11:29am |
| SUB TEST | .00 | 11:29am |
| AIR BLK | .00 | 11:30am |
| SUB TEST | .00 | 11:32am |
| AIR BLK | .00 | 11:33am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 1197
Test Date: 04/12/2019 Test Time: 11:33am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:34am |
| FLO | Pass | 11:34am |
| FC | Pass | 11:34am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:34am |
| SRC | Pass | 11:34am |
| DET | Pass | 11:34am |
| BAR | Pass | 11:34am |
| BT | Pass | 11:34am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:34am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:34am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:35am |
| CAL | Pass | 11:35am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

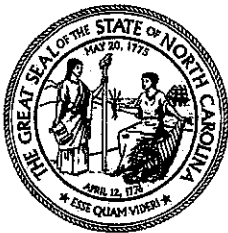
County CRAVEN Instrument Location RAF MONDIE UNIT C

Instrument Serial No. 009637 FT MANUEL

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

663
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008637
Test Date: 04/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201

Exp Date: 06/11/2019

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:37pm |
| AIR BLK | .00 | 8:38pm |
| ACCY CHK | .07 | 8:39pm |
| AIR BLK | .00 | 8:40pm |
| SUB TEST | .00 | 8:40pm |
| AIR BLK | .00 | 8:41pm |
| SUB TEST | .00 | 8:42pm |
| AIR BLK | .00 | 8:43pm |

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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008637 Test Record Number: 2984
Test Date: 04/16/2019 Test Time: 8:45pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:45pm |
| FLO | Pass | 8:45pm |
| FC | Pass | 8:45pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:45pm |
| SRC | Pass | 8:45pm |
| DET | Pass | 8:45pm |
| BAR | Pass | 8:45pm |
| BT | Pass | 8:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:46pm |

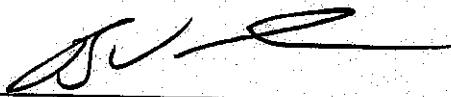
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:46pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:46pm |
| CAL | Pass | 8:46pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

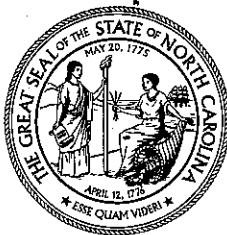
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County CRAVEN Instrument Location CRAVEN County
Instrument Serial No. 008732 SHERIFF'S OFFICE

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

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

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



Randy Hall
Signature of Certifying Official

354
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732
Test Date: 04/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805802

Exp Date: 02/27/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:54pm |
| AIR BLK | .00 | 1:54pm |
| ACCY CHK | .08 | 1:55pm |
| AIR BLK | .00 | 1:57pm |
| SUB TEST | .00 | 1:58pm |
| AIR BLK | .00 | 1:58pm |
| SUB TEST | .00 | 2:00pm |
| AIR BLK | .00 | 2:01pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 2201
Test Date: 04/17/2019 Test Time: 2:01pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:01pm |
| FLO | Pass | 2:01pm |
| FC | Pass | 2:01pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:02pm |
| SRC | Pass | 2:02pm |
| DET | Pass | 2:02pm |
| BAR | Pass | 2:02pm |
| BT | Pass | 2:02pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:02pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:02pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:02pm |
| CAL | Pass | 2:02pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CRAVEN

Instrument Location New Bern PD

Instrument Serial No. 008817

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

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

I certify that on the 17 day of APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hill
Signature of Certifying Official

354
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817

Test Date: 04/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:56pm |
| AIR BLK | .00 | 12:56pm |
| ACCY CHK | .08 | 12:57pm |
| AIR BLK | .00 | 12:58pm |
| SUB TEST | .00 | 12:59pm |
| AIR BLK | .00 | 12:59pm |
| SUB TEST | .00 | 1:01pm |
| AIR BLK | .00 | 1:02pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 1465
Test Date: 04/17/2019 Test Time: 1:02pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:03pm |
| FLO | Pass | 1:03pm |
| FC | Pass | 1:03pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:03pm |
| SRC | Pass | 1:03pm |
| DEF | Pass | 1:03pm |
| BAR | Pass | 1:03pm |
| BT | Pass | 1:03pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:03pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:03pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:04pm |
| CAL | Pass | 1:04pm |

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 CRAVEN

Instrument Location MCAS CHERRY POINT

Instrument Serial No. 010819

PMD

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

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



Randy Hall
Signature of Certifying Official

354
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819

Test Date: 04/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

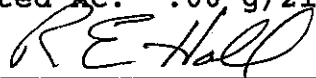
Test Type: Breath Test

Lot Number: AG831801

Exp Date: 11/14/2020

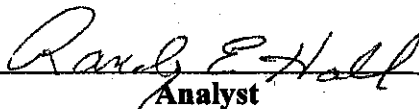
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:47am |
| AIR BLK | .00 | 11:47am |
| ACCY CHK | .08 | 11:48am |
| AIR BLK | .00 | 11:49am |
| SUB TEST | .00 | 11:49am |
| AIR BLK | .00 | 11:50am |
| SUB TEST | .00 | 11:52am |
| AIR BLK | .00 | 11:53am |

Reported AC: .00, g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 581
Test Date: 04/17/2019 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

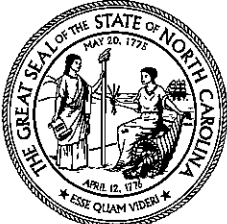
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Currituck Instrument Location Currituck Co. S.O. - Corolla
Instrument Serial No. 008949 1123 Ocean Trail, Corolla, N.C.

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

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

I certify that on the 23rd day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kayse
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949
Test Date: 04/23/2019

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

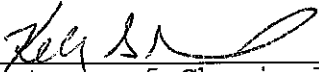
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

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

Lot Number: AG814901
Exp Date: 05/29/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:32am |
| AIR BLK | .00 | 9:32am |
| ACCY CHK | .08 | 9:33am |
| AIR BLK | .00 | 9:34am |
| SUB TEST | .00 | 9:35am |
| AIR BLK | .00 | 9:35am |
| SUB TEST | .00 | 9:37am |
| AIR BLK | .00 | 9:38am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 491
Test Date: 04/23/2019 Test Time: 9:39am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:39am |
| FLO | Pass | 9:39am |
| FC | Pass | 9:39am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:39am |
| SRC | Pass | 9:39am |
| DET | Pass | 9:39am |
| BAR | Pass | 9:39am |
| BT | Pass | 9:39am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:40am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:40am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:40am |
| CAL | Pass | 9:40am |

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 Dare

Instrument Location Kill Devil Hills P.D.

Instrument Serial No. 008844

102 Town Hall Dr., Kill Devil Hills, N.C.

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

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

I certify that on the 18th day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844
Test Date: 04/18/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

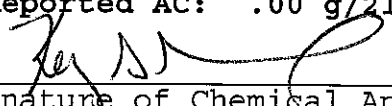
Test Type: Breath Test

Lot Number: AG821801

Exp Date: 08/06/2020

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:25am |
| AIR BLK | .00 | 11:25am |
| ACCY CHK | .08 | 11:26am |
| AIR BLK | .00 | 11:27am |
| SUB TEST | .00 | 11:28am |
| AIR BLK | .00 | 11:29am |
| SUB TEST | .00 | 11:30am |
| AIR BLK | .00 | 11:31am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 2196
Test Date: 04/18/2019 Test Time: 11:32am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:34am |


Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:34am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

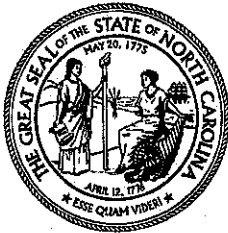
County DALE Instrument Location NAS MARI UNIT 6

Instrument Serial No. 009570 NALS HEND

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

663

Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008580
Test Date: 04/25/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401

Exp Date: 08/02/2020

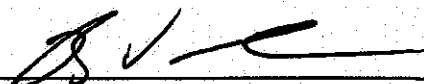
| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:01pm |
| AIR BLK | .00 | 4:02pm |
| ACCY CHK | .07 | 4:03pm |
| AIR BLK | .00 | 4:03pm |
| SUB TEST | .00 | 4:04pm |
| AIR BLK | .00 | 4:05pm |
| SUB TEST | .00 | 4:06pm |
| AIR BLK | .00 | 4:07pm |

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

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008580 Test Record Number: 2479
Test Date: 04/25/2019 Test Time: 4:08pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:09pm |
| FLO | Pass | 4:09pm |
| FC | Pass | 4:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:09pm |
| SRC | Pass | 4:09pm |
| DET | Pass | 4:09pm |
| BAR | Pass | 4:09pm |
| BT | Pass | 4:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:10pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:10pm |
| CAL | Pass | 4:10pm |

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 DARLE Instrument Location ASAT MODEL UND 6
Instrument Serial No. 009584 NAGS HEAD

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

663

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

DARE COUNTY BAT MOBILE UNIT 6 270
Serial Number: 008584 Test Record Number: 2255
Test Date: 04/25/2019 Test Time: 4:07pm EDT
System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:08pm |
| FLO | Pass | 4:08pm |
| FC | Pass | 4:08pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:08pm |
| SRC | Pass | 4:08pm |
| DET | Pass | 4:08pm |
| BAR | Pass | 4:08pm |
| BT | Pass | 4:08pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:09pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:09pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:09pm |
| CAL | Pass | 4:09pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008584

Test Date: 04/25/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:00pm |
| AIR BLK | .00 | 4:01pm |
| ACCY CHK | .07 | 4:02pm |
| AIR BLK | .00 | 4:03pm |
| SUB TEST | .00 | 4:03pm |
| AIR BLK | .00 | 4:04pm |
| SUB TEST | .00 | 4:05pm |
| AIR BLK | .00 | 4:06pm |

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 DARE Instrument Location SAT MORDIE WTS 6

Instrument Serial No. 008646 NAGS HEAD

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

463

Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008686

Test Date: 04/25/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

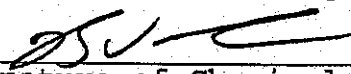
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:59pm |
| AIR BLK | .00 | 4:00pm |
| ACCY CHK | .07 | 4:00pm |
| AIR BLK | .00 | 4:01pm |
| SUB TEST | .00 | 4:02pm |
| AIR BLK | .00 | 4:03pm |
| SUB TEST | .00 | 4:04pm |
| AIR BLK | .00 | 4:05pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008686 Test Record Number: 6615
Test Date: 04/25/2019 Test Time: 4:09pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:09pm |
| FLO | Pass | 4:09pm |
| FC | Pass | 4:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:10pm |
| SRC | Pass | 4:10pm |
| DET | Pass | 4:10pm |
| BAR | Pass | 4:10pm |
| BT | Pass | 4:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:10pm |

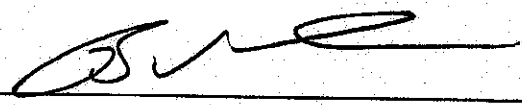
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:10pm |
| CAL | Pass | 4:10pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

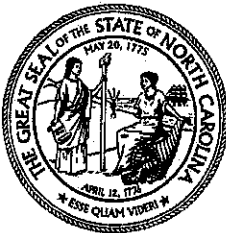
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County RALEIGH Instrument Location SAT MONIE UNIT 6
Instrument Serial No. 008779 NALS HEND

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

663

Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008779
Test Date: 04/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG716201

Exp Date: 06/11/2019

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:21pm |
| AIR BLK | .00 | 6:22pm |
| ACCY CHK | .07 | 6:23pm |
| AIR BLK | .00 | 6:23pm |
| SUB TEST | .00 | 6:24pm |
| AIR BLK | .00 | 6:25pm |
| SUB TEST | .00 | 6:26pm |
| AIR BLK | .00 | 6:27pm |

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

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008779 Test Record Number: 3550
Test Date: 04/26/2019 Test Time: 6:29pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:29pm |
| FLO | Pass | 6:29pm |
| FC | Pass | 6:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:30pm |
| SRC | Pass | 6:30pm |
| DET | Pass | 6:30pm |
| BAR | Pass | 6:30pm |
| BT | Pass | 6:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:30pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:30pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:31pm |
| CAL | Pass | 6:31pm |

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

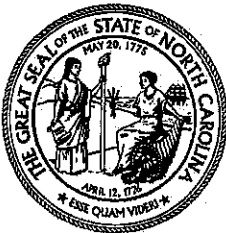
County DALE Instrument Location STATEMOUNT UNIT 6

Instrument Serial No. 008437 NALS HEAD

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

463

Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008637

Test Date: 04/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG716201

Exp Date: 06/11/2019

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:22pm |
| AIR BLK | .00 | 6:23pm |
| ACCY CHK | .07 | 6:24pm |
| AIR BLK | .00 | 6:25pm |
| SUB TEST | .00 | 6:25pm |
| AIR BLK | .00 | 6:26pm |
| SUB TEST | .00 | 6:27pm |
| AIR BLK | .00 | 6:28pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008637 Test Record Number: 2987
Test Date: 04/26/2019 Test Time: 6:31pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:32pm |
| FLO | Pass | 6:32pm |
| FC | Pass | 6:32pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:32pm |
| SRC | Pass | 6:32pm |
| DET | Pass | 6:32pm |
| BAR | Pass | 6:32pm |
| BT | Pass | 6:32pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:32pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:33pm |
| CAL | Pass | 6:33pm |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

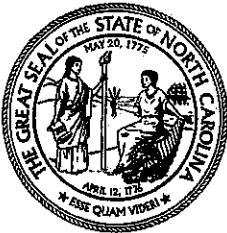
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County DARE Instrument Location SAT MONIE UNIT 6
Instrument Serial No. 008776 NALS HAW

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

663

Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008776
Test Date: 04/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

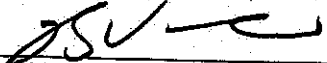
Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:23pm |
| AIR BLK | .00 | 6:24pm |
| ACCY CHK | .08 | 6:24pm |
| AIR BLK | .00 | 6:25pm |
| SUB TEST | .00 | 6:26pm |
| AIR BLK | .00 | 6:27pm |
| SUB TEST | .00 | 6:28pm |
| AIR BLK | .00 | 6:29pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008776 Test Record Number: 3495
Test Date: 04/26/2019 Test Time: 6:30pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:31pm |
| FLO | Pass | 6:31pm |
| FC | Pass | 6:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:31pm |
| SRC | Pass | 6:31pm |
| DET | Pass | 6:31pm |
| BAR | Pass | 6:31pm |
| BT | Pass | 6:31pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:32pm |

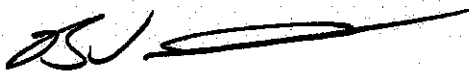
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:32pm |
| CAL | Pass | 6:32pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

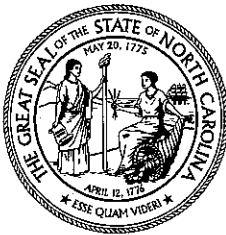
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County DAVIDSON Instrument Location DAVIDSON Co Jail
Instrument Serial No. 008845 Lexington, N.C.

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

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

I certify that on the 15 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Keen Dean
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845
Test Date: 04/15/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
03/01/2019-03/01/2021

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

Lot Number: AG821401
Exp Date: 08/02/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:03pm |
| AIR BLK | .00 | 1:04pm |
| ACCY CHK | .08 | 1:04pm |
| AIR BLK | .00 | 1:05pm |
| SUB TEST | .00 | 1:06pm |
| AIR BLK | .00 | 1:07pm |
| SUB TEST | .00 | 1:09pm |
| AIR BLK | .00 | 1:10pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 3101
Test Date: 04/15/2019 Test Time: 1:11pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:11pm |
| FLO | Pass | 1:11pm |
| FC | Pass | 1:11pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:11pm |
| SRC | Pass | 1:11pm |
| DET | Pass | 1:11pm |
| BAR | Pass | 1:11pm |
| BT | Pass | 1:11pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:12pm |

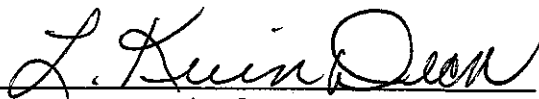
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:12pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:12pm |
| CAL | Pass | 1:12pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DURHAM

Instrument Location BAT Mobile Unit 4

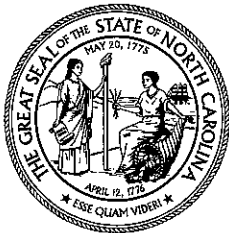
Instrument Serial No. 018929

DURHAM 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 09 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Janya B Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Subject Test

DURHAM CO BAT MOBILE UNIT 4 310

Serial Number: 008929
Test Date: 04/09/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901

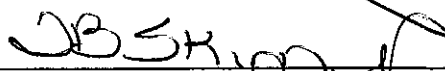
Exp Date: 05/29/2020

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:09pm |
| AIR BLK | .00 | 7:10pm |
| ACCY CHK | .08 | 7:10pm |
| AIR BLK | .00 | 7:11pm |
| SUB TEST | .00 | 7:12pm |
| AIR BLK | .00 | 7:13pm |
| SUB TEST | .00 | 7:15pm |
| AIR BLK | .00 | 7:16pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DURHAM CO BAT MOBILE UNIT 4 310

Serial Number: 008929 Test Record Number: 1045
Test Date: 04/09/2019 Test Time: 7:17pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:17pm |
| FLO | Pass | 7:17pm |
| FC | Pass | 7:17pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:17pm |
| SRC | Pass | 7:17pm |
| DET | Pass | 7:17pm |
| BAR | Pass | 7:17pm |
| BT | Pass | 7:17pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:18pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:18pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:18pm |
| CAL | Pass | 7:18pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

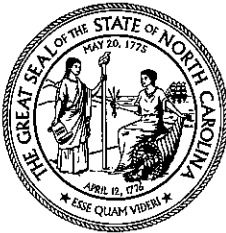
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Durham Instrument Location Bat mobile Unit 4
Instrument Serial No. 008615 Durham RD

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donna B Skinner 644
Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Subject Test

DURHAM BAT MOBILE UNIT 4 310

Serial Number: 008615
Test Date: 04/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2017-08/01/2019

Officer's Name: SKINNER, TONYA B

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG716201

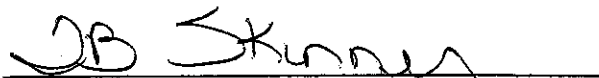
Exp Date: 06/11/2019

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:16pm |
| AIR BLK | .00 | 7:17pm |
| ACCY CHK | .07 | 7:17pm |
| AIR BLK | .00 | 7:18pm |
| SUB TEST | .00 | 7:19pm |
| AIR BLK | .00 | 7:20pm |
| SUB TEST | .00 | 7:21pm |
| AIR BLK | .00 | 7:22pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

DURHAM BAT MOBILE UNIT 4 310

Serial Number: 008615 Test Record Number: 5586

Test Date: 04/09/2019 Test Time: 7:23pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:23pm |
| FLO | Pass | 7:23pm |
| FC | Pass | 7:23pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:24pm |
| SRC | Pass | 7:24pm |
| DET | Pass | 7:24pm |
| BAR | Pass | 7:24pm |
| BT | Pass | 7:24pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:24pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:24pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:24pm |
| CAL | Pass | 7:24pm |

Preventive Maintenance
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

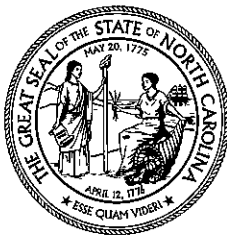
Instrument Serial No. 008878

219 S. MANGUM ST DURHAM, NC

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

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

I certify that on the 10 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stokes Barnes

Signature of Certifying Official

662

Certificate Number

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

Intox EC/IR-II: Subject Test

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878
Test Date: 04/10/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

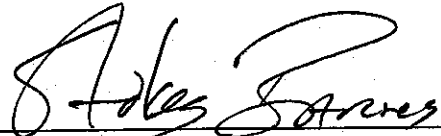
Lot Number: AG902106
Exp Date: 01/21/2021

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:51pm |
| AIR BLK | .00 | 7:52pm |
| ACCY CHK | .07 | 7:52pm |
| AIR BLK | .00 | 7:53pm |
| SUB TEST | .00 | 7:54pm |
| AIR BLK | .00 | 7:55pm |
| SUB TEST | .00 | 7:56pm |
| AIR BLK | .00 | 7:57pm |

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: 4426
Test Date: 04/10/2019 Test Time: 7:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:58pm |
| FLO | Pass | 7:58pm |
| FC | Pass | 7:58pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:58pm |
| SRC | Pass | 7:58pm |
| DET | Pass | 7:58pm |
| BAR | Pass | 7:58pm |
| BT | Pass | 7:58pm |

Blank Tests

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

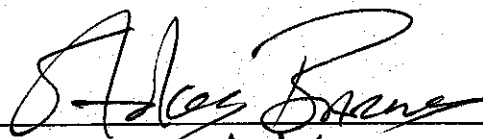
Printer Tests

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

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:59pm |
| CAL | Pass | 7:59pm |

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**

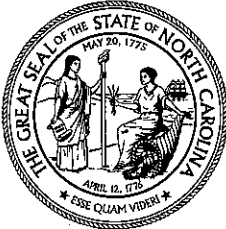
County Franklin Instrument Location Franklin PD

Instrument Serial No. 008815 # 7 W. Mason St Franklin St

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815

Test Date: 04/09/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

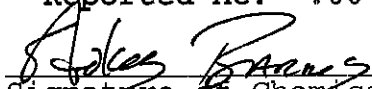
Test Type: Breath Test

Lot Number: AG814901

Exp Date: 05/29/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:10pm |
| AIR BLK | .00 | 1:11pm |
| ACCY CHK | .08 | 1:11pm |
| AIR BLK | .00 | 1:12pm |
| SUB TEST | .00 | 1:13pm |
| AIR BLK | .00 | 1:14pm |
| SUB TEST | .00 | 1:15pm |
| AIR BLK | .00 | 1:16pm |

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: 1188
Test Date: 04/09/2019 Test Time: 1:17pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:17pm |
| FLO | Pass | 1:17pm |
| FC | Pass | 1:17pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:18pm |

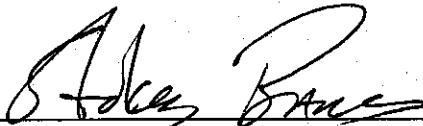
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:18pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:18pm |
| CAL | Pass | 1:18pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Gaston

Instrument Location Gaston County SO

Instrument Serial No. 008694

405 N. Marietta St., Gastonia

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008694
Test Date: 04/03/2019

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

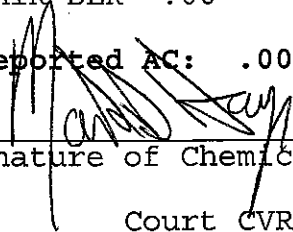
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

Lot Number: AG821401
Exp Date: 08/02/2020

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:30am |
| AIR BLK | .00 | 10:31am |
| ACCY CHK | .08 | 10:32am |
| AIR BLK | .00 | 10:32am |
| SUB TEST | .00 | 10:33am |
| AIR BLK | .00 | 10:34am |
| SUB TEST | .00 | 10:36am |
| AIR BLK | .00 | 10:37am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008694 Test Record Number: 1425
Test Date: 04/03/2019 Test Time: 10:38am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

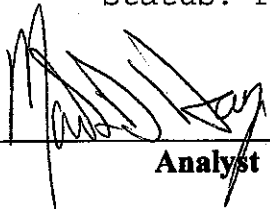
Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

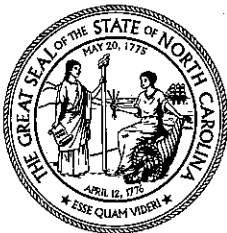
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Gaston Instrument Location Gaston County SO
Instrument Serial No. 008684 425 N. Marietta St., Gastonia

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684
Test Date: 04/25/2019

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

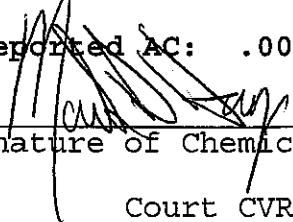
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

Lot Number: AG821401
Exp Date: 08/02/2020

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 9:59am |
| AIR BLK | .00 | 10:00am |
| ACCY CHK | .08 | 10:01am |
| AIR BLK | .00 | 10:02am |
| SUB TEST | .00 | 10:02am |
| AIR BLK | .00 | 10:03am |
| SUB TEST | .00 | 10:05am |
| AIR BLK | .00 | 10:06am |

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Record Number: 4273
Test Date: 04/25/2019 Test Time: 10:07am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:07am |
| FLO | Pass | 10:07am |
| FC | Pass | 10:07am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:07am |
| SRC | Pass | 10:07am |
| DET | Pass | 10:07am |
| BAR | Pass | 10:07am |
| BT | Pass | 10:07am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:08am |

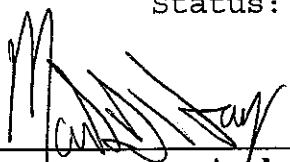
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:08am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

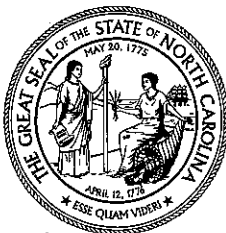
County Gaston Instrument Location Belmont PD

Instrument Serial No. 008733 201 Chronicle Street, Belmont

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. HAW 650
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

GASTON COUNTY BELMONT PD 350

Serial Number: 008733

Test Date: 04/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

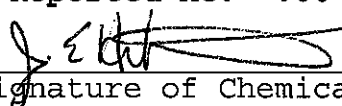
Test Type: Breath Test

Lot Number: AG722408

Exp Date: 08/12/2019

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:57am |
| AIR BLK | .00 | 10:58am |
| ACCY CHK | .08 | 10:59am |
| AIR BLK | .00 | 11:00am |
| SUB TEST | .00 | 11:00am |
| AIR BLK | .00 | 11:01am |
| SUB TEST | .00 | 11:03am |
| AIR BLK | .00 | 11:04am |

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

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 1150
Test Date: 04/16/2019 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 |

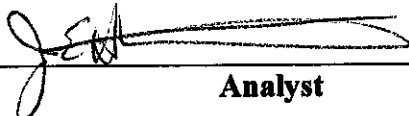
Printer Tests

| 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**

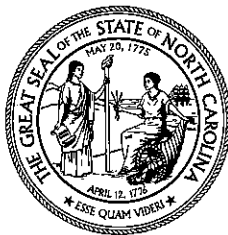
County Granville Instrument Location Creedmore PD

Instrument Serial No. 008641 111 MASONIC ST Creedmore NC

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

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

I certify that on the 9 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

662

Certificate Number

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

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641
Test Date: 04/09/2019

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

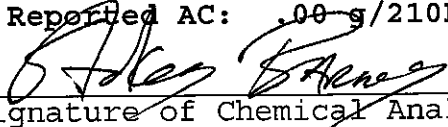
Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

Lot Number: AG807102
Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:45am |
| AIR BLK | .00 | 11:45am |
| ACCY CHK | .08 | 11:46am |
| AIR BLK | .00 | 11:47am |
| SUB TEST | .00 | 11:47am |
| AIR BLK | .00 | 11:48am |
| SUB TEST | .00 | 11:50am |
| AIR BLK | .00 | 11:51am |

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 CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 1125
Test Date: 04/09/2019 Test Time: 11:51am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:51am |
| FLO | Pass | 11:51am |
| FC | Pass | 11:52am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:52am |
| SRC | Pass | 11:52am |
| DET | Pass | 11:52am |
| BAR | Pass | 11:52am |
| BT | Pass | 11:52am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:52am |

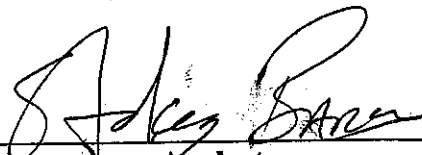
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:52am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:53am |
| CAL | Pass | 11:53am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

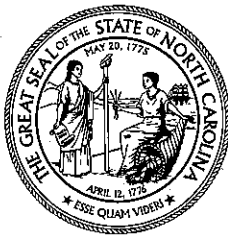
County Granville Instrument Location Oxford PD

Instrument Serial No. 008923 204 E. McClanahan St Oxford NC

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

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

I certify that on the 9 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alex Brown
Signature of Certifying Official

662
Certificate Number

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

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923
Test Date: 04/09/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

Lot Number: AG902201
Exp Date: 01/22/2021

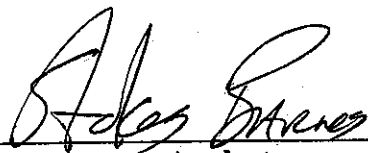
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:25pm |
| AIR BLK | .00 | 2:25pm |
| ACCY CHK | .08 | 2:26pm |
| AIR BLK | .00 | 2:27pm |
| SUB TEST | .00 | 2:27pm |
| AIR BLK | .00 | 2:28pm |
| SUB TEST | .00 | 2:30pm |
| AIR BLK | .00 | 2:31pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 2084
Test Date: 04/09/2019 Test Time: 2:31pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:33pm |

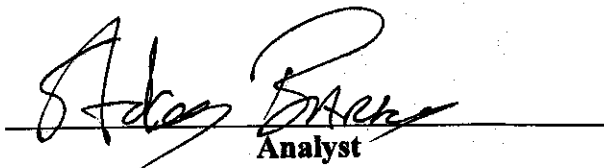
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:33pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:33pm |
| CAL | Pass | 2:33pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

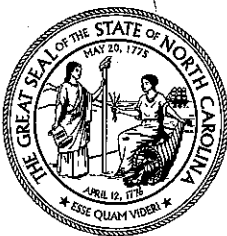
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Guilford Instrument Location Greensboro
Instrument Serial No. 008790 JAI

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Keen Dean
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790
Test Date: 04/10/2019

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

Analyst's Name: NONE, NONE
Permit Number: 11598E
Effective:
04/01/2019-04/01/2021

Officer's Name: DEAN, L K
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:35pm |
| AIR BLK | .00 | 2:36pm |
| ACCY CHK | .08 | 2:37pm |
| AIR BLK | .00 | 2:38pm |
| SUB TEST | .00 | 2:38pm |
| AIR BLK | .00 | 2:39pm |
| SUB TEST | .00 | 2:41pm |
| AIR BLK | .00 | 2:41pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 6421
Test Date: 04/10/2019 Test Time: 2:42pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:42pm |
| FLO | Pass | 2:42pm |
| FC | Pass | 2:43pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:43pm |
| SRC | Pass | 2:43pm |
| DET | Pass | 2:43pm |
| BAR | Pass | 2:43pm |
| BT | Pass | 2:43pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:43pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:43pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:44pm |
| CAL | Pass | 2:44pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford Instrument Location Greensboro Jail

Instrument Serial No. 008794

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

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

I certify that on the 10 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794
Test Date: 04/10/2019

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

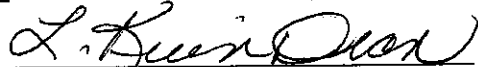
Analyst's Name: NONE, NONE
Permit Number: 11598E
Effective:
04/01/2019-04/01/2021

Officer's Name: DEAN, L K
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902106
Exp Date: 01/21/2021

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:26pm |
| AIR BLK | .00 | 3:26pm |
| ACCY CHK | .07 | 3:27pm |
| AIR BLK | .00 | 3:28pm |
| SUB TEST | .00 | 3:29pm |
| AIR BLK | .00 | 3:30pm |
| SUB TEST | .00 | 3:31pm |
| AIR BLK | .00 | 3:32pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 6509
Test Date: 04/10/2019 Test Time: 3:33pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:33pm |
| FLO | Pass | 3:33pm |
| FC | Pass | 3:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:33pm |
| SRC | Pass | 3:33pm |
| DET | Pass | 3:33pm |
| BAR | Pass | 3:33pm |
| BT | Pass | 3:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:34pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:34pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:34pm |
| CAL | Pass | 3:34pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

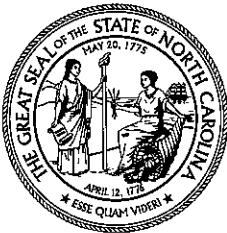
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

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

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

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

I certify that on the 12 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604
Test Date: 04/12/2019

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

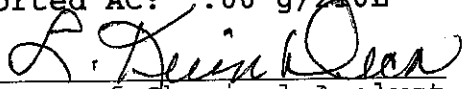
Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
03/01/2019-03/01/2021

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

Lot Number: AG807101
Exp Date: 03/12/2020

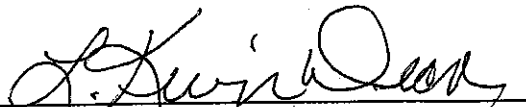
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:25pm |
| AIR BLK | .00 | 12:26pm |
| ACCY CHK | .08 | 12:26pm |
| AIR BLK | .00 | 12:28pm |
| SUB TEST | .00 | 12:28pm |
| AIR BLK | .00 | 12:29pm |
| SUB TEST | .00 | 12:31pm |
| AIR BLK | .00 | 12:32pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 1765
Test Date: 04/12/2019 Test Time: 12:32pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:33pm |
| FLO | Pass | 12:33pm |
| FC | Pass | 12:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:33pm |
| SRC | Pass | 12:33pm |
| DET | Pass | 12:33pm |
| BAR | Pass | 12:33pm |
| BT | Pass | 12:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:34pm |

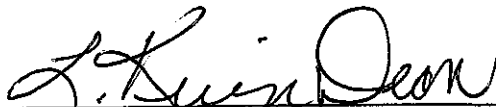
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:34pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:34pm |
| CAL | Pass | 12:34pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

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

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

I certify that on the 12 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



A. Green Dean
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725
Test Date: 04/12/2019

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

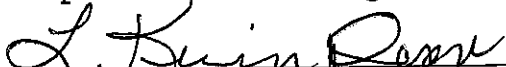
Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
03/01/2019-03/01/2021

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

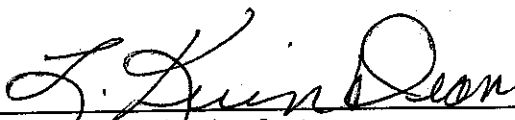
Lot Number: AG734101
Exp Date: 12/07/2019

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:28am |
| AIR BLK | .00 | 11:29am |
| ACCY CHK | .08 | 11:30am |
| AIR BLK | .00 | 11:31am |
| SUB TEST | .00 | 11:32am |
| AIR BLK | .00 | 11:32am |
| SUB TEST | .00 | 11:34am |
| AIR BLK | .00 | 11:35am |

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: 4365
Test Date: 04/12/2019 Test Time: 11:35am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:36am |
| FLO | Pass | 11:36am |
| FC | Pass | 11:36am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:36am |
| SRC | Pass | 11:36am |
| DET | Pass | 11:36am |
| BAR | Pass | 11:36am |
| BT | Pass | 11:36am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:37am |

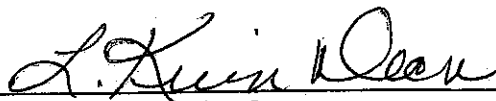
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:37am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:37am |
| CAL | Pass | 11:37am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford

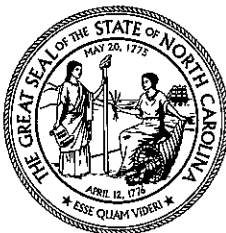
Instrument Location GREENSBORO JAIL

Instrument Serial No. 008638

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

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

I certify that on the 10 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Keen Dean
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638
Test Date: 04/10/2019

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

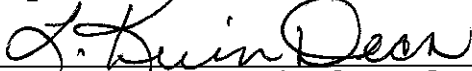
Analyst's Name: NONE, NONE
Permit Number: 11598E
Effective:
04/01/2019-04/01/2021

Officer's Name: DEAN, L K
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG902106
Exp Date: 01/21/2021

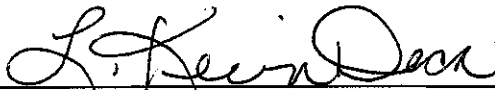
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:52pm |
| AIR BLK | .00 | 3:53pm |
| ACCY CHK | .08 | 3:53pm |
| AIR BLK | .00 | 3:55pm |
| SUB TEST | .00 | 3:55pm |
| AIR BLK | .00 | 3:56pm |
| SUB TEST | .00 | 3:58pm |
| AIR BLK | .00 | 3:59pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 4092
Test Date: 04/10/2019 Test Time: 4:00pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:00pm |
| FLO | Pass | 4:00pm |
| FC | Pass | 4:00pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:00pm |
| SRC | Pass | 4:00pm |
| DET | Pass | 4:00pm |
| BAR | Pass | 4:00pm |
| BT | Pass | 4:00pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:01pm |

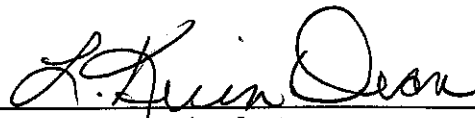
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:01pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:01pm |
| CAL | Pass | 4:01pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

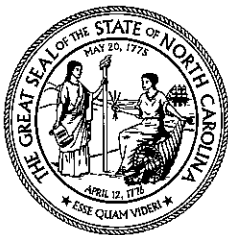
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford Instrument Location High Point
Instrument Serial No. 008828 Police Department

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

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

I certify that on the 15 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828
Test Date: 04/15/2019

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

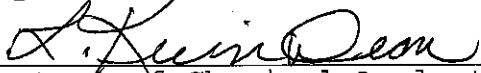
Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
03/01/2019-03/01/2021

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


Lot Number: AG902106
Exp Date: 01/21/2021

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:52pm |
| AIR BLK | .00 | 4:53pm |
| ACCY CHK | .08 | 4:53pm |
| AIR BLK | .00 | 4:54pm |
| SUB TEST | .00 | 4:55pm |
| AIR BLK | .00 | 4:56pm |
| SUB TEST | .00 | 4:57pm |
| AIR BLK | .00 | 4:58pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Record Number: 3021
Test Date: 04/15/2019 Test Time: 5:01pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:01pm |
| FLO | Pass | 5:01pm |
| FC | Pass | 5:01pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:02pm |
| SRC | Pass | 5:02pm |
| DET | Pass | 5:02pm |
| BAR | Pass | 5:02pm |
| BT | Pass | 5:02pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:02pm |

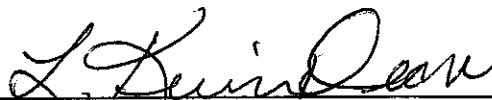
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:02pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:02pm |
| CAL | Pass | 5:02pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford

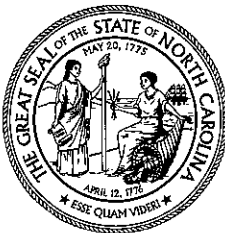
Instrument Location High Point Jail

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 15 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dea
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: 04/15/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

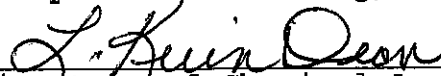
Test Type: Breath Test

Lot Number: AG821401

Exp Date: 08/02/2020

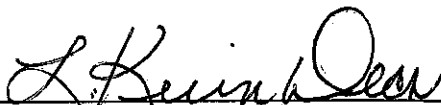
| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:06pm |
| AIR BLK | .00 | 4:07pm |
| ACCY CHK | .08 | 4:07pm |
| AIR BLK | .00 | 4:08pm |
| SUB TEST | .00 | 4:08pm |
| AIR BLK | .00 | 4:09pm |
| SUB TEST | .00 | 4:11pm |
| AIR BLK | .00 | 4:12pm |

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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 3390
Test Date: 04/15/2019 Test Time: 3:54pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:54pm |
| FLO | Pass | 3:54pm |
| FC | Pass | 3:54pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:55pm |
| SRC | Pass | 3:55pm |
| DET | Pass | 3:55pm |
| BAR | Pass | 3:55pm |
| BT | Pass | 3:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:55pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:56pm |
| CAL | Pass | 3:56pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Hoke Co. Instrument Location Hoke Co Detention Center

Instrument Serial No. 008128 Rea Ford, 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 3rd day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]

Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008728
Test Date: 04/03/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805802

Exp Date: 02/27/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:58pm |
| AIR BLK | .00 | 3:59pm |
| ACCY CHK | .07 | 3:59pm |
| AIR BLK | .00 | 4:00pm |
| SUB TEST | .00 | 4:01pm |
| AIR BLK | .00 | 4:02pm |
| SUB TEST | .00 | 4:03pm |
| AIR BLK | .00 | 4:04pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008728 Test Record Number: 358
Test Date: 04/03/2019 Test Time: 4:04pm 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

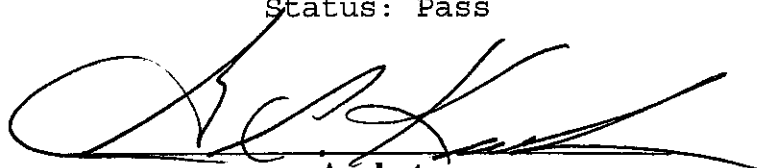
| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:06pm |

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

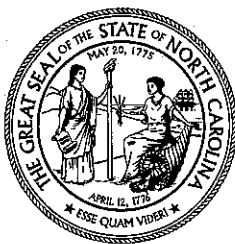
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Hyde Instrument Location Hyde Co. S.O.
Instrument Serial No. 008801 1233 Main St., Swen Quarter, N.C.

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

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

I certify that on the 12th day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ken [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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801
Test Date: 04/12/2019

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

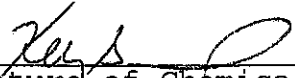
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

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

Lot Number: AG814901
Exp Date: 05/29/2020

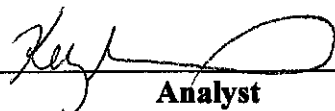
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 9:57am |
| AIR BLK | .00 | 9:57am |
| ACCY CHK | .07 | 9:58am |
| AIR BLK | .00 | 9:59am |
| SUB TEST | .00 | 9:59am |
| AIR BLK | .00 | 10:00am |
| SUB TEST | .00 | 10:02am |
| AIR BLK | .00 | 10:02am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 502
Test Date: 04/12/2019 Test Time: 10:04am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:04am |
| FLO | Pass | 10:04am |
| FC | Pass | 10:04am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:04am |
| SRC | Pass | 10:04am |
| DET | Pass | 10:04am |
| BAR | Pass | 10:04am |
| BT | Pass | 10:04am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:05am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:05am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:05am |
| CAL | Pass | 10:05am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

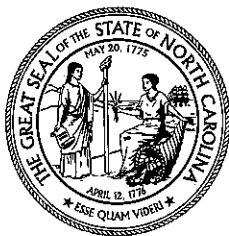
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Iredell Instrument Location Iredell County SO
Instrument Serial No. 008910 201 E. Water St., Statesville

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

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

I certify that on the 12 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008910
Test Date: 04/12/2019

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

Lot Number: AG814902
Exp Date: 05/29/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:02am |
| AIR BLK | .00 | 9:03am |
| ACCY CHK | .08 | 9:04am |
| AIR BLK | .00 | 9:05am |
| SUB TEST | .00 | 9:06am |
| AIR BLK | .00 | 9:07am |
| SUB TEST | .00 | 9:08am |
| AIR BLK | .00 | 9:09am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008910 Test Record Number: 867
Test Date: 04/12/2019 Test Time: 9:10am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:10am |
| FLO | Pass | 9:10am |
| FC | Pass | 9:10am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:10am |
| SRC | Pass | 9:10am |
| DET | Pass | 9:10am |
| BAR | Pass | 9:10am |
| BT | Pass | 9:10am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:11am |

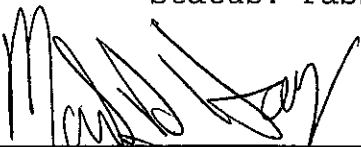
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:11am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:11am |
| CAL | Pass | 9:11am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

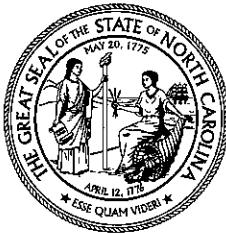
County Lenoir Instrument Location Lenoir Co. S.O.

Instrument Serial No. 008847 130 Queen St., Kingston, 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 16th day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Key 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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008847
Test Date: 04/16/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

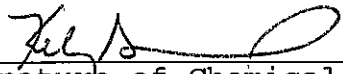
Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:49pm |
| AIR BLK | .00 | 12:50pm |
| ACCY CHK | .08 | 12:50pm |
| AIR BLK | .00 | 12:51pm |
| SUB TEST | .00 | 12:52pm |
| AIR BLK | .00 | 12:53pm |
| SUB TEST | .00 | 12:54pm |
| AIR BLK | .00 | 12:55pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008847 Test Record Number: 682
Test Date: 04/16/2019 Test Time: 12:56pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:56pm |
| FLO | Pass | 12:56pm |
| FC | Pass | 12:56pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:57pm |
| SRC | Pass | 12:57pm |
| DET | Pass | 12:57pm |
| BAR | Pass | 12:57pm |
| BT | Pass | 12:57pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:57pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:57pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:57pm |
| CAL | Pass | 12:57pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

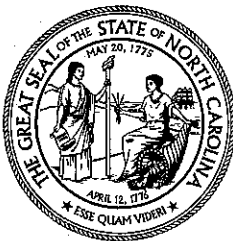
County Lenoir Instrument Location Kinston P.D.

Instrument Serial No. 008624 205 E. King St., Kinston, N.C.

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

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

I certify that on the 16th day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Key [Signature]
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Date: 04/16/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2017-06/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801

Exp Date: 02/27/2020

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:57am |
| AIR BLK | .00 | 11:58am |
| ACCY CHK | .08 | 11:58am |
| AIR BLK | .00 | 11:59am |
| SUB TEST | .00 | 12:00pm |
| AIR BLK | .00 | 12:01pm |
| SUB TEST | .00 | 12:03pm |
| AIR BLK | .00 | 12:04pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 1755
Test Date: 04/16/2019 Test Time: 12:05pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:06pm |
| SRC | Pass | 12:06pm |
| DET | Pass | 12:06pm |
| BAR | Pass | 12:06pm |
| BT | Pass | 12:06pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:06pm |


Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:06pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

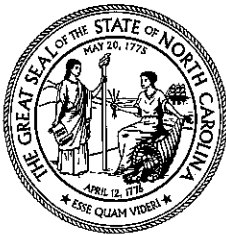
County Madison Instrument Location Madison Co. Jail

Instrument Serial No. 008599 Marshall, NC

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

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

I certify that on the 17 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

649
Certificate Number

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

Intox EC/IR-II: Subject Test

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599
Test Date: 04/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401

Exp Date: 08/01/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:06pm |
| AIR BLK | .00 | 3:07pm |
| ACCY CHK | .08 | 3:07pm |
| AIR BLK | .00 | 3:08pm |
| SUB TEST | .00 | 3:09pm |
| AIR BLK | .00 | 3:10pm |
| SUB TEST | .00 | 3:11pm |
| AIR BLK | .00 | 3:12pm |

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

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599 Test Record Number: 1014
Test Date: 04/17/2019 Test Time: 3:13pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:13pm |
| FLO | Pass | 3:13pm |
| FC | Pass | 3:13pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:14pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:14pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:14pm |
| CAL | Pass | 3:14pm |

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 MARTIN

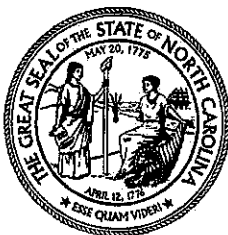
Instrument Location ATMOSPHERIC UNIT C

Instrument Serial No. 00 8776

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

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

I certify that on the 6 day of APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

663

Certificate Number

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 BAT MOBILE UNIT 6 570

Serial Number: 008776
Test Date: 04/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

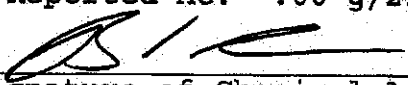
Test Type: Breath Test

Lot Number: AG710701

Exp Date: 04/17/2019

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:34pm |
| AIR BLK | .00 | 5:34pm |
| ACCY CHK | .07 | 5:35pm |
| AIR BLK | .00 | 5:36pm |
| SUB TEST | .00 | 5:36pm |
| AIR BLK | .00 | 5:37pm |
| SUB TEST | .00 | 5:39pm |
| AIR BLK | .00 | 5:39pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

MARTIN COUNTY BAT MOBILE UNIT 6 570

Serial Number: 008776 Test Record Number: 3492
Test Date: 04/06/2019 Test Time: 5:45pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:45pm |
| FLO | Pass | 5:45pm |
| FC | Pass | 5:45pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:45pm |
| SRC | Pass | 5:45pm |
| DET | Pass | 5:45pm |
| BAR | Pass | 5:45pm |
| BT | Pass | 5:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:46pm |

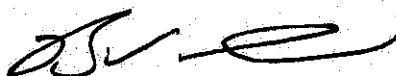
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:46pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:46pm |
| CAL | Pass | 5:46pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MARTIN

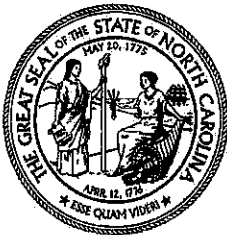
Instrument Location DAT MODEL UND 6

Instrument Serial No. 009696

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

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

I certify that on the 6 day of APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

663

Certificate Number

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 BAT MOBILE UNIT 6 570

Serial Number: 008686

Test Date: 04/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: VARNELL, BRYON L

Permit Number: 16896E

Effective:

09/22/2017-09/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:33pm |
| AIR BLK | .00 | 5:34pm |
| ACCY CHK | .07 | 5:34pm |
| AIR BLK | .00 | 5:35pm |
| SUB TEST | .00 | 5:36pm |
| AIR BLK | .00 | 5:36pm |
| SUB TEST | .00 | 5:38pm |
| AIR BLK | .00 | 5:39pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

MARTIN COUNTY BAT MOBILE UNIT 6 570

Serial Number: 008686 Test Record Number: 6609
Test Date: 04/06/2019 Test Time: 5:42pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:42pm |
| FLO | Pass | 5:42pm |
| FC | Pass | 5:42pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:42pm |
| SRC | Pass | 5:42pm |
| DET | Pass | 5:42pm |
| BAR | Pass | 5:42pm |
| BT | Pass | 5:42pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:43pm |

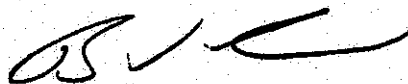
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:43pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:43pm |
| CAL | Pass | 5:43pm |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

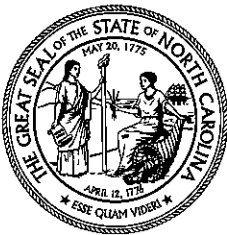
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MECKLENBURG Instrument Location BAT MOBILE 3
Instrument Serial No. 008968 CMFD

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

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

I certify that on the 17th day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

659
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968
Test Date: 04/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

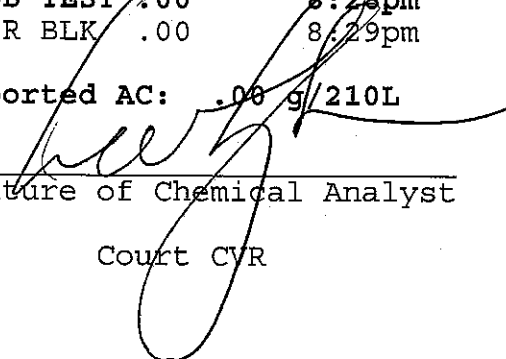
Test Type: Breath Test

Lot Number: AG814902

Exp Date: 05/29/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:23pm |
| AIR BLK | .00 | 8:24pm |
| ACCY CHK | .08 | 8:24pm |
| AIR BLK | .00 | 8:25pm |
| SUB TEST | .00 | 8:26pm |
| AIR BLK | .00 | 8:26pm |
| SUB TEST | .00 | 8:28pm |
| AIR BLK | .00 | 8:29pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968 Test Record Number: 272
Test Date: 04/17/2019 Test Time: 8:31pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:31pm |
| FLO | Pass | 8:31pm |
| FC | Pass | 8:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:31pm |
| SRC | Pass | 8:31pm |
| DET | Pass | 8:31pm |
| BAR | Pass | 8:31pm |
| BT | Pass | 8:31pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:32pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:32pm |
| CAL | Pass | 8:32pm |

Preventive Maintenance
Status: Pass



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location Mecklenburg County Sheriff's Office
Instrument Serial No. 008690 801 E. 4th St., Charlotte

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

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

I certify that on the 22 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690
Test Date: 04/22/2019

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

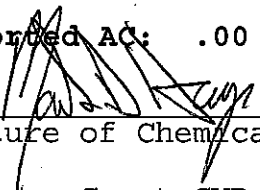
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

Lot Number: AG902106
Exp Date: 01/21/2021

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690 Test Record Number: 6215
Test Date: 04/22/2019 Test Time: 10:34am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location Mecklenburg County Sheriff's Office
Instrument Serial No. 0088665 801 E. 4th St., Charlotte

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

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

I certify that on the 22 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665
Test Date: 04/22/2019

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

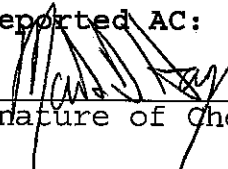
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

Lot Number: AG807101
Exp Date: 03/12/2020

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

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 SHERIFFS OFFICE 590

Serial Number: 008665 Test Record Number: 4699
Test Date: 04/22/2019 Test Time: 10:49am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

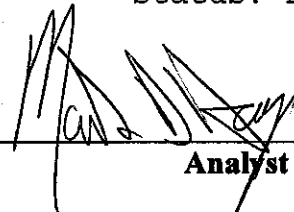
Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location CPD-LEC
Instrument Serial No. 008594 601 E. Trade St., Charlotte

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

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

I certify that on the 22 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

656

Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594
Test Date: 04/22/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

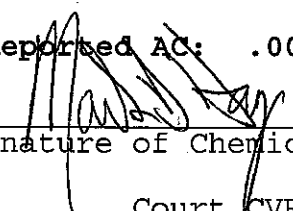
Test Type: Breath Test

Lot Number: AG902106

Exp Date: 01/21/2021

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:14am |
| AIR BLK | .00 | 11:15am |
| ACCY CHK | .07 | 11:16am |
| AIR BLK | .00 | 11:17am |
| SUB TEST | .00 | 11:18am |
| AIR BLK | .00 | 11:19am |
| SUB TEST | .00 | 11:21am |
| AIR BLK | .00 | 11:22am |

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 CMPD LEC 590

Serial Number: 008594 Test Record Number: 4338
Test Date: 04/22/2019 Test Time: 11:23am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:23am |
| SRC | Pass | 11:23am |
| DET | Pass | 11:23am |
| BAR | Pass | 11:23am |
| BT | Pass | 11:23am |

Blank Tests

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

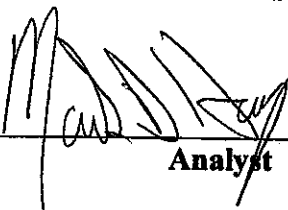
Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

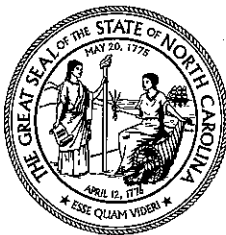
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**


County Mitchell Instrument Location Spruce Pine PD
Instrument Serial No. 008726 Spruce Pine, NC

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

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

I certify that on the 18 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature 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: 04/18/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:51am |
| AIR BLK | .00 | 10:52am |
| ACCY CHK | .08 | 10:53am |
| AIR BLK | .00 | 10:54am |
| SUB TEST | .00 | 10:54am |
| AIR BLK | .00 | 10:55am |
| SUB TEST | .00 | 10:57am |
| AIR BLK | .00 | 10:58am |

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: 973
Test Date: 04/18/2019 Test Time: 11:00am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:00am |
| SRC | Pass | 11:00am |
| DET | Pass | 11:00am |
| BAR | Pass | 11:00am |
| BT | Pass | 11:00am |

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

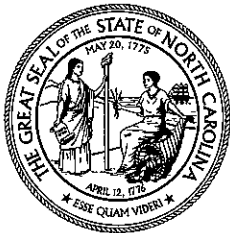
County Onslow Instrument Location Onslow County

Instrument Serial No. 008931 Sheriff's Office

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

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

I certify that on the 11 day of April, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall
Signature of Certifying Official

354
Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931
Test Date: 04/11/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:22pm |
| AIR BLK | .00 | 12:22pm |
| ACCY CHK | .07 | 12:23pm |
| AIR BLK | .00 | 12:24pm |
| SUB TEST | .00 | 12:25pm |
| AIR BLK | .00 | 12:26pm |
| SUB TEST | .00 | 12:27pm |
| AIR BLK | .00 | 12:28pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ONLOW COUNTY ONLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 3041
Test Date: 04/11/2019 Test Time: 12:29pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:30pm |
| SRC | Pass | 12:30pm |
| DET | Pass | 12:30pm |
| BAR | Pass | 12:30pm |
| BT | Pass | 12:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:30pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:30pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

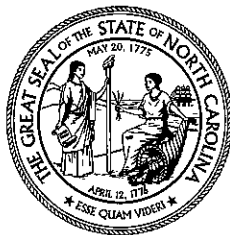
County ONSTOW Instrument Location ONSTOW COUNTY

Instrument Serial No. 008932 SHERIFF'S OFFICE

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

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

I certify that on the 11 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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: 04/11/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 3462E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902

Exp Date: 05/29/2020

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:21pm |
| AIR BLK | .00 | 12:21pm |
| ACCY CHK | .08 | 12:22pm |
| AIR BLK | .00 | 12:24pm |
| SUB TEST | .00 | 12:25pm |
| AIR BLK | .00 | 12:26pm |
| SUB TEST | .00 | 12:27pm |
| AIR BLK | .00 | 12:28pm |

Reported AC: .00 g/210L

R E Hall

Signature of Chemical Analyst

Court CVR

Randy E Hall
Analyst

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 4937
Test Date: 04/11/2019 Test Time: 12:29pm EDT

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**

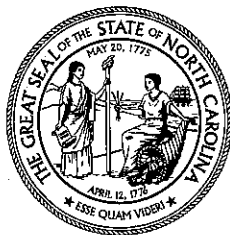
County Onslow Instrument Location New River PMO

Instrument Serial No. 008919

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

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

I certify that on the 15 day of APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Rae E. Hall
Signature of Certifying Official

354
Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY MCAS NEW RIVER 660

Serial Number: 008919
Test Date: 04/15/2019

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

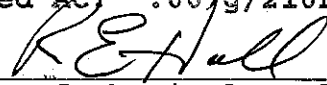
Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
03/01/2019-03/01/2021

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

Lot Number: AG814902
Exp Date: 05/29/2020

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:06pm |
| AIR BLK | .00 | 2:07pm |
| ACCY CHK | .08 | 2:07pm |
| AIR BLK | .00 | 2:08pm |
| SUB TEST | .00 | 2:09pm |
| AIR BLK | .00 | 2:10pm |
| SUB TEST | .00 | 2:11pm |
| AIR BLK | .00 | 2:12pm |

Reported ACY .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 635
Test Date: 04/15/2019 Test Time: 2:13pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:13pm |
| FLO | Pass | 2:13pm |
| FC | Pass | 2:13pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:13pm |
| SRC | Pass | 2:13pm |
| DET | Pass | 2:13pm |
| BAR | Pass | 2:13pm |
| BT | Pass | 2:13pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:14pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:14pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:14pm |
| CAL | Pass | 2:14pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ONslow

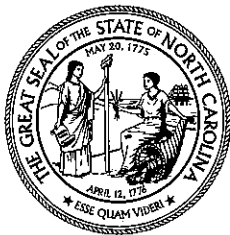
Instrument Location JACKSONVILLE PD

Instrument Serial No. 008930

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

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

I certify that on the 15 day of APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E Hall
Signature of Certifying Official

354
Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930
Test Date: 04/15/2019

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

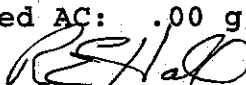
Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
03/01/2019-03/01/2021

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

Lot Number: AG831801
Exp Date: 11/14/2020

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:17pm |
| AIR BLK | .00 | 1:18pm |
| ACCY CHK | .08 | 1:19pm |
| AIR BLK | .00 | 1:20pm |
| SUB TEST | .00 | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| SUB TEST | .00 | 1:23pm |
| AIR BLK | .00 | 1:24pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2057
Test Date: 04/15/2019 Test Time: 1:24pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:24pm |
| FLO | Pass | 1:24pm |
| 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 | 1:25pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:25pm |

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 ONSLOW

Instrument Location CAMP Lejeune PMO

Instrument Serial No. 008920

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

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

I certify that on the 15 day of APRIL, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



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 CAMP LEJEUNE PMO 660

Serial Number: 008920
Test Date: 04/15/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805802

Exp Date: 02/27/2020

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:36pm |
| AIR BLK | .00 | 12:37pm |
| ACCY CHK | .08 | 12:37pm |
| AIR BLK | .00 | 12:38pm |
| SUB TEST | .00 | 12:39pm |
| AIR BLK | .00 | 12:40pm |
| SUB TEST | .00 | 12:41pm |
| AIR BLK | .00 | 12:42pm |

Reported AC: .00 g/210L

R E Hall

Signature of Chemical Analyst

Court CVR

Randy E Hall
Analyst

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 1638
Test Date: 04/15/2019 Test Time: 12:43pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:44pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:44pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

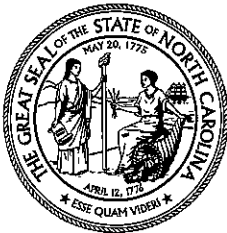
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II


County Onslow Instrument Location BAT Mobile unit #5
Instrument Serial No. 8575 Jacksonville, 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 April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

664
Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 5 660

Serial Number: 008575
Test Date: 04/20/2019

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


Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101
Exp Date: 03/12/2020

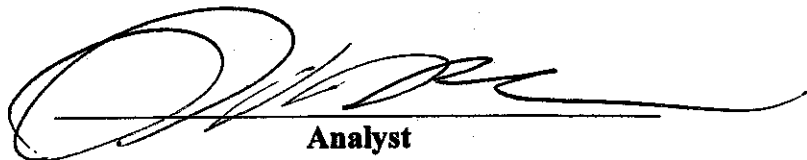
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:15pm |
| AIR BLK | .00 | 11:16pm |
| ACCY CHK | .08 | 11:16pm |
| AIR BLK | .00 | 11:17pm |
| SUB TEST | .00 | 11:18pm |
| AIR BLK | .00 | 11:19pm |
| SUB TEST | .00 | 11:20pm |
| AIR BLK | .00 | 11:21pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 5 660

Serial Number: 008575 Test Record Number: 1149
Test Date: 04/20/2019 Test Time: 11:25pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:25pm |
| FLO | Pass | 11:25pm |
| FC | Pass | 11:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:25pm |
| SRC | Pass | 11:25pm |
| DET | Pass | 11:25pm |
| BAR | Pass | 11:25pm |
| BT | Pass | 11:25pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:26pm |


Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:26pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:26pm |
| CAL | Pass | 11:26pm |

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 Oswalo

Instrument Location BAT mobile unit #5

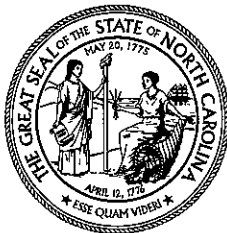
Instrument Serial No. 8707

Jacksonville, N.C.

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

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

I certify that on the 20 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

664
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 5 660

Serial Number: 008707 Test Record Number: 2576
Test Date: 04/20/2019 Test Time: 11:20pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:20pm |
| FLO | Pass | 11:20pm |
| FC | Pass | 11:20pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:21pm |
| SRC | Pass | 11:21pm |
| DET | Pass | 11:21pm |
| BAR | Pass | 11:21pm |
| BT | Pass | 11:21pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:21pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:21pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:22pm |
| CAL | Pass | 11:22pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 5 660

Serial Number: 008707
Test Date: 04/20/2019

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


Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

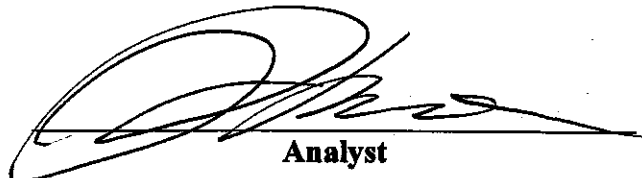
Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:05pm |
| AIR BLK | .00 | 11:06pm |
| ACCY CHK | .08 | 11:07pm |
| AIR BLK | .00 | 11:07pm |
| SUB TEST | .00 | 11:08pm |
| AIR BLK | .00 | 11:09pm |
| SUB TEST | .00 | 11:11pm |
| AIR BLK | .00 | 11:12pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

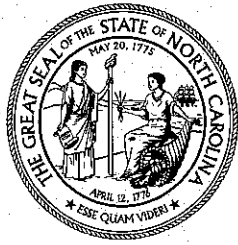
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County PASQUOTANK Instrument Location Pasquotank Co. Public
Instrument Serial No. 008950 Safety Bldg. 200 E Colonial St.,
Elizabeth City, N.C.

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

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

I certify that on the 2nd day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Linda Keas 647
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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG
690

Serial Number: 008950
Test Date: 04/02/2019

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

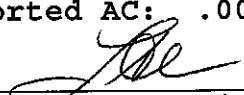
Analyst's Name: KEESLER, LINDA
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG805801
Exp Date: 02/27/2020

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:09am |
| AIR BLK | .00 | 11:10am |
| ACCY CHK | .08 | 11:11am |
| AIR BLK | .00 | 11:12am |
| SUB TEST | .00 | 11:12am |
| AIR BLK | .00 | 11:13am |
| SUB TEST | .00 | 11:15am |
| AIR BLK | .00 | 11:16am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 1692
Test Date: 04/02/2019 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 |

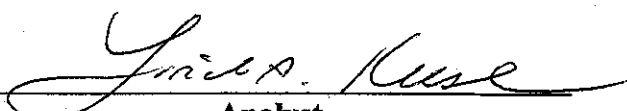
Printer Tests

| 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**

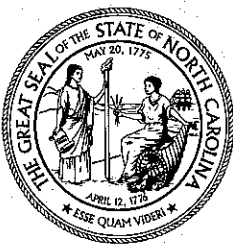
County Pasquotank Instrument Location Elizabeth City P.D.

Instrument Serial No. 008941 305 E. Main St., Elizabeth City, N.C.

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

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

I certify that on the 11th day of APRIL, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941
Test Date: 04/11/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

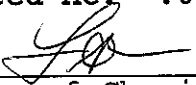
Test Type: Breath Test

Lot Number: AG805801

Exp Date: 02/27/2020

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:32am |
| AIR BLK | .00 | 11:32am |
| ACCY CHK | .07 | 11:33am |
| AIR BLK | .00 | 11:34am |
| SUB TEST | .00 | 11:36am |
| AIR BLK | .00 | 11:37am |
| SUB TEST | .00 | 11:38am |
| AIR BLK | .00 | 11:39am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941 Test Record Number: 1357
Test Date: 04/11/2019 Test Time: 11:39am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:40am |
| FLO | Pass | 11:40am |
| FC | Pass | 11:40am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:40am |
| SRC | Pass | 11:40am |
| DET | Pass | 11:40am |
| BAR | Pass | 11:40am |
| BT | Pass | 11:40am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:41am |

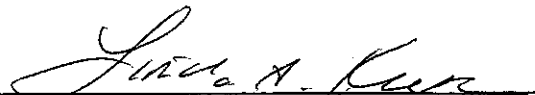
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:41am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:41am |
| CAL | Pass | 11:41am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

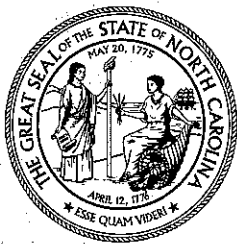
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pender Instrument Location Pender County
Instrument Serial No. 008935 Sheriff 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 18 day of April, 2019 the forgoing preventive maintenance procedures were performed on the 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. Rhodes
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: Subject Test

PENDER PENDER CO SD 700

Serial Number: 008935
Test Date: 04/18/2019

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

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

Lot Number: AG814902
Exp Date: 05/30/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:40pm |
| AIR BLK | .00 | 1:41pm |
| ACCY CHK | .07 | 1:41pm |
| AIR BLK | .00 | 1:42pm |
| SUB TEST | .00 | 1:43pm |
| AIR BLK | .00 | 1:44pm |
| SUB TEST | .00 | 1:46pm |
| AIR BLK | .00 | 1:47pm |

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: 2483
Test Date: 04/18/2019 Test Time: 1:54pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:55pm |
| FLO | Pass | 1:55pm |
| FC | Pass | 1:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:55pm |
| SRC | Pass | 1:55pm |
| DET | Pass | 1:55pm |
| BAR | Pass | 1:55pm |
| BT | Pass | 1:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:56pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:56pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:56pm |
| CAL | Pass | 1:56pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

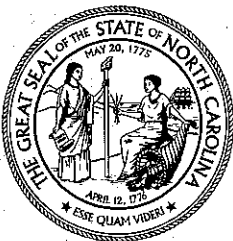
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pender Instrument Location Pender County
Instrument Serial No. 008946 Sheriff 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 18 day of April, 20 19 the forgoing preventive maintenance procedures were performed on the 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. Rhodes
Signature of Certifying Official

609
Certificate Number

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 COUNTY SD 700

Serial Number: 008946
Test Date: 04/18/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2017-05/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

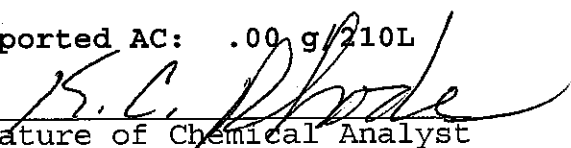
Test Type: Breath Test

Lot Number: AG821801

Exp Date: 08/06/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:35pm |
| AIR BLK | .00 | 1:36pm |
| ACCY CHK | .08 | 1:36pm |
| AIR BLK | .00 | 1:38pm |
| SUB TEST | .00 | 1:38pm |
| AIR BLK | .00 | 1:39pm |
| SUB TEST | .00 | 1:41pm |
| AIR BLK | .00 | 1:42pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

**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

PENDER PENDER COUNTY SD 700

Serial Number: 008946 Test Record Number: 923
Test Date: 04/18/2019 Test Time: 1:42pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:44pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:44pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

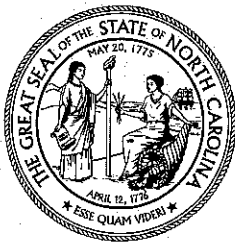
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Ferquimans Instrument Location Ferquimans Co. S.O.
Instrument Serial No. 008921 110 Church St., HERTFORD, 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 11th day of April, 20 19 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Lincoln A. Reed
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921
Test Date: 04/11/2019

Citation Number: M0000000-0
Subject's Name:

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

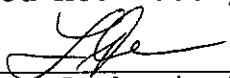
Analyst's Name: KEESLER, LINDA
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG734101
Exp Date: 12/07/2019

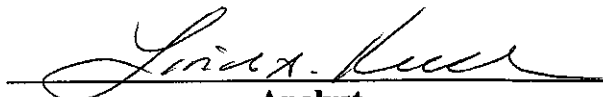
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:15am |
| AIR BLK | .00 | 10:16am |
| ACCY CHK | .08 | 10:17am |
| AIR BLK | .00 | 10:17am |
| SUB TEST | .00 | 10:18am |
| AIR BLK | .00 | 10:19am |
| SUB TEST | .00 | 10:20am |
| AIR BLK | .00 | 10:21am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 844
Test Date: 04/11/2019 Test Time: 10:22am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

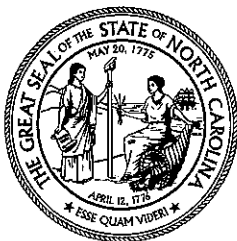
County Pitt Instrument Location Pitt Co. Detention Center

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 11th day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

643

Certificate Number

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

Intox EC/IR-II: Subject Test

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668
Test Date: 04/11/2019

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

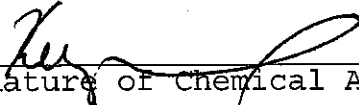
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

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

Lot Number: AG902106
Exp Date: 01/21/2021


| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:06am |
| AIR BLK | .00 | 9:07am |
| ACCY CHK | .07 | 9:08am |
| AIR BLK | .00 | 9:09am |
| SUB TEST | .00 | 9:09am |
| AIR BLK | .00 | 9:10am |
| SUB TEST | .00 | 9:12am |
| AIR BLK | .00 | 9:13am |

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: 3198
Test Date: 04/11/2019 Test Time: 9:17am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:17am |
| FLO | Pass | 9:17am |
| FC | Pass | 9:17am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:17am |
| SRC | Pass | 9:17am |
| DET | Pass | 9:17am |
| BAR | Pass | 9:17am |
| BT | Pass | 9:17am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:18am |

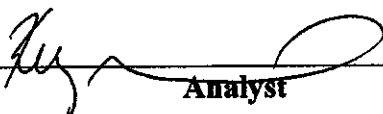
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:18am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:18am |
| CAL | Pass | 9:18am |

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

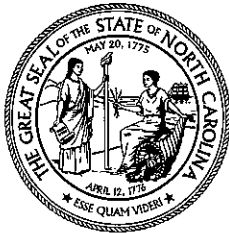
County Polk Instrument Location Polk County LEC

Instrument Serial No. 008832 880 E. 108, Columbus

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Maria D. Hays
Signature of Certifying Official

656

Certificate Number

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

Intox EC/IR-II: Subject Test

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832
Test Date: 04/02/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

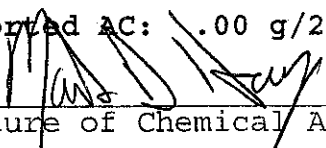
Test Type: Breath Test

Lot Number: AG814902

Exp Date: 05/29/2020

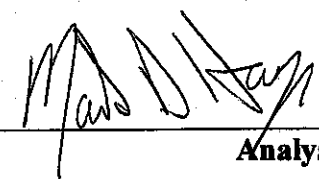
| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:39am |
| AIR BLK | .00 | 10:40am |
| ACCY CHK | .07 | 10:41am |
| AIR BLK | .00 | 10:42am |
| SUB TEST | .00 | 10:43am |
| AIR BLK | .00 | 10:44am |
| SUB TEST | .00 | 10:45am |
| AIR BLK | .00 | 10:46am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832 Test Record Number: 1538
Test Date: 04/02/2019 Test Time: 10:47am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:48am |
| FLO | Pass | 10:48am |
| FC | Pass | 10:48am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:49am |

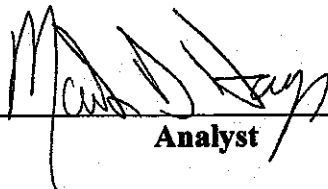
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:49am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:49am |
| CAL | Pass | 10:49am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Randolph Co. Instrument Location Randolph Co. Detention Center
Instrument Serial No. 008899 Asheboro, NC

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

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

I certify that on the 15th day of April, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899
Test Date: 04/01/2019

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 07682E
Effective:
12/01/2017-12/01/2019

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

Lot Number: AG821401
Exp Date: 08/02/2020

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:42am |
| AIR BLK | .00 | 11:43am |
| ACCY CHK | .08 | 11:44am |
| AIR BLK | .00 | 11:45am |
| SUB TEST | .00 | 11:45am |
| AIR BLK | .00 | 11:46am |
| SUB TEST | .00 | 11:48am |
| AIR BLK | .00 | 11:49am |

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

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008899 Test Record Number: 3100
Test Date: 04/01/2019 Test Time: 11:49am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:50am |
| FLO | Pass | 11:50am |
| FC | Pass | 11:50am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:51am |

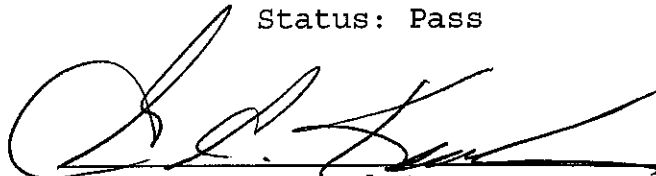
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:51am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Randolph Co. Instrument Location Randolph Co. Detention Center
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 1st day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860
Test Date: 04/01/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401

Exp Date: 08/02/2020

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:40am |
| AIR BLK | .00 | 11:41am |
| ACCY CHK | .07 | 11:42am |
| AIR BLK | .00 | 11:43am |
| SUB TEST | .00 | 11:44am |
| AIR BLK | .00 | 11:45am |
| SUB TEST | .00 | 11:46am |
| AIR BLK | .00 | 11:47am |

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

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860 Test Record Number: 2686
Test Date: 04/01/2019 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

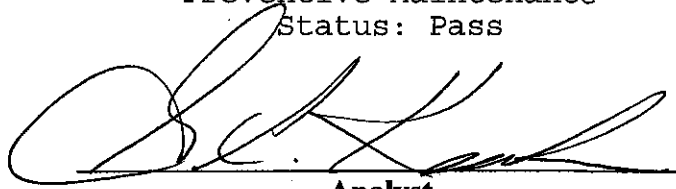
| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:50am |

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

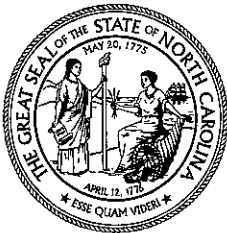
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Randolph Instrument Location AZCLDALE
Instrument Serial No. 008791 POLICE DEPARTMENT

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

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

I certify that on the 15 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. D. [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: 04/15/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
03/01/2019-03/01/2021

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

Lot Number: AG807101
Exp Date: 03/12/2020


| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:06pm |
| AIR BLK | .00 | 3:07pm |
| ACCY CHK | .08 | 3:08pm |
| AIR BLK | .00 | 3:09pm |
| SUB TEST | .00 | 3:09pm |
| AIR BLK | .00 | 3:10pm |
| SUB TEST | .00 | 3:12pm |
| AIR BLK | .00 | 3:12pm |

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: 1311
Test Date: 04/15/2019 Test Time: 3:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:14pm |

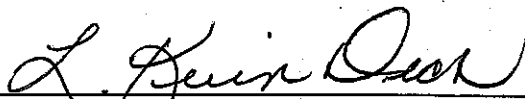
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:14pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

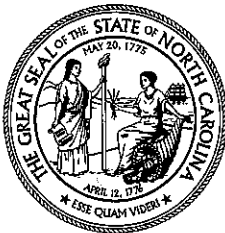
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Robeson Instrument Location BAT Mobile Unit #5
Instrument Serial No. 8616 Lumberton, 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 April, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

664
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616

Test Date: 04/26/2019

Citation Number: M0000000-0

Subject's Name: NONE, NONE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:32pm |
| AIR BLK | .00 | 7:33pm |
| ACCY CHK | .08 | 7:33pm |
| AIR BLK | .00 | 7:34pm |
| SUB TEST | .00 | 7:35pm |
| AIR BLK | .00 | 7:36pm |
| SUB TEST | .00 | 7:37pm |
| AIR BLK | .00 | 7:38pm |

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

ROBESON COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616 Test Record Number: 2463
Test Date: 04/26/2019 Test Time: 7:40pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:40pm |
| FLO | Pass | 7:40pm |
| FC | Pass | 7:40pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:40pm |
| SRC | Pass | 7:40pm |
| DET | Pass | 7:40pm |
| BAR | Pass | 7:40pm |
| BT | Pass | 7:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:41pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:41pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:41pm |
| CAL | Pass | 7:41pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

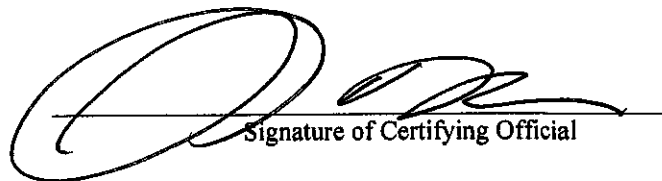
County Robeson Instrument Location BAT Mobile Unit #5
Instrument Serial No. 8647 Lumberton, NC

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

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

I certify that on the 26 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

664
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647
Test Date: 04/26/2019

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


Analyst's Name: TODD, SHANE C
Permit Number: 11391E
Effective:
07/27/2018-07/01/2020

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

Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:55pm |
| AIR BLK | .00 | 7:56pm |
| ACCY CHK | .08 | 7:57pm |
| AIR BLK | .00 | 7:58pm |
| SUB TEST | .00 | 7:58pm |
| AIR BLK | .00 | 7:59pm |
| SUB TEST | .00 | 8:01pm |
| AIR BLK | .00 | 8:02pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647 Test Record Number: 2445
Test Date: 04/26/2019 Test Time: 8:03pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:04pm |
| FLO | Pass | 8:04pm |
| FC | Pass | 8:04pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:04pm |
| SRC | Pass | 8:04pm |
| DET | Pass | 8:04pm |
| BAR | Pass | 8:04pm |
| BT | Pass | 8:04pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:04pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:05pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:05pm |
| CAL | Pass | 8:05pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

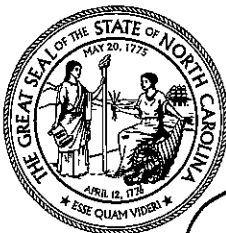
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

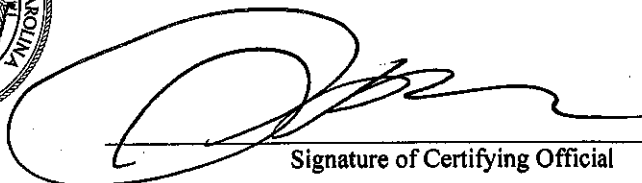
County Robeson Instrument Location BAT Mobile Unit #5
Instrument Serial No. 8704 Lumberton, N.C.

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




Signature of Certifying Official

664
Certificate Number

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

Intox EC/IR-II: Subject Test

ROSESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704

Test Date: 04/26/2019

Citation Number: M0000000-0

Subject's Name: NONE, NONE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TODD, SHANE C

Permit Number: 11391E

Effective:

07/27/2018-07/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:53pm |
| AIR BLK | .00 | 7:54pm |
| ACCY CHK | .08 | 7:55pm |
| AIR BLK | .00 | 7:55pm |
| SUB TEST | .00 | 7:56pm |
| AIR BLK | .00 | 7:57pm |
| SUB TEST | .00 | 7:59pm |
| AIR BLK | .00 | 8:00pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROSESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704 Test Record Number: 546
Test Date: 04/26/2019 Test Time: 8:02pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:02pm |
| FLO | Pass | 8:02pm |
| FC | Pass | 8:02pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:03pm |
| SRC | Pass | 8:03pm |
| DET | Pass | 8:03pm |
| BAR | Pass | 8:03pm |
| BT | Pass | 8:03pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:03pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:03pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:03pm |
| CAL | Pass | 8:03pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

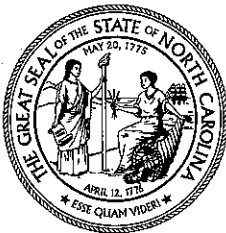
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 15 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835
Test Date: 04/15/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
03/01/2019-03/01/2021

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

Lot Number: AG807101
Exp Date: 03/12/2020


| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:45am |
| AIR BLK | .00 | 11:46am |
| ACCY CHK | .08 | 11:47am |
| AIR BLK | .00 | 11:48am |
| SUB TEST | .00 | 11:48am |
| AIR BLK | .00 | 11:49am |
| SUB TEST | .00 | 11:51am |
| AIR BLK | .00 | 11:52am |

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: 2320
Test Date: 04/15/2019 Test Time: 11:53am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:53am |
| FLO | Pass | 11:53am |
| FC | Pass | 11:53am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:54am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:54am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

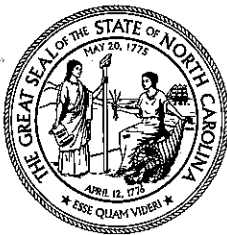
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

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

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

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

I certify that on the 15 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Date: 04/15/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

03/01/2019-03/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

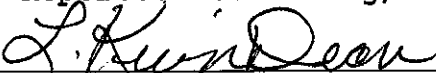
Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 2990
Test Date: 04/15/2019 Test Time: 11:33am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:34am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:34am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

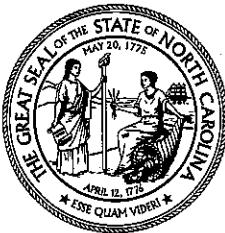
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Stanly Instrument Location Stanly County SO
Instrument Serial No. 008842 126 S. 3rd St. Albemarle

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

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

I certify that on the 1 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

656

Certificate Number

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

Intox EC/IR-II: Subject Test

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842
Test Date: 04/01/2019

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

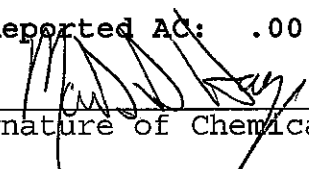
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

Lot Number: AG721401
Exp Date: 08/02/2019

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:43pm |
| AIR BLK | .00 | 12:44pm |
| ACCY CHK | .08 | 12:45pm |
| AIR BLK | .00 | 12:46pm |
| SUB TEST | .00 | 12:47pm |
| AIR BLK | .00 | 12:48pm |
| SUB TEST | .00 | 12:49pm |
| AIR BLK | .00 | 12:50pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 2228
Test Date: 04/01/2019 Test Time: 12:52pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:52pm |
| FLO | Pass | 12:52pm |
| FC | Pass | 12:52pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:53pm |
| SRC | Pass | 12:53pm |
| DET | Pass | 12:53pm |
| BAR | Pass | 12:53pm |
| BT | Pass | 12:53pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:53pm |

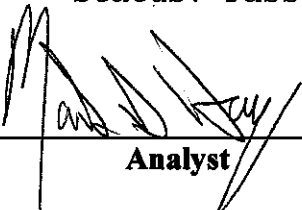
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:53pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:53pm |
| CAL | Pass | 12:53pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

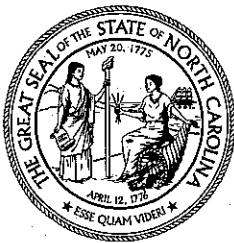
County Swain Instrument Location Cherokee Tribal Det.

Instrument Serial No. 008782 Cherokee, 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 April, 20 19 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul R. Cobb
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 CHEROKEE DETENTION 860

Serial Number: 008782

Test Date: 04/18/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:17am |
| AIR BLK | .00 | 10:18am |
| ACCY CHK | .08 | 10:19am |
| AIR BLK | .00 | 10:20am |
| SUB TEST | .00 | 10:20am |
| AIR BLK | .00 | 10:22am |
| SUB TEST | .00 | 10:23am |
| AIR BLK | .00 | 10:24am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1106
Test Date: 04/18/2019 Test Time: 10:25am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:25am |
| FLO | Pass | 10:25am |
| FC | Pass | 10:26am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:26am |
| SRC | Pass | 10:26am |
| DET | Pass | 10:26am |
| BAR | Pass | 10:26am |
| BT | Pass | 10:26am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:26am |

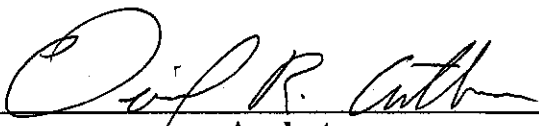
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:26am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:26am |
| CAL | Pass | 10:26am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

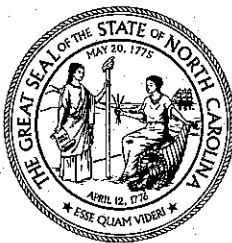
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Tyrrell Instrument Location Tyrrell CO. S.O.
Instrument Serial No. 008902 412 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 22nd day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Linda Keel
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902

Test Date: 04/22/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734102

Exp Date: 12/07/2019

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:34pm |
| AIR BLK | .00 | 7:34pm |
| ACCY CHK | .07 | 7:35pm |
| AIR BLK | .00 | 7:36pm |
| SUB TEST | .00 | 7:36pm |
| AIR BLK | .00 | 7:37pm |
| SUB TEST | .00 | 7:39pm |
| AIR BLK | .00 | 7:39pm |

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: 822
Test Date: 04/22/2019 Test Time: 7:40pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:40pm |
| FLO | Pass | 7:40pm |
| FC | Pass | 7:40pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:40pm |
| SRC | Pass | 7:40pm |
| DET | Pass | 7:40pm |
| BAR | Pass | 7:40pm |
| BT | Pass | 7:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:41pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:41pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:41pm |
| CAL | Pass | 7:41pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

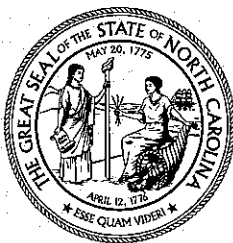
County Wayne Instrument Location Wayne Co. Detention CTR.

Instrument Serial No. 008671 207 E. CHESTNUT ST., GOLDSBORO, N.C.

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

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

I certify that on the 8th day of April, 20 19 the forgoing preventive maintenance procedures were performed on the 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 R. Rouse
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671
Test Date: 04/08/2019

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

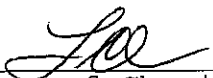
Analyst's Name: KEESLER, LINDA
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG814901
Exp Date: 05/29/2020

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:18am |
| AIR BLK | .00 | 10:19am |
| ACCY CHK | .07 | 10:19am |
| AIR BLK | .00 | 10:20am |
| SUB TEST | .00 | 10:21am |
| AIR BLK | .00 | 10:22am |
| SUB TEST | .00 | 10:23am |
| AIR BLK | .00 | 10:24am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 4788

Test Date: 04/08/2019 Test Time: 10:25am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:25am |
| FLO | Pass | 10:25am |
| FC | Pass | 10:25am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:25am |
| SRC | Pass | 10:25am |
| DET | Pass | 10:25am |
| BAR | Pass | 10:25am |
| BT | Pass | 10:25am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:26am |

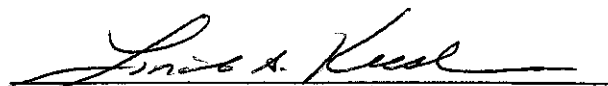
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:26am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:26am |
| CAL | Pass | 10:26am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

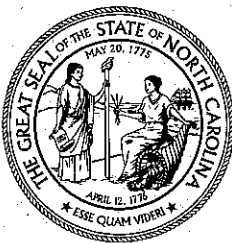
County Wayne Instrument Location Wayne Co. Detention CTR.

Instrument Serial No. 008649 207 E. CHESTNUT ST., GOLDSBORO, N.C.

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

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

I certify that on the 8th day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



J. A. K. K. K.
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649

Test Date: 04/08/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106

Exp Date: 01/21/2021

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:19am |
| AIR BLK | .00 | 10:19am |
| ACCY CHK | .08 | 10:20am |
| AIR BLK | .00 | 10:21am |
| SUB TEST | .00 | 10:22am |
| AIR BLK | .00 | 10:22am |
| SUB TEST | .00 | 10:24am |
| AIR BLK | .00 | 10:25am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 3773
Test Date: 04/08/2019 Test Time: 10:25am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:25am |
| FLO | Pass | 10:25am |
| FC | Pass | 10:26am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:26am |
| SRC | Pass | 10:26am |
| DET | Pass | 10:26am |
| BAR | Pass | 10:26am |
| BT | Pass | 10:26am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:26am |

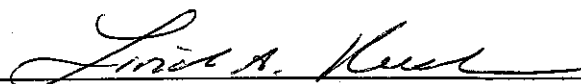
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:26am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:26am |
| CAL | Pass | 10:26am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wayne Instrument Location Wayne Co. Detention CTR.
Instrument Serial No. 008918 207 E. CHESTNUT ST., Goldsboro, N.C.

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

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

I certify that on the 8th day of April, 2019 the forgoing preventive maintenance procedures were performed on the 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 Hester
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008918
Test Date: 04/08/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

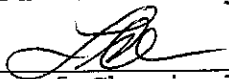
Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:20am |
| AIR BLK | .00 | 10:20am |
| ACCY CHK | .08 | 10:21am |
| AIR BLK | .00 | 10:22am |
| SUB TEST | .00 | 10:22am |
| AIR BLK | .00 | 10:23am |
| SUB TEST | .00 | 10:25am |
| AIR BLK | .00 | 10:26am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008918 Test Record Number: 684
Test Date: 04/08/2019 Test Time: 10:26am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:27am |
| FLO | Pass | 10:27am |
| FC | Pass | 10:27am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:27am |
| SRC | Pass | 10:27am |
| DET | Pass | 10:27am |
| BAR | Pass | 10:27am |
| BT | Pass | 10:27am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:28am |

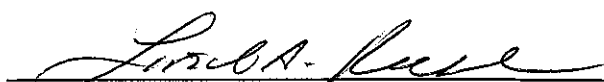
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:28am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:28am |
| CAL | Pass | 10:28am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

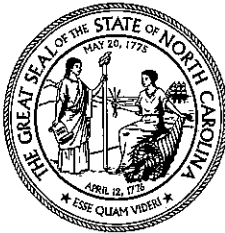
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Watauga Instrument Location Watauga Co Jail
Instrument Serial No. 008715 Boone, NC

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

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

I certify that on the 16 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

649
Certificate Number

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

Intox EC/IR-II: Subject Test

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715
Test Date: 04/16/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: ,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722408

Exp Date: 08/12/2019

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:34am |
| AIR BLK | .00 | 11:35am |
| ACCY CHK | .07 | 11:36am |
| AIR BLK | .00 | 11:37am |
| SUB TEST | .00 | 11:38am |
| AIR BLK | .00 | 11:39am |
| SUB TEST | .00 | 11:40am |
| AIR BLK | .00 | 11:41am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 2230
Test Date: 04/16/2019 Test Time: 11:42am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:42am |
| FLO | Pass | 11:42am |
| FC | Pass | 11:42am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:43am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:43am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:43am |
| CAL | Pass | 11:43am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

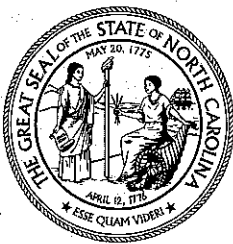
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wilson Instrument Location Wilson Co, Petentwin CRT.
Instrument Serial No. 008652 100 E. Greene St, Wilson, N.C.

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

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

I certify that on the 10th day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652
Test Date: 04/10/2019

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

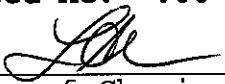
Analyst's Name: KEESLER, LINDA
Permit Number: 11646E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG814901
Exp Date: 05/29/2020

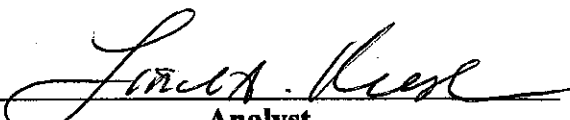
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:08am |
| AIR BLK | .00 | 11:08am |
| ACCY CHK | .07 | 11:09am |
| AIR BLK | .00 | 11:10am |
| SUB TEST | .00 | 11:11am |
| AIR BLK | .00 | 11:12am |
| SUB TEST | .00 | 11:14am |
| AIR BLK | .00 | 11:15am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3264
Test Date: 04/10/2019 Test Time: 11:16am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

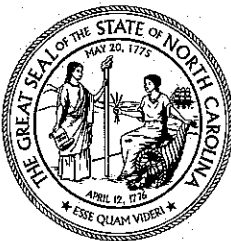
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wilson Instrument Location Wilson Co. Detention ctr.
Instrument Serial No. 008627 100 E. Greene St., Wilson, N.C.

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

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

I certify that on the 10th day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627
Test Date: 04/10/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

Permit Number: 11646E

Effective:

08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401

Exp Date: 08/02/2019

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 2330
Test Date: 04/10/2019 Test Time: 11:16am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:17am |
| SRC | Pass | 11:17am |
| DET | Pass | 11:17am |
| BAR | Pass | 11:17am |
| BT | Pass | 11:17am |

Blank Tests

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

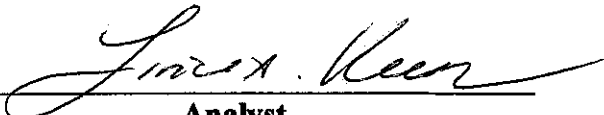
Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

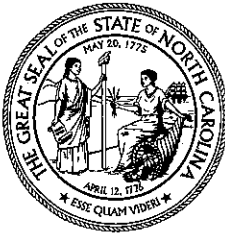
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Yancey Instrument Location Yancey Co Jail
Instrument Serial No. 008653 Burnsville, NC

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

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

I certify that on the 29 day of April, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

649
Certificate Number

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

Intox EC/IR-II: Subject Test

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653
Test Date: 04/29/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2017-05/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:03pm |
| AIR BLK | .00 | 2:04pm |
| ACCY CHK | .08 | 2:05pm |
| AIR BLK | .00 | 2:06pm |
| SUB TEST | .00 | 2:07pm |
| AIR BLK | .00 | 2:07pm |
| SUB TEST | .00 | 2:09pm |
| AIR BLK | .00 | 2:10pm |

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: 1394
Test Date: 04/29/2019 Test Time: 2:12pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:12pm |
| FLO | Pass | 2:12pm |
| FC | Pass | 2:12pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:13pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:13pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:13pm |
| CAL | Pass | 2:13pm |

Preventive Maintenance
Status: *Pass*


Analyst