

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Alexander Instrument Location Alexander Co Jail  
Instrument Serial No. 008813 Taylorsville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20<sup>nd</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

674  
Certificate Number

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

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

ALEXANDER COUNTY ALEXANDER COUNTY SO  
010

Serial Number: 008813  
Test Date: 09/22/2022

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

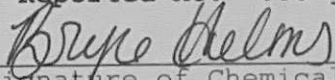
Analyst's Name: Helms, Bryce A  
Permit Number: 0084-9845  
Effective:  
02/01/2022-02/01/2024

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

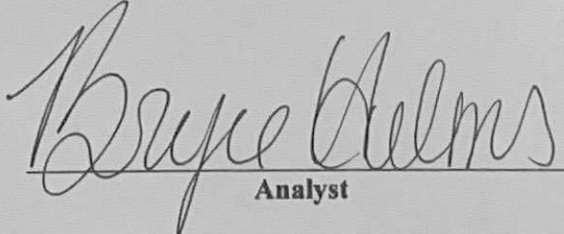
Lot Number: AG118804  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	12:16pm
AIR BLK	.00	12:17pm
ACCY CHK	.07	12:17pm
AIR BLK	.00	12:18pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:19pm</b>
AIR BLK	.00	12:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:21pm</b>
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

**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**

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813      Test Record Number: 2214  
Test Date: 09/22/2022      Test Time: 12:23pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

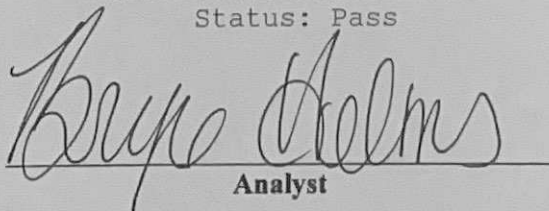
Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm

CRC Tests

Test	Status	Time
COMP	Pass	12:24pm
CAL	Pass	12:24pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Avery Instrument Location Avery Co. Jail  
Instrument Serial No. 008664 Newland, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664  
Test Date: 09/13/2022

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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: 0018-4401  
Effective:  
02/01/2022-02/01/2024

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


Lot Number: AG118804  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:31pm
ACCY CHK	.08	1:32pm
AIR BLK	.00	1:33pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:33pm</b>
AIR BLK	.00	1:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:36pm</b>
AIR BLK	.00	1:37pm

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

  
Signature of Chemical Analyst

Court CVR

  
**Analyst**

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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664      Test Record Number: 1140  
Test Date: 09/13/2022      Test Time: 1:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm

CRC Tests

Test	Status	Time
COMP	Pass	1:39pm
CAL	Pass	1:39pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Avery Instrument Location Banner Elk PD  
Instrument Serial No. 008724 Banner Elk, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

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

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724  
Test Date: 09/02/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0018-4401

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

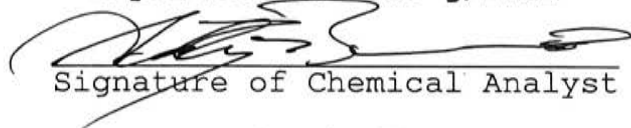
Test Type: Breath Test

Lot Number: AG212403

Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	5:29pm
AIR BLK	.00	5:30pm
ACCY CHK	.07	5:30pm
AIR BLK	.00	5:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:32pm</b>
AIR BLK	.00	5:33pm
<b>SUB TEST</b>	<b>.00</b>	<b>5:34pm</b>
AIR BLK	.00	5:35pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst



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

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724      Test Record Number: 732  
Test Date: 09/02/2022      Test Time: 5:38pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:38pm
FLO	Pass	5:38pm
FC	Pass	5:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:39pm
SRC	Pass	5:39pm
DET	Pass	5:39pm
BAR	Pass	5:39pm
BT	Pass	5:39pm

Blank Tests

Test	Status	Time
AIR	Pass	5:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:39pm

CRC Tests

Test	Status	Time
COMP	Pass	5:39pm
CAL	Pass	5:39pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Brunswick Instrument Location BAT Mobile Unit #5  
Instrument Serial No. 008647 Sun Set Beach

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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**

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008647

Test Date: 09/04/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0035-4789

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG132002

Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	2:48pm
AIR BLK	.00	2:49pm
ACCY CHK	.08	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm

Reported AG: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090  
Serial Number: 008647      Test Record Number: 2763  
Test Date: 09/04/2022      Test Time: 2:55pm EDT  
System Check: Passed

**Baseline Tests**

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:55pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

**Blank Tests**

Test	Status	Time
AIR	Pass	2:56pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	2:56pm

**CRC Tests**

Test	Status	Time
COMP	Pass	2:56pm
CAL	Pass	2:56pm

**Preventive Maintenance**  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Brunswick Instrument Location BAT mobile unit #5  
Instrument Serial No. 008707 Sunset

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

604  
Certificate Number

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

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008707  
Test Date: 09/04/2022

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0035-4789

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

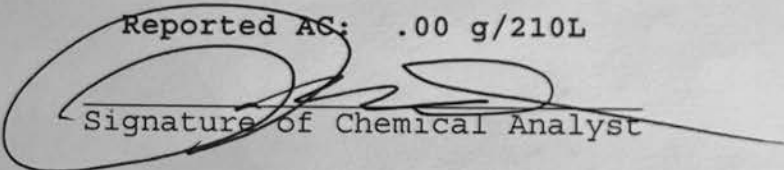
Test Type: Breath Test

Lot Number: AG132002

Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	4:48pm
AIR BLK	.00	4:49pm
ACCY CHK	.08	4:49pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm

Reported AS: .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

BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008707      Test Record Number: 2755  
Test Date: 09/04/2022      Test Time: 4:56pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:56pm
FLO	Pass	4:56pm
FC	Pass	4:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:57pm
SRC	Pass	4:57pm
DET	Pass	4:57pm
BAR	Pass	4:57pm
BT	Pass	4:57pm

Blank Tests

Test	Status	Time
AIR	Pass	4:57pm

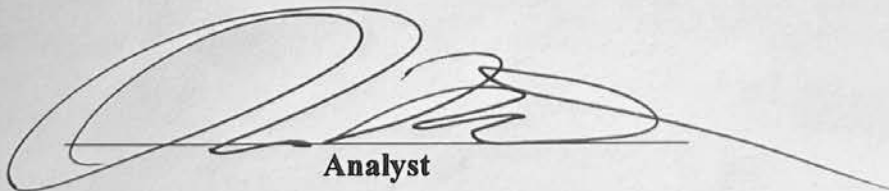
Printer Tests

Test	Status	Time
PRNT	Pass	4:57pm

CRC Tests

Test	Status	Time
COMP	Pass	4:57pm
CAL	Pass	4:57pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County BRUNSWICK Instrument Location BRUNSWICK COUNTY  
Instrument Serial No. 008585 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Bono  
Signature of Certifying Official

648  
Certificate Number

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



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

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585  
Test Date: 09/09/2022

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 0014-6279  
Effective:  
02/01/2022-02/01/2024

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

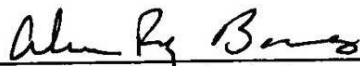
Lot Number: AG131901  
Exp Date: 11/15/2023

Test	g/210L	Time
DIAG	Pass	12:22pm
AIR BLK	.00	12:22pm
ACCY CHK	.07	12:23pm
AIR BLK	.00	12:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:25pm</b>
AIR BLK	.00	12:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:27pm</b>
AIR BLK	.00	12:28pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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**

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585      Test Record Number: 5188  
Test Date: 09/09/2022      Test Time: 12:29pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	12:29pm

Blank Tests

Test	Status	Time
AIR	Pass	12:30pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm

CRC Tests

Test	Status	Time
COMP	Pass	12:30pm
CAL	Pass	12:30pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County BRUNSWICK Instrument Location BRUNSWICK COUNTY

Instrument Serial No. 008602 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alvin R. Bano  
Signature of Certifying Official

648  
Certificate Number

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

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

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602  
Test Date: 09/09/2022

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 0014-6279  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG131901  
Exp Date: 11/15/2023

Test	g/210L	Time
DIAG	Pass	12:26pm
AIR BLK	.00	12:27pm
ACCY CHK	.07	12:28pm
AIR BLK	.00	12:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:30pm</b>
AIR BLK	.00	12:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:32pm</b>
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Alvin R. Barnes  
Signature of Chemical Analyst

Court CVR

Alvin R. Barnes  
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**

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602      Test Record Number: 5085  
Test Date: 09/09/2022      Test Time: 12:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO	Pass	12:34pm
FC	Pass	12:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm

CRC Tests

Test	Status	Time
COMP	Pass	12:35pm
CAL	Pass	12:35pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County BRUNSWICK Instrument Location OAK ISLAND POLICE DEPT

Instrument Serial No. 008648

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Burns

Signature of Certifying Official

648

Certificate Number

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

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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648  
Test Date: 09/09/2022

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

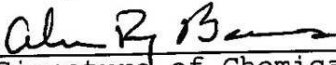
Analyst's Name: BARNES, ALVIN R  
Permit Number: 0014-6279  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG107501  
Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	11:08am
AIR BLK	.00	11:09am
ACCY CHK	.07	11:09am
AIR BLK	.00	11:10am
<b>SUB TEST</b>	<b>.00</b>	<b>11:11am</b>
AIR BLK	.00	11:12am
<b>SUB TEST</b>	<b>.00</b>	<b>11:13am</b>
AIR BLK	.00	11:14am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

**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**

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648      Test Record Number: 1824  
Test Date: 09/09/2022      Test Time: 11:15am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:15am
FLO	Pass	11:15am
FC	Pass	11:15am

Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
DET	Pass	11:15am
BAR	Pass	11:15am
BT	Pass	11:15am

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Test	Status	Time
PRNT	Pass	11:16am

CRC Tests

Test	Status	Time
COMP	Pass	11:16am
CAL	Pass	11:16am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County BRUNSWICK Instrument Location LELAND POLICE DEPT

Instrument Serial No. 008787

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Burns  
Signature of Certifying Official

648  
Certificate Number

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

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

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787  
Test Date: 09/09/2022

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

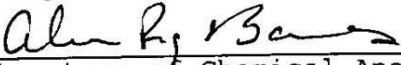
Analyst's Name: BARNES, ALVIN R  
Permit Number: 0014-6279  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG118804  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	9:29am
AIR BLK	.00	9:30am
ACCY CHK	.07	9:30am
AIR BLK	.00	9:32am
<b>SUB TEST</b>	<b>.00</b>	<b>9:32am</b>
AIR BLK	.00	9:33am
<b>SUB TEST</b>	<b>.00</b>	<b>9:34am</b>
AIR BLK	.00	9:35am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

BRUNSWICK COUNTY LELAND PD 090

Serial Number: 008787      Test Record Number: 1023  
Test Date: 09/09/2022      Test Time: 9:36am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:37am

Printer Tests

Test	Status	Time
PRNT	Pass	9:37am

CRC Tests

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

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County BRUNSWICK Instrument Location SUNSET BEACH POLICE DEPT

Instrument Serial No. 008874

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. B...  
Signature of Certifying Official

648  
Certificate Number

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

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

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874  
Test Date: 09/09/2022

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

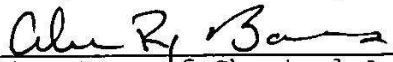
Analyst's Name: BARNES, ALVIN R  
Permit Number: 0014-6279  
Effective:  
02/01/2022-02/01/2024

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


Lot Number: AG107401  
Exp Date: 03/15/2023

Test	g/210L	Time
DIAG	Pass	3:43pm
AIR BLK	.00	3:44pm
ACCY CHK	.07	3:44pm
AIR BLK	.00	3:46pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:46pm</b>
AIR BLK	.00	3:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:49pm</b>
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**

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874      Test Record Number: 841  
Test Date: 09/09/2022      Test Time: 3:50pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

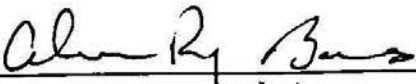
Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Buncombe Instrument Location Buncombe County Detention  
Instrument Serial No. 008748 Asheville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

668  
Certificate Number

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: 008748  
Test Date: 09/07/2022

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

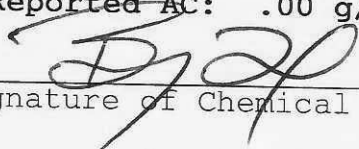
Analyst's Name: Loftis, Benjamin C  
Permit Number: 0024-4987  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG212403  
Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	1:13pm
AIR BLK	.00	1:13pm
ACCY CHK	.07	1:14pm
AIR BLK	.00	1:15pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:16pm</b>
AIR BLK	.00	1:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:18pm</b>
AIR BLK	.00	1:19pm

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: 008748      Test Record Number: 1933  
Test Date: 09/07/2022      Test Time: 1:19pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:20pm
FLO	Pass	1:20pm
FC	Pass	1:20pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

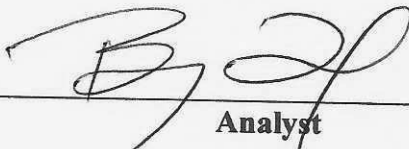
Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm

CRC Tests

Test	Status	Time
COMP	Pass	1:21pm
CAL	Pass	1:21pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

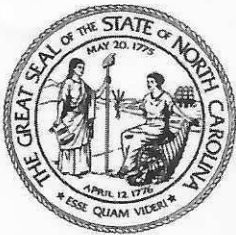
**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Buncombe Instrument Location Buncombe County Detention  
Instrument Serial No. 008798 Asheville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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      668 Certificate Number

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: 09/07/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

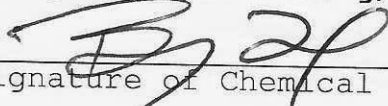
Test Type: Breath Test

Lot Number: AG212403

Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	1:14pm
AIR BLK	.00	1:14pm
ACCY CHK	.07	1:15pm
AIR BLK	.00	1:16pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:17pm</b>
AIR BLK	.00	1:17pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:19pm</b>
AIR BLK	.00	1:20pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798      Test Record Number: 6201  
Test Date: 09/07/2022      Test Time: 1:20pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:21pm
FLO	Pass	1:21pm
FC	Pass	1:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:21pm
SRC	Pass	1:21pm
DET	Pass	1:21pm
BAR	Pass	1:21pm
BT	Pass	1:21pm

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm

CRC Tests

Test	Status	Time
COMP	Pass	1:22pm
CAL	Pass	1:22pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Cabarrus Instrument Location Cabarrus County 80  
Instrument Serial No. 008927 Concord, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

674  
Certificate Number

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

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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008927  
Test Date: 09/14/2022

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

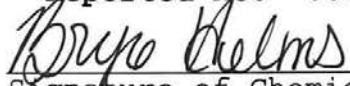
Test Type: Breath Test

Lot Number: AG132001


Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	1:24pm
AIR BLK	.00	1:25pm
ACCY CHK	.08	1:26pm
AIR BLK	.00	1:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:27pm</b>
AIR BLK	.00	1:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:30pm</b>
AIR BLK	.00	1:30pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008927      Test Record Number: 816  
Test Date: 09/14/2022      Test Time: 1:31pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:31pm
SRC	Pass	1:31pm
DET	Pass	1:31pm
BAR	Pass	1:31pm
BT	Pass	1:31pm

Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

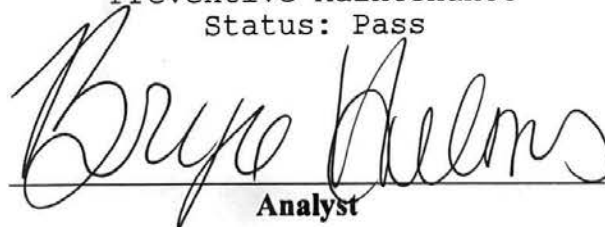
Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm

CRC Tests

Test	Status	Time
COMP	Pass	1:32pm
CAL	Pass	1:32pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Caswell Instrument Location Caswell Co Detention Ctr

Instrument Serial No. 008593 211 County Park Rd

Yanceyville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Samuel Adams 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**

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593

Test Date: 09/07/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG118804


Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.08	1:08pm
AIR BLK	.00	1:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:10pm</b>
AIR BLK	.00	1:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:13pm</b>
AIR BLK	.00	1:14pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593      Test Record Number: 2006  
Test Date: 09/07/2022      Test Time: 1:14pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm


Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm

CRC Tests

Test	Status	Time
COMP	Pass	1:15pm
CAL	Pass	1:15pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Chatham Instrument Location BAT Mobile Unit 4  
Instrument Serial No. 008601 NC WRC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

660

Certificate Number

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

Intox EC/IR-II: Subject Test

CHATHAM COUNTY BAT MOBILE UNIT 4 180

Serial Number: 008601  
Test Date: 09/04/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Smith, Jason R

Permit Number: 0024-7428

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

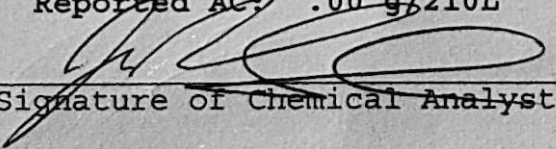
Test Type: Breath Test

Lot Number: AG118805

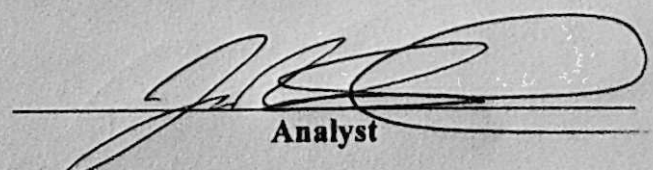
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	3:42pm
AIR BLK	.00	3:43pm
ACCY CHK	.08	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:48pm

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**

**CHATHAM COUNTY BAT MOBILE UNIT 4 180**

Serial Number: 008601      Test Record Number: 1462  
Test Date: 09/04/2022      Test Time: 3:53pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	3:53pm
FLO	Pass	3:53pm
FC	Pass	3:54pm

**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

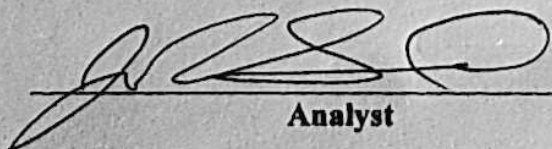
**Printer Tests**

Test	Status	Time
PRNT	Pass	3:54pm

**CRC Tests**

Test	Status	Time
COMP	Pass	3:55pm
CAL	Pass	3:55pm

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Chatham Instrument Location BAT Mobile Unit 4  
Instrument Serial No. 008775 NC WRE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

660  
Certificate Number

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

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

CHATHAM COUNTY BAT MOBILE UNIT 4 180

Serial Number: 008775  
Test Date: 09/04/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Smith, Jason R

Permit Number: 0024-7428

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

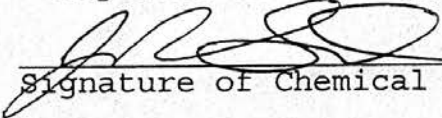
Test Type: Breath Test

Lot Number: AG107401

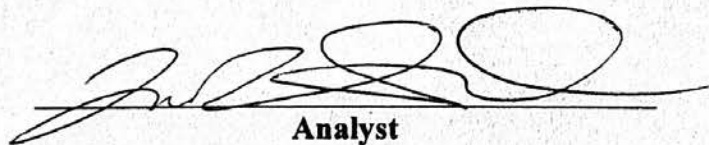
Exp Date: 03/15/2023

Test	g/210L	Time
DIAG	Pass	3:41pm
AIR BLK	.00	3:42pm
ACCY CHK	.07	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:48pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY BAT MOBILE UNIT 4 180

Serial Number: 008775      Test Record Number: 1958  
Test Date: 09/04/2022      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	3:53pm
SRC	Pass	3:53pm
DET	Pass	3:53pm
BAR	Pass	3:53pm
BT	Pass	3:53pm

Blank Tests

Test	Status	Time
AIR	Pass	3:54pm

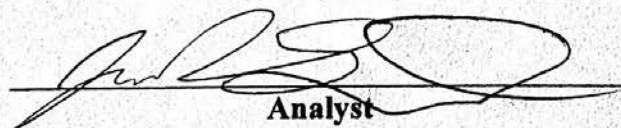
Printer Tests

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Columbus Instrument Location BAT mobile unit 7

Instrument Serial No. 008600 Columbus County 50

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

665

Certificate Number

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 7 230

Serial Number: 008600  
Test Date: 09/16/2022

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Anderson, Mark G

Permit Number: 0013-1517

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

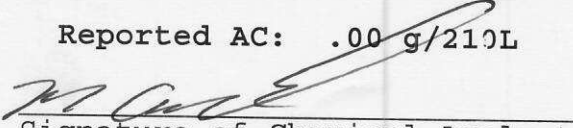
Test Type: Breath Test

Lot Number: AG107501

Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	8:08pm
AIR BLK	.00	8:09pm
ACCY CHK	.08	8:10pm
AIR BLK	.00	8:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:11pm</b>
AIR BLK	.00	8:12pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:13pm</b>
AIR BLK	.00	8:14pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

COLUMBUS COUNTY BAT MOBILE UNIT 7 230

Serial Number: 008600      Test Record Number: 2327  
Test Date: 09/16/2022      Test Time: 8:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:16pm
FLO	Pass	8:16pm
FC	Pass	8:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:16pm
SRC	Pass	8:16pm
DET	Pass	8:16pm
BAR	Pass	8:16pm
BT	Pass	8:16pm

Blank Tests

Test	Status	Time
AIR	Pass	8:16pm

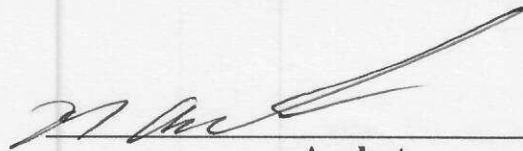
Printer Tests

Test	Status	Time
PRNT	Pass	8:17pm

CRC Tests

Test	Status	Time
COMP	Pass	8:17pm
CAL	Pass	8:17pm

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County CRAVEN Instrument Location NEW BERN

Instrument Serial No. 008613 POLICE DEPT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Burns  
Signature of Certifying Official

648  
Certificate Number

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

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

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008613  
Test Date: 09/29/2022

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

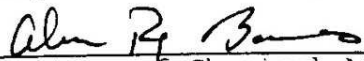
Analyst's Name: BARNES, ALVIN R  
Permit Number: 0014-6279  
Effective:  
02/01/2022-02/01/2024

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

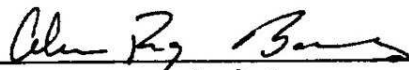
Lot Number: AG107401  
Exp Date: 03/15/2023

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

**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 NEW BERN PD 240

Serial Number: 008613      Test Record Number: 1298  
Test Date: 09/29/2022      Test Time: 4:26pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:27pm

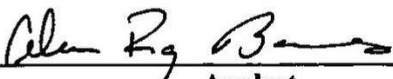
Printer Tests

Test	Status	Time
PRNT	Pass	4:27pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

**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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Cumberland Instrument Location BAT mobile unit #5  
Instrument Serial No. 008575 Hope Mills

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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**

CUMBERLAND COUNTY BAT MOBILE UNIT 5  
250

Serial Number: 008575  
Test Date: 09/02/2022

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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: 0035-4789  
Effective:  
10/06/2020-10/06/2022

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

Lot Number: AG118805  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	9:17pm
AIR BLK	.00	9:18pm
ACCY CHK	.08	9:18pm
AIR BLK	.00	9:19pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:21pm</b>
AIR BLK	.00	9:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:23pm</b>
AIR BLK	.00	9:24pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

CUMBERLAND COUNTY BAT MOBILE UNIT 5 250

Serial Number: 008575      Test Record Number: 1379  
Test Date: 09/02/2022      Test Time: 9:28pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:28pm
FLO	Pass	9:28pm
FC	Pass	9:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:28pm
SRC	Pass	9:28pm
DET	Pass	9:28pm
BAR	Pass	9:28pm
BT	Pass	9:28pm

Blank Tests

Test	Status	Time
AIR	Pass	9:29pm

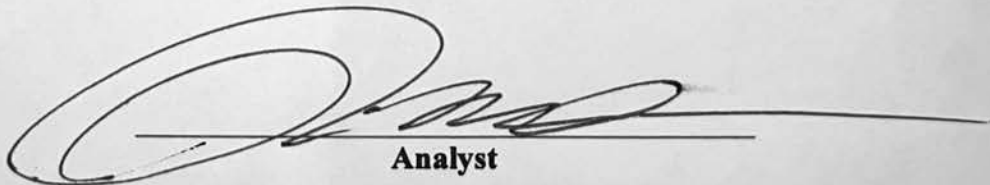
Printer Tests

Test	Status	Time
PRNT	Pass	9:29pm

CRC Tests

Test	Status	Time
COMP	Pass	9:29pm
CAL	Pass	9:29pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

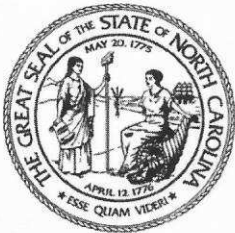
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Cumberland Instrument Location Cumberland County  
Instrument Serial No. 008614 Detention Center

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

675  
Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614  
Test Date: 09/12/2022

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

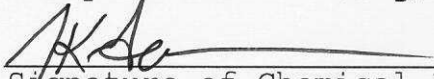
Analyst's Name: Garner, Joel K  
Permit Number: 0036-5156  
Effective:  
02/01/2022-02/01/2024

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


Lot Number: AG202603  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	10:16am
AIR BLK	.00	10:16am
ACCY CHK	.08	10:17am
AIR BLK	.00	10:18am
<b>SUB TEST</b>	<b>.00</b>	<b>10:19am</b>
AIR BLK	.00	10:20am
<b>SUB TEST</b>	<b>.00</b>	<b>10:22am</b>
AIR BLK	.00	10:23am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614      Test Record Number: 4712  
Test Date: 09/12/2022      Test Time: 10:38am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:38am
FLO	Pass	10:38am
FC	Pass	10:39am

Temperature Tests

Test	Status	Time
FC1	Pass	10:39am
SRC	Pass	10:39am
DET	Pass	10:39am
BAR	Pass	10:39am
BT	Pass	10:39am

Blank Tests

Test	Status	Time
AIR	Pass	10:39am

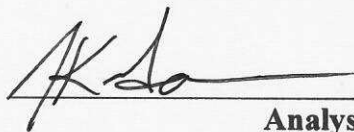
Printer Tests

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Cumberland Instrument Location BAT Mobile Unit #5  
Instrument Serial No. 008616 Hope Mills

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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**

CUMBERLAND COUNTY BAT MOBILE UNIT 5  
250

Serial Number: 008616  
Test Date: 09/02/2022

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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: 0035-4789  
Effective:  
10/06/2020-10/06/2022

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

Lot Number: AG132002  
Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	9:14pm
AIR BLK	.00	9:15pm
ACCY CHK	.08	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY BAT MOBILE UNIT 5 250

Serial Number: 008616      Test Record Number: 2759  
Test Date: 09/02/2022      Test Time: 9:22pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:22pm
SRC	Pass	9:22pm
DET	Pass	9:22pm
BAR	Pass	9:22pm
BT	Pass	9:22pm

Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

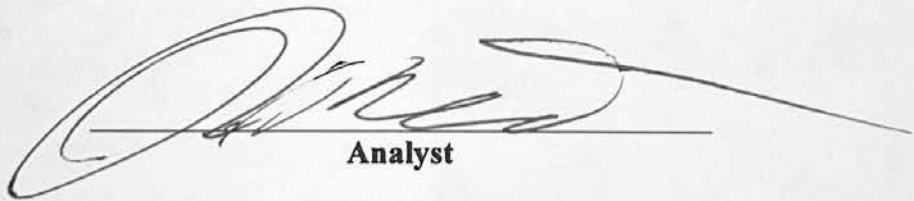
Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm

CRC Tests

Test	Status	Time
COMP	Pass	9:23pm
CAL	Pass	9:23pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Cumberland Instrument Location Cumberland County  
Instrument Serial No. 008632 Detention Center

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

675  
Certificate Number

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



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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Date: 09/12/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG202603

Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	10:15am
AIR BLK	.00	10:16am
ACCY CHK	.07	10:16am
AIR BLK	.00	10:17am
<b>SUB TEST</b>	<b>.00</b>	<b>10:18am</b>
AIR BLK	.00	10:19am
<b>SUB TEST</b>	<b>.00</b>	<b>10:20am</b>
AIR BLK	.00	10:21am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632      Test Record Number: 4451  
Test Date: 09/12/2022      Test Time: 10:22am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:22am
FLO	Pass	10:22am
FC	Pass	10:22am

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	10:23am


Printer Tests

Test	Status	Time
PRNT	Pass	10:23am

CRC Tests

Test	Status	Time
COMP	Pass	10:23am
CAL	Pass	10:23am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Cumberland Instrument Location Cumberland County  
Instrument Serial No. 008633 Detention Center

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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. K. Au  
Signature of Certifying Official

675  
Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633  
Test Date: 09/12/2022

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

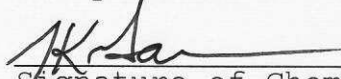
Analyst's Name: Garner, Joel K  
Permit Number: 0036-5156  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG202603  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	10:14am
AIR BLK	.00	10:15am
ACCY CHK	.07	10:15am
AIR BLK	.00	10:16am
<b>SUB TEST</b>	<b>.00</b>	<b>10:17am</b>
AIR BLK	.00	10:18am
<b>SUB TEST</b>	<b>.00</b>	<b>10:19am</b>
AIR BLK	.00	10:20am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633      Test Record Number: 6294  
Test Date: 09/12/2022      Test Time: 10:21am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:21am
FLO	Pass	10:21am
FC	Pass	10:22am

Temperature Tests

Test	Status	Time
FC1	Pass	10:22am
SRC	Pass	10:22am
DET	Pass	10:22am
BAR	Pass	10:22am
BT	Pass	10:22am

Blank Tests

Test	Status	Time
AIR	Pass	10:22am


Printer Tests

Test	Status	Time
PRNT	Pass	10:22am

CRC Tests

Test	Status	Time
COMP	Pass	10:22am
CAL	Pass	10:22am

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Cumberland Instrument Location Cumberland County  
Instrument Serial No. 008672 Detention Center

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

675  
Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672  
Test Date: 09/12/2022

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

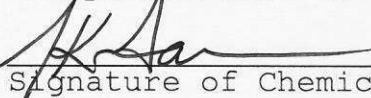
Analyst's Name: Garner, Joel K  
Permit Number: 0036-5156  
Effective:  
02/01/2022-02/01/2024

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

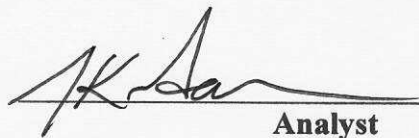
Lot Number: AG202603  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	10:19am
AIR BLK	.00	10:20am
ACCY CHK	.08	10:20am
AIR BLK	.00	10:22am
<b>SUB TEST</b>	<b>.00</b>	<b>10:22am</b>
AIR BLK	.00	10:23am
<b>SUB TEST</b>	<b>.00</b>	<b>10:25am</b>
AIR BLK	.00	10:26am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672      Test Record Number: 7763  
Test Date: 09/12/2022      Test Time: 10:26am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:27am
FLO	Pass	10:27am
FC	Pass	10:27am

Temperature Tests

Test	Status	Time
FC1	Pass	10:27am
SRC	Pass	10:27am
DET	Pass	10:27am
BAR	Pass	10:27am
BT	Pass	10:27am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am

CRC Tests

Test	Status	Time
COMP	Pass	10:28am
CAL	Pass	10:28am

Preventive Maintenance  
Status: Pass



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**Analyst**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Cumberland Instrument Location BAT Mobile unit #5  
Instrument Serial No. 008704 Hope Mills

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

CUMBERLAND COUNTY BAT MOBILE UNIT 5  
250

Serial Number: 008704  
Test Date: 09/02/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

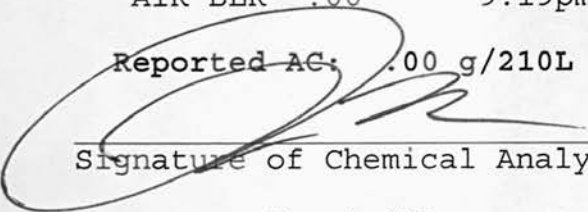
Test Type: Breath Test

Lot Number: AG132002

Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.08	9:14pm
AIR BLK	.00	9:15pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:15pm</b>
AIR BLK	.00	9:16pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:18pm</b>
AIR BLK	.00	9:19pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY BAT MOBILE UNIT 5 250

Serial Number: 008704 Test Record Number: 812  
Test Date: 09/02/2022 Test Time: 9:19pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:20pm

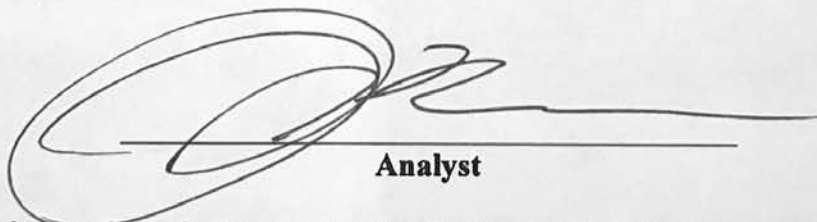
Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

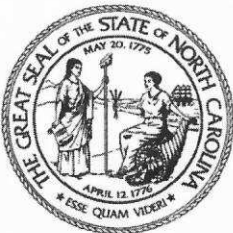
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Cumberland Instrument Location FT. Bragg  
Instrument Serial No. 013868 L.E.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

675  
Certificate Number

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

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

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868  
Test Date: 09/12/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Garner, Joel K

Permit Number: 0036-5156

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG212402


Exp Date: 05/04/2024

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013868      Test Record Number: 394  
Test Date: 09/12/2022      Test Time: 12:18pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

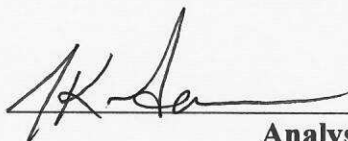
Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Cumberland Instrument Location FT. Bragg  
Instrument Serial No. 013870 L. E. C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

675  
Certificate Number

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

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

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870  
Test Date: 09/12/2022

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

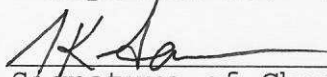
Analyst's Name: Garner, Joel K  
Permit Number: 0036-5156  
Effective:  
02/01/2022-02/01/2024

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

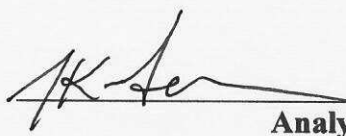
Lot Number: AG212402  
Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	12:24pm
AIR BLK	.00	12:25pm
ACCY CHK	.07	12:25pm
AIR BLK	.00	12:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:27pm</b>
AIR BLK	.00	12:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:29pm</b>
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

CUMBERLAND COUNTY FORT BRAGG LEC 250

Serial Number: 013870      Test Record Number: 428  
Test Date: 09/12/2022      Test Time: 12:31pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
FLO	Pass	12:31pm
FC	Pass	12:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:31pm
SRC	Pass	12:31pm
DET	Pass	12:31pm
BAR	Pass	12:31pm
BT	Pass	12:31pm

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

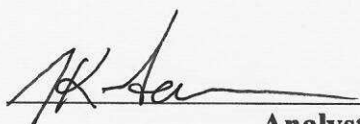
Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm

CRC Tests

Test	Status	Time
COMP	Pass	12:32pm
CAL	Pass	12:32pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Dare Instrument Location Dare County Detention Center  
Instrument Serial No. 008783 1044 Driftwood Dr., Manteo  
N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

643  
Certificate Number

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

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783  
Test Date: 09/12/2022

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0037-7722

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

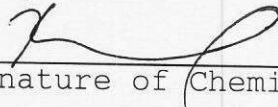
Test Type: Breath Test

Lot Number: AG132002

Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	12:05pm
AIR BLK	.00	12:06pm
ACCY CHK	.08	12:06pm
AIR BLK	.00	12:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:09pm</b>
AIR BLK	.00	12:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:11pm</b>
AIR BLK	.00	12:12pm

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**

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783      Test Record Number: 1203  
Test Date: 09/12/2022      Test Time: 12:13pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Dare Instrument Location Dare Co. Detention Center  
1044 Driftwood Dr, Manteo,  
NC.

Instrument Serial No. 008804

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] Signature of Certifying Official      643 Certificate Number

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

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804  
Test Date: 09/12/2022

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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: 0037-7722  
Effective:  
09/28/2020-09/28/2022

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

Lot Number: AG107501  
Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	11:17am
AIR BLK	.00	11:18am
ACCY CHK	.07	11:19am
AIR BLK	.00	11:20am
<b>SUB TEST</b>	<b>.00</b>	<b>11:20am</b>
AIR BLK	.00	11:21am
<b>SUB TEST</b>	<b>.00</b>	<b>11:23am</b>
AIR BLK	.00	11:24am

**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 DARE CO DETENTION CE 270

Serial Number: 008804      Test Record Number: 2682  
Test Date: 09/12/2022      Test Time: 11:26am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
BT	Pass	11:26am

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

Printer Tests

Test	Status	Time
PRNT	Pass	11:27am

CRC Tests

Test	Status	Time
COMP	Pass	11:27am
CAL	Pass	11:27am

Preventive Maintenance  
Status: Pass



---

**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County DAVIDSON Instrument Location DAVIDSON COUNTY JAIL

Instrument Serial No. 003845 LEXINGTON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6<sup>TH</sup> day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

669  
Certificate Number

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: 09/06/2022

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

Analyst's Name: *Oligmueller Jr., Leo A*  
Permit Number: 0035-3799  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG118803  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	9:00am
AIR BLK	.00	9:01am
ACCY CHK	.08	9:02am
AIR BLK	.00	9:03am
<b>SUB TEST</b>	<b>.00</b>	<b>9:04am</b>
AIR BLK	.00	9:05am
<b>SUB TEST</b>	<b>.00</b>	<b>9:06am</b>
AIR BLK	.00	9:07am

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: 3862  
Test Date: 09/06/2022      Test Time: 9:08am EDT

System Check: *Passed*

## Baseline Tests

Test	Status	Time
IR	Pass	9:08am
FLO	Pass	9:08am
FC	Pass	9:08am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:08am
SRC	Pass	9:08am
DET	Pass	9:08am
BAR	Pass	9:08am
BT	Pass	9:08am

## Blank Tests

Test	Status	Time
AIR	Pass	9:09am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:09am

## CRC Tests

Test	Status	Time
COMP	Pass	9:09am
CAL	Pass	9:09am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

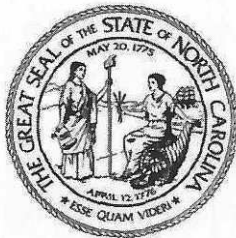
County DAVIDSON Instrument Location LEXINGTON POLICE

Instrument Serial No. 008883 DEPARTMENT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6<sup>TH</sup> day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

669  
Certificate Number

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

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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883  
Test Date: 09/06/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller Jr., Leo A

Permit Number: 0035-3799

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG131901

Exp Date: 11/15/2023

Test	g/210L	Time
DIAG	Pass	9:22am
AIR BLK	.00	9:23am
ACCY CHK	.08	9:23am
AIR BLK	.00	9:24am
<b>SUB TEST</b>	<b>.00</b>	<b>9:25am</b>
AIR BLK	.00	9:26am
<b>SUB TEST</b>	<b>.00</b>	<b>9:28am</b>
AIR BLK	.00	9:28am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883      Test Record Number: 2498  
Test Date: 09/06/2022      Test Time: 9:30am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:30am
FLO	Pass	9:30am
FC	Pass	9:30am

Temperature Tests

Test	Status	Time
FC1	Pass	9:30am
SRC	Pass	9:30am
DET	Pass	9:30am
BAR	Pass	9:30am
BT	Pass	9:30am

Blank Tests

Test	Status	Time
AIR	Pass	9:31am

Printer Tests

Test	Status	Time
PRNT	Pass	9:31am

CRC Tests

Test	Status	Time
COMP	Pass	9:31am
CAL	Pass	9:31am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Duplin Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008600 Wallace

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

665  
Certificate Number

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

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

DUPLIN COUNTY BAT MOBILE UNIT 7 300

Serial Number: 008600  
Test Date: 09/05/2022

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

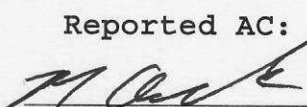
Analyst's Name: Anderson, Mark G  
Permit Number: 0013-1517  
Effective:  
02/01/2022-02/01/2024

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

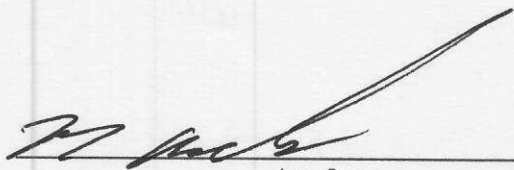
Lot Number: AG107501  
Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	7:00pm
AIR BLK	.00	7:01pm
ACCY CHK	.08	7:02pm
AIR BLK	.00	7:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>7:03pm</b>
AIR BLK	.00	7:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>7:06pm</b>
AIR BLK	.00	7:07pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

DUPLIN COUNTY BAT MOBILE UNIT 7 300

Serial Number: 008600      Test Record Number: 2319  
Test Date: 09/05/2022      Test Time: 7:07pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:08pm
FLO	Pass	7:08pm
FC	Pass	7:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:08pm
SRC	Pass	7:08pm
DET	Pass	7:08pm
BAR	Pass	7:08pm
BT	Pass	7:08pm

Blank Tests

Test	Status	Time
AIR	Pass	7:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:09pm

CRC Tests

Test	Status	Time
COMP	Pass	7:09pm
CAL	Pass	7:09pm

Preventive Maintenance  
Status: *Pass*



Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Duplin Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008600 Wallace

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

665  
Certificate Number

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

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

DUPLIN COUNTY BAT MOBILE UNIT 7 300

Serial Number: 008600  
Test Date: 09/05/2022

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

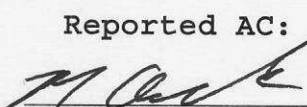
Analyst's Name: Anderson, Mark G  
Permit Number: 0013-1517  
Effective:  
02/01/2022-02/01/2024

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

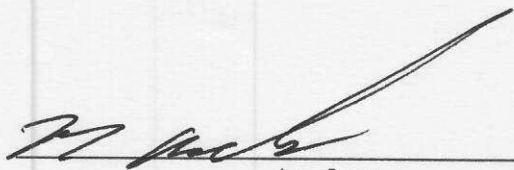
Lot Number: AG107501  
Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	7:00pm
AIR BLK	.00	7:01pm
ACCY CHK	.08	7:02pm
AIR BLK	.00	7:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>7:03pm</b>
AIR BLK	.00	7:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>7:06pm</b>
AIR BLK	.00	7:07pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

DUPLIN COUNTY BAT MOBILE UNIT 7 300

Serial Number: 008600      Test Record Number: 2319  
Test Date: 09/05/2022      Test Time: 7:07pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:08pm
FLO	Pass	7:08pm
FC	Pass	7:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:08pm
SRC	Pass	7:08pm
DET	Pass	7:08pm
BAR	Pass	7:08pm
BT	Pass	7:08pm

Blank Tests

Test	Status	Time
AIR	Pass	7:09pm

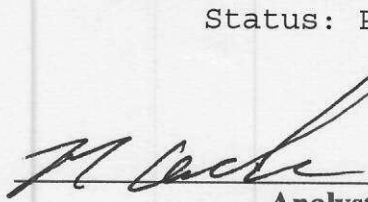
Printer Tests

Test	Status	Time
PRNT	Pass	7:09pm

CRC Tests

Test	Status	Time
COMP	Pass	7:09pm
CAL	Pass	7:09pm

Preventive Maintenance  
Status: *Pass*

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County DURHAM Instrument Location Durham Co JAIL  
Instrument Serial No. 008859 219 S. Mangum St Durham, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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**

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859  
Test Date: 09/02/2022

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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, Simon S  
Permit Number: 0014-6221  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG212401  
Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	11:10am
AIR BLK	.00	11:11am
ACCY CHK	.08	11:11am
AIR BLK	.00	11:13am
<b>SUB TEST</b>	<b>.00</b>	<b>11:13am</b>
AIR BLK	.00	11:14am
<b>SUB TEST</b>	<b>.00</b>	<b>11:16am</b>
AIR BLK	.00	11:17am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859      Test Record Number: 2719  
Test Date: 09/02/2022      Test Time: 11:18am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:18am
FLO	Pass	11:18am
FC	Pass	11:18am

Temperature Tests

Test	Status	Time
FC1	Pass	11:19am
SRC	Pass	11:19am
DET	Pass	11:19am
BAR	Pass	11:19am
BT	Pass	11:19am

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

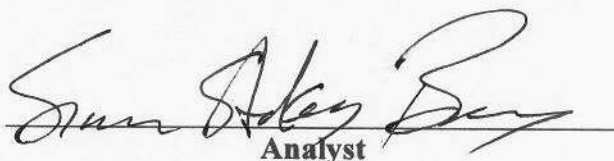
Printer Tests

Test	Status	Time
PRNT	Pass	11:19am

CRC Tests

Test	Status	Time
COMP	Pass	11:19am
CAL	Pass	11:19am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

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 and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Erin Adey Bruce  
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: 09/02/2022

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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, Simon S  
Permit Number: 0014-6221  
Effective:  
02/01/2022-02/01/2024

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

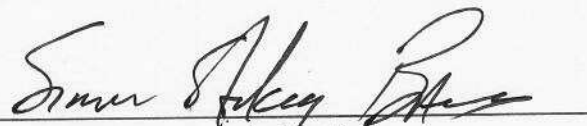
Lot Number: AG212401  
Exp Date: 05/04/2024

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878      Test Record Number: 5561  
Test Date: 09/02/2022      Test Time: 11:15am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:15am
FLO	Pass	11:15am
FC	Pass	11:15am

Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
DET	Pass	11:15am
BAR	Pass	11:15am
BT	Pass	11:15am

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Test	Status	Time
PRNT	Pass	11:16am

CRC Tests

Test	Status	Time
COMP	Pass	11:16am
CAL	Pass	11:16am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Durham Instrument Location Durham Co Jail  
Instrument Serial No. 008891 219 S. Mangum St Durham, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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**

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891  
Test Date: 09/02/2022

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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, Simon S  
Permit Number: 0014-6221  
Effective:  
02/01/2022-02/01/2024

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


Lot Number: AG212401  
Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	11:13am
AIR BLK	.00	11:14am
ACCY CHK	.08	11:15am
AIR BLK	.00	11:16am
<b>SUB TEST</b>	<b>.00</b>	<b>11:16am</b>
AIR BLK	.00	11:17am
<b>SUB TEST</b>	<b>.00</b>	<b>11:18am</b>
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891      Test Record Number: 4602  
Test Date: 09/02/2022      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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County FORSYTH Instrument Location FORSYTH CO. DETENTION

Instrument Serial No. 008583 WINSTON-SALEM, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>ST</sup> day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

669  
Certificate Number

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

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

FORSYTH COUNTY FORSYTH CO DETENTION  
330

Serial Number: 008583  
Test Date: 09/01/2022

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

Analyst's Name: Oligmueller Jr., Leo A  
Permit Number: 0035-3799  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG212403  
Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:59pm
ACCY CHK	.08	3:00pm
AIR BLK	.00	3:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:02pm</b>
AIR BLK	.00	3:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:05pm</b>
AIR BLK	.00	3:06pm

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

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583      Test Record Number: 9023  
Test Date: 09/01/2022      Test Time: 3:07pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:07pm
SRC	Pass	3:07pm
DET	Pass	3:07pm
BAR	Pass	3:07pm
BT	Pass	3:07pm

Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

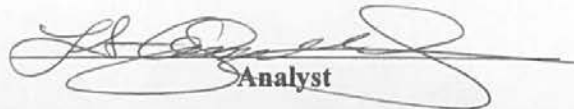
Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County FORSYTH Instrument Location FORSYTH CO, DETENTION

Instrument Serial No. 008659 WINSTON-SALEM, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>ST</sup> day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

669  
Certificate Number

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



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

FORSYTH COUNTY FORSYTH CO DETENTION  
330

Serial Number: 008659  
Test Date: 09/01/2022

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


Analyst's Name: Oligmueller Jr., Leo A  
Permit Number: 0035-3799  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG202603  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	2:50pm
AIR BLK	.00	2:51pm
ACCY CHK	.08	2:51pm
AIR BLK	.00	2:52pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:53pm</b>
AIR BLK	.00	2:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:56pm</b>
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659      Test Record Number: 5933  
Test Date: 09/01/2022      Test Time: 2:59pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:59pm
FLO	Pass	2:59pm
FC	Pass	2:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm

CRC Tests

Test	Status	Time
COMP	Pass	3:00pm
CAL	Pass	3:00pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County FORSYTH Instrument Location FORSYTH CO. DETENTION

Instrument Serial No. 008925 WINSTON - SALEM, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>ST</sup> day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

669  
Certificate Number

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

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

FORSYTH COUNTY FORSYTH CO DETENTION  
330

Serial Number: 008925  
Test Date: 09/01/2022

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

Analyst's Name: Oligmueller Jr., Leo A  
Permit Number: 0035-3799  
Effective:  
02/01/2022-02/01/2024

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

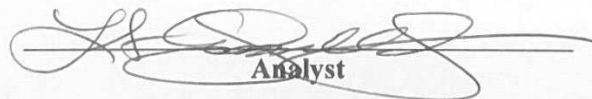
Lot Number: AG202603  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	3:04pm
AIR BLK	.00	3:05pm
ACCY CHK	.08	3:06pm
AIR BLK	.00	3:07pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:08pm</b>
AIR BLK	.00	3:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:10pm</b>
AIR BLK	.00	3:11pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925      Test Record Number: 4283  
Test Date: 09/01/2022      Test Time: 3:11pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:12pm
FLO	Pass	3:12pm
FC	Pass	3:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:12pm
SRC	Pass	3:12pm
DET	Pass	3:12pm
BAR	Pass	3:12pm
BT	Pass	3:12pm

Blank Tests

Test	Status	Time
AIR	Pass	3:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:13pm

CRC Tests

Test	Status	Time
COMP	Pass	3:13pm
CAL	Pass	3:13pm

Preventive Maintenance  
Status: Pass

  
Analyst

**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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Gaston Instrument Location Gaston County 80  
Instrument Serial No. 008643 Gaston, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

6074  
Certificate Number

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: 008643  
Test Date: 09/12/2022

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

Analyst's Name: Helms, Bryce A  
Permit Number: 0084-9845  
Effective:  
02/01/2022-02/01/2024

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

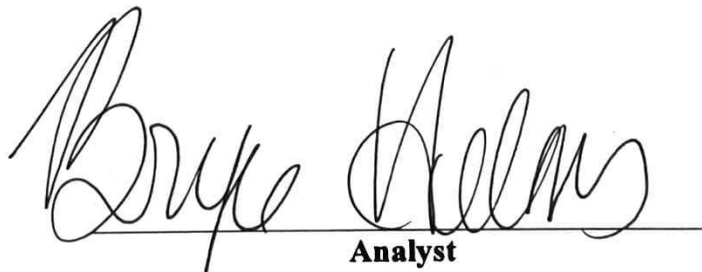
Lot Number: AG202601  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	1:19pm
AIR BLK	.00	1:20pm
ACCY CHK	.08	1:21pm
AIR BLK	.00	1:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:22pm</b>
AIR BLK	.00	1:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:25pm</b>
AIR BLK	.00	1:26pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643      Test Record Number: 4194  
Test Date: 09/12/2022      Test Time: 1:27pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

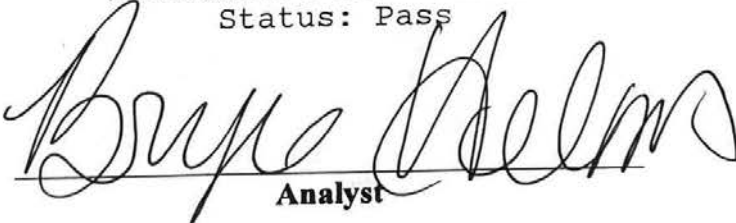
Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

**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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Gaston Instrument Location Gaston County 80  
Instrument Serial No. 008684 Gaston, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

674

Certificate Number

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

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684  
Test Date: 09/12/2022

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

Analyst's Name: Helms, Bryce A  
Permit Number: 0084-9845  
Effective:  
02/01/2022-02/01/2024

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

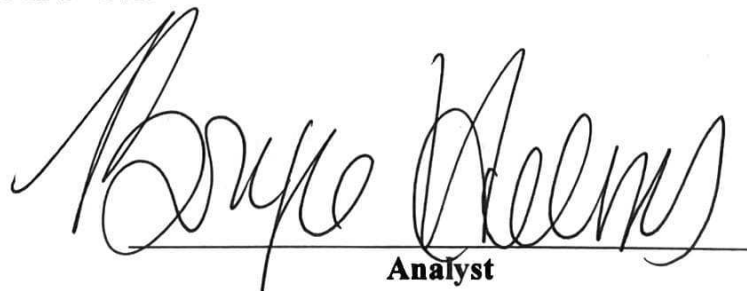
Lot Number: AG202601  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	1:20pm
AIR BLK	.00	1:21pm
ACCY CHK	.07	1:22pm
AIR BLK	.00	1:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:24pm</b>
AIR BLK	.00	1:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:26pm</b>
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684      Test Record Number: 5668  
Test Date: 09/12/2022      Test Time: 1:28pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
FC	Pass	1:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

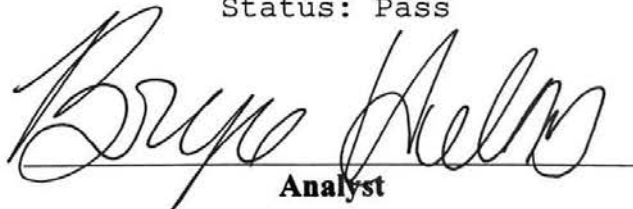
Test	Status	Time
PRNT	Pass	1:29pm

CRC Tests

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

Preventive Maintenance

Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Gaston Instrument Location Mt. Holly PD  
Instrument Serial No. 008733 Mt. Holly, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

674  
Certificate Number

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

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

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008733

Test Date: 09/12/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

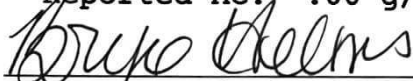
Test Type: Breath Test

Lot Number: AG035001


Exp Date: 12/15/2022

Test	g/210L	Time
DIAG	Pass	2:38pm
AIR BLK	.00	2:38pm
ACCY CHK	.07	2:39pm
AIR BLK	.00	2:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:41pm</b>
AIR BLK	.00	2:41pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:43pm</b>
AIR BLK	.00	2:44pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

GASTON COUNTY MT. HOLLY PD 350

Serial Number: 008733      Test Record Number: 1329  
Test Date: 09/12/2022      Test Time: 2:45pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:45pm
SRC	Pass	2:45pm
DET	Pass	2:45pm
BAR	Pass	2:45pm
BT	Pass	2:45pm

Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

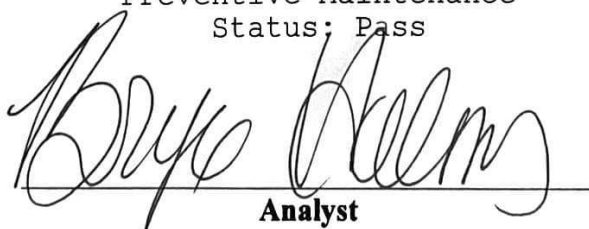
Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm

CRC Tests

Test	Status	Time
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance  
Status: *Pass*

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County GASTON Instrument Location BAT MOBILE UNIT 1

Instrument Serial No. 008869 GASTONIA

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 02 day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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.C. Jey  
Signature of Certifying Official

676  
Certificate Number

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

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

GASTON COUNTY BAT MOBILE UNIT 1 350

Serial Number: 008869  
Test Date: 09/02/2022

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

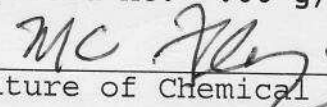
Analyst's Name: Fleming, Marshall C  
Permit Number: 0027-5012  
Effective:  
02/01/2022-02/01/2024

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

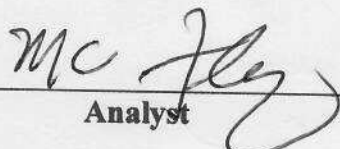
Lot Number: AG118805  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	9:02pm
AIR BLK	.00	9:03pm
ACCY CHK	.07	9:04pm
AIR BLK	.00	9:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:05pm</b>
AIR BLK	.00	9:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:08pm</b>
AIR BLK	.00	9:09pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY BAT MOBILE UNIT 1 350

Serial Number: 008869      Test Record Number: 1396  
Test Date: 09/02/2022      Test Time: 9:10pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:10pm
FLO	Pass	9:10pm
FC	Pass	9:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
BT	Pass	9:11pm

Blank Tests

Test	Status	Time
AIR	Pass	9:11pm

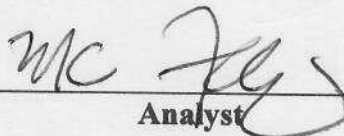
Printer Tests

Test	Status	Time
PRNT	Pass	9:11pm

CRC Tests

Test	Status	Time
COMP	Pass	9:11pm
CAL	Pass	9:11pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Graham Instrument Location Graham Co. S.O.  
Instrument Serial No. 008915 Robbinsville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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. Cuthbert  
Signature of Certifying Official

635  
Certificate Number

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

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

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915

Test Date: 09/14/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0084-3310

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

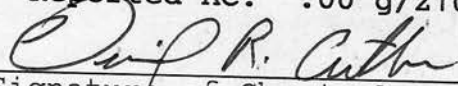
Test Type: Breath Test

Lot Number: AG131901

Exp Date: 11/15/2023

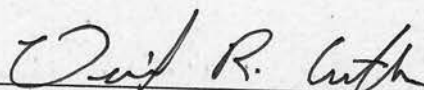
Test	g/210L	Time
DIAG	Pass	2:07pm
AIR BLK	.00	2:07pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:10pm</b>
AIR BLK	.00	2:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:12pm</b>
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

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

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915      Test Record Number: 880  
Test Date: 09/14/2022      Test Time: 2:15pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
BT	Pass	2:15pm

Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm

CRC Tests

Test	Status	Time
COMP	Pass	2:16pm
CAL	Pass	2:16pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County GRAVILLIE

Instrument Location CREEDMOOR PD

Instrument Serial No. 008641

111 MASONIC ST  
CREEDMOOR, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

671  
Certificate Number

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: 09/16/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant Jr., Earl A

Permit Number: 0017-9707

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

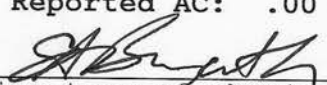
Test Type: Breath Test

Lot Number: AG107502

Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	2:50pm
AIR BLK	.00	2:51pm
ACCY CHK	.07	2:51pm
AIR BLK	.00	2:52pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:53pm</b>
AIR BLK	.00	2:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:55pm</b>
AIR BLK	.00	2:56pm

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**

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641      Test Record Number: 1482  
Test Date: 09/16/2022      Test Time: 2:57pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

Blank Tests

Test	Status	Time
AIR	Pass	2:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:58pm

CRC Tests

Test	Status	Time
COMP	Pass	2:58pm
CAL	Pass	2:58pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Greene Instrument Location Greene Co. S.O.  
Instrument Serial No. 008670 301 W. Greene St., Snow Hill, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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**

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670

Test Date: 09/06/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0037-7722

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG132002


Exp Date: 11/16/2023

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670      Test Record Number: 2260  
Test Date: 09/06/2022      Test Time: 12:33pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County GUILFORD Instrument Location GREENSBORO JAIL

Instrument Serial No. 008896 GREENSBORO, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6<sup>TH</sup> day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

669  
Certificate Number

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: 008896  
Test Date: 09/06/2022

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

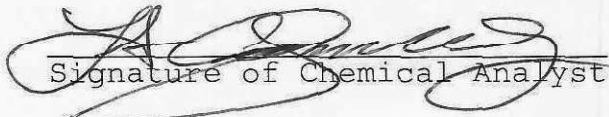
Analyst's Name: Oligmueller Jr., Leo A  
Permit Number: 0035-3799  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG202603  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:37pm
ACCY CHK	.08	12:38pm
AIR BLK	.00	12:39pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:39pm</b>
AIR BLK	.00	12:40pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:42pm</b>
AIR BLK	.00	12:43pm

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: 008896      Test Record Number: 1558  
Test Date: 09/06/2022      Test Time: 12:44pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm

CRC Tests

Test	Status	Time
COMP	Pass	12:46pm
CAL	Pass	12:46pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County HALIFAX Instrument Location ROANOKE RAPIDS PD  
Instrument Serial No. 008656 1040 ROANOKE AVE  
ROANOKE RAPIDS, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

671  
Certificate Number

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

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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656  
Test Date: 09/01/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant Jr., Earl A

Permit Number: 0017-9707

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG212401

Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	4:20pm
AIR BLK	.00	4:21pm
ACCY CHK	.07	4:21pm
AIR BLK	.00	4:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:23pm</b>
AIR BLK	.00	4:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:25pm</b>
AIR BLK	.00	4:26pm

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**

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656      Test Record Number: 885  
Test Date: 09/01/2022      Test Time: 4:27pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:27pm
FLO	Pass	4:27pm
FC	Pass	4:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:28pm
SRC	Pass	4:28pm
DET	Pass	4:28pm
BAR	Pass	4:28pm
BT	Pass	4:28pm

Blank Tests

Test	Status	Time
AIR	Pass	4:28pm


Printer Tests

Test	Status	Time
PRNT	Pass	4:28pm

CRC Tests

Test	Status	Time
COMP	Pass	4:28pm
CAL	Pass	4:28pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

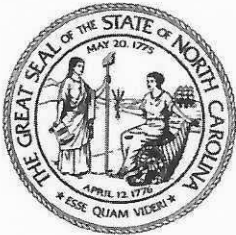
County Haywood Instrument Location Haywood County Jail

Instrument Serial No. 008712 Waynesville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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 668 Certificate Number

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

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712  
Test Date: 09/23/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG212403

Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	2:24pm
AIR BLK	.00	2:24pm
ACCY CHK	.08	2:25pm
AIR BLK	.00	2:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:26pm</b>
AIR BLK	.00	2:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:29pm</b>
AIR BLK	.00	2:30pm

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**

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712      Test Record Number: 2463  
Test Date: 09/23/2022      Test Time: 2:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:30pm
FLO	Pass	2:30pm
FC	Pass	2:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
BT	Pass	2:30pm

Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm

CRC Tests

Test	Status	Time
COMP	Pass	2:31pm
CAL	Pass	2:31pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

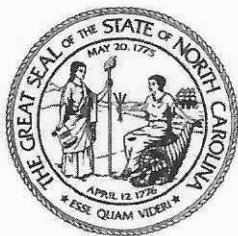
County Haywood Instrument Location Haywood County Jail

Instrument Serial No. 008714 Waynesville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

668  
Certificate Number

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

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714  
Test Date: 09/23/2022

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

Analyst's Name: *Loftis, Benjamin C*  
Permit Number: 0024-4987  
Effective:  
02/01/2022-02/01/2024

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

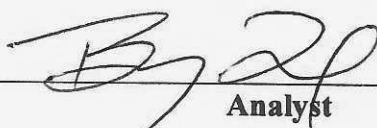
Lot Number: AG202602  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	2:21pm
AIR BLK	.00	2:22pm
ACCY CHK	.07	2:23pm
AIR BLK	.00	2:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:25pm</b>
AIR BLK	.00	2:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:27pm</b>
AIR BLK	.00	2:28pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714      Test Record Number: 1946  
Test Date: 09/23/2022      Test Time: 2:29pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
BT	Pass	2:30pm

Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm

CRC Tests

Test	Status	Time
COMP	Pass	2:31pm
CAL	Pass	2:31pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Jackson Instrument Location Jackson Co. Jail

Instrument Serial No. 008708 Sylva, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul R. Cuth  
Signature of Certifying Official

635  
Certificate Number

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

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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708  
Test Date: 09/19/2022

Citation Number: M0000000-0  
Subject's Name:  
*PREVENTIVE, MAINTENANCE*  
Subject'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: 0084-3310  
Effective:  
02/01/2022-02/01/2024

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


Lot Number: AG107401  
Exp Date: 03/15/2023

Test	g/210L	Time
DIAG	Pass	2:18pm
AIR BLK	.00	2:19pm
ACCY CHK	.07	2:20pm
AIR BLK	.00	2:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:21pm</b>
AIR BLK	.00	2:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:24pm</b>
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708      Test Record Number: 1718  
Test Date: 09/19/2022      Test Time: 2:25pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm

CRC Tests

Test	Status	Time
COMP	Pass	2:27pm
CAL	Pass	2:27pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Jackson Instrument Location Jackson Co. Jail

Instrument Serial No. 008722 Sylva, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Luther  
Signature of Certifying Official

635  
Certificate Number

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

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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722  
Test Date: 09/19/2022

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

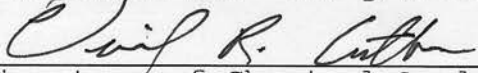
Analyst's Name: Cutler, Daniel R  
Permit Number: 0084-3310  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG107401  
Exp Date: 03/15/2023

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:21pm
AIR BLK	.00	2:22pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:22pm</b>
AIR BLK	.00	2:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:25pm</b>
AIR BLK	.00	2:26pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722      Test Record Number: 1362  
Test Date: 09/19/2022      Test Time: 2:26pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

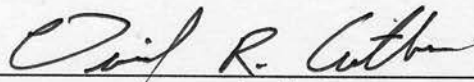
Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Lee Instrument Location BAT Mobile Unit 4  
Instrument Serial No. 008601 NC SHP 01

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

660

Certificate Number

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

Intox EC/IR-II: Subject Test

LEE COUNTY BAT MOBILE UNIT 4 520

Serial Number: 008601  
Test Date: 09/01/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Smith, Jason R

Permit Number: 0024-7428

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG118805


Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	9:44pm
AIR BLK	.00	9:45pm
ACCY CHK	.08	9:46pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

Reported AC: 00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

LEE COUNTY BAT MOBILE UNIT 4 520

Serial Number: 008601      Test Record Number: 1456  
Test Date: 09/01/2022      Test Time: 9:52pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	9:53pm


**Printer Tests**

Test	Status	Time
PRNT	Pass	9:53pm

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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. Luth  
Signature of Certifying Official

635  
Certificate Number

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



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

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795  
Test Date: 09/21/2022

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

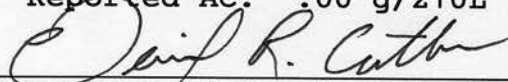
Analyst's Name: Cutler, Daniel R  
Permit Number: 0084-3310  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG202602  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	12:01pm
AIR BLK	.00	12:02pm
ACCY CHK	.08	12:02pm
AIR BLK	.00	12:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:04pm</b>
AIR BLK	.00	12:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:06pm</b>
AIR BLK	.00	12:07pm

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**

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795      Test Record Number: 606  
Test Date: 09/21/2022      Test Time: 12:08pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

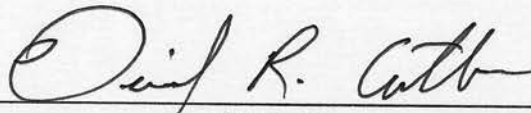
Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Martin Instrument Location Martin Co. S.O.  
Instrument Serial No. 008912 305 E. Main St., Williamston,  
NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912  
Test Date: 09/15/2022

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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: 0037-7722  
Effective:  
09/28/2020-09/28/2022

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


Lot Number: AG118805  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	3:24pm
AIR BLK	.00	3:25pm
ACCY CHK	.08	3:26pm
AIR BLK	.00	3:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:28pm</b>
AIR BLK	.00	3:28pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:30pm</b>
AIR BLK	.00	3:31pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912      Test Record Number: 1879  
Test Date: 09/15/2022      Test Time: 3:32pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:32pm
FLO	Pass	3:32pm
FC	Pass	3:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:32pm
SRC	Pass	3:32pm
DET	Pass	3:32pm
BAR	Pass	3:32pm
BT	Pass	3:32pm

Blank Tests

Test	Status	Time
AIR	Pass	3:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:33pm

CRC Tests

Test	Status	Time
COMP	Pass	3:33pm
CAL	Pass	3:33pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

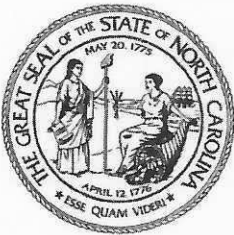
County McDowell Instrument Location McDowell County Jail

Instrument Serial No. 009888 Marion, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

6068  
Certificate Number

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

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Date: 09/08/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

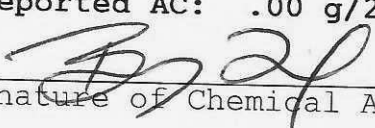
Test Type: Breath Test

Lot Number: AG131901

Exp Date: 11/15/2023

Test	g/210L	Time
DIAG	Pass	11:38am
AIR BLK	.00	11:39am
ACCY CHK	.07	11:39am
AIR BLK	.00	11:41am
<b>SUB TEST</b>	<b>.00</b>	<b>11:41am</b>
AIR BLK	.00	11:42am
<b>SUB TEST</b>	<b>.00</b>	<b>11:43am</b>
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008888      Test Record Number: 1645  
Test Date: 09/08/2022      Test Time: 11:44am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:46am

Printer Tests

Test	Status	Time
PRNT	Pass	11:46am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County McDowell Instrument Location McDowell County Jail

Instrument Serial No. 00989Z Marion, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

068  
Certificate Number

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

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008892  
Test Date: 09/08/2022

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

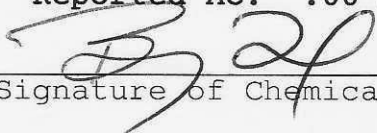
Test Type: Breath Test

Lot Number: AG132001

Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	11:37am
AIR BLK	.00	11:38am
ACCY CHK	.07	11:39am
AIR BLK	.00	11:40am
<b>SUB TEST</b>	<b>.00</b>	<b>11:40am</b>
AIR BLK	.00	11:41am
<b>SUB TEST</b>	<b>.00</b>	<b>11:42am</b>
AIR BLK	.00	11:43am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

MCDOWELL COUNTY JAIL 580 .

Serial Number: 008892      Test Record Number: 1164  
Test Date: 09/08/2022      Test Time: 11:43am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:45am


Printer Tests

Test	Status	Time
PRNT	Pass	11:45am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Mecklenburg Instrument Location CMPD LEC  
Instrument Serial No. 008594 Charlotte, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

674  
Certificate Number

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

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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594  
Test Date: 09/07/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

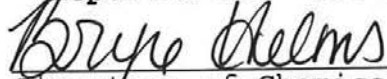
Test Type: Breath Test

Lot Number: AG212403

Exp Date: 05/04/2024

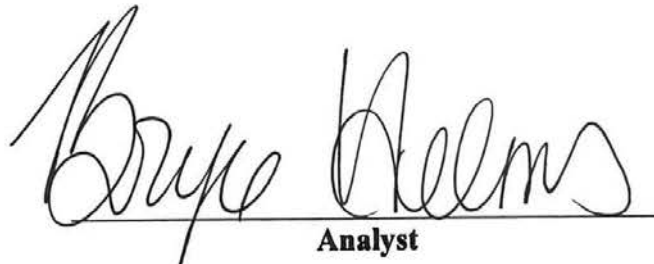
Test	g/210L	Time
DIAG	Pass	2:53pm
AIR BLK	.00	2:54pm
ACCY CHK	.07	2:55pm
AIR BLK	.00	2:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:58pm</b>
AIR BLK	.00	2:59pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:00pm</b>
AIR BLK	.00	3:01pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR

  
Analyst

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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594      Test Record Number: 5230  
Test Date: 09/07/2022      Test Time: 3:01pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
BT	Pass	3:02pm

Blank Tests

Test	Status	Time
AIR	Pass	3:03pm

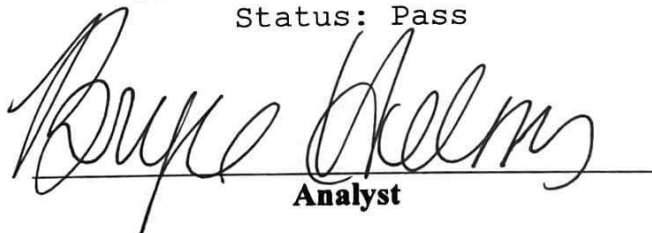
Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm

CRC Tests

Test	Status	Time
COMP	Pass	3:03pm
CAL	Pass	3:03pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Mecklenburg Instrument Location Mecklenburg Co 80  
Instrument Serial No. 008665 Charlotte, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

674  
Certificate Number

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

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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665  
Test Date: 09/12/2022

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

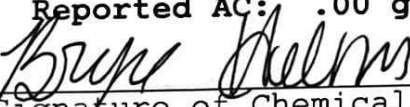
Analyst's Name: Helms, Bryce A  
Permit Number: 0084-9845  
Effective:  
02/01/2022-02/01/2024

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

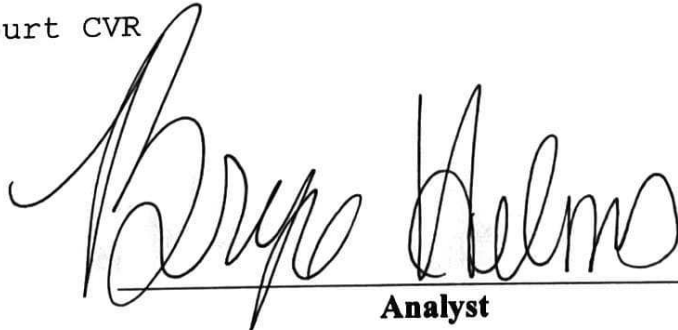
Lot Number: AG118804  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	4:23pm
AIR BLK	.00	4:23pm
ACCY CHK	.08	4:24pm
AIR BLK	.00	4:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:26pm</b>
AIR BLK	.00	4:27pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:28pm</b>
AIR BLK	.00	4:29pm

Reported AC: .00 g/210L

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

Court CVR

  
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Analyst



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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665      Test Record Number: 5266  
Test Date: 09/12/2022      Test Time: 4:29pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:30pm
FLO	Pass	4:30pm
FC	Pass	4:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:30pm
SRC	Pass	4:30pm
DET	Pass	4:30pm
BAR	Pass	4:30pm
BT	Pass	4:30pm

Blank Tests

Test	Status	Time
AIR	Pass	4:30pm


Printer Tests

Test	Status	Time
PRNT	Pass	4:30pm

CRC Tests

Test	Status	Time
COMP	Pass	4:31pm
CAL	Pass	4:31pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Mecklenburg Instrument Location Mecklenburg Co So  
Instrument Serial No. 0082090 Charlotte, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

674  
Certificate Number

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

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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690

Test Date: 09/12/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Helms, Bryce A

Permit Number: 0084-9845

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

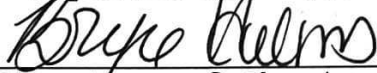
Test Type: Breath Test

Lot Number: AG132001

Exp Date: 11/16/2023

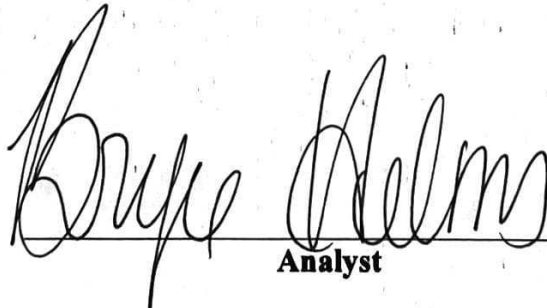
Test	g/210L	Time
DIAG	Pass	4:22pm
AIR BLK	.00	4:22pm
ACCY CHK	.08	4:23pm
AIR BLK	.00	4:24pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:25pm</b>
AIR BLK	.00	4:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>4:27pm</b>
AIR BLK	.00	4:28pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690      Test Record Number: 7002  
Test Date: 09/12/2022      Test Time: 4:28pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:29pm
FLO	Pass	4:29pm
FC	Pass	4:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:29pm
SRC	Pass	4:29pm
DET	Pass	4:29pm
BAR	Pass	4:29pm
BT	Pass	4:29pm

Blank Tests

Test	Status	Time
AIR	Pass	4:29pm

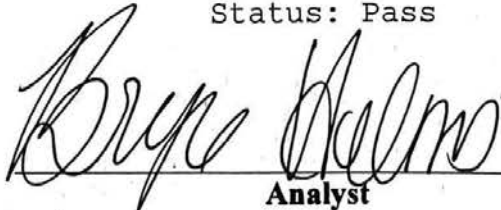
Printer Tests

Test	Status	Time
PRNT	Pass	4:29pm

CRC Tests

Test	Status	Time
COMP	Pass	4:30pm
CAL	Pass	4:30pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Mecklenburg Instrument Location CMPD LEC  
Instrument Serial No. 008702 Charlotte, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryce Helms  
Signature of Certifying Official

6074  
Certificate Number

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: 008702  
Test Date: 09/12/2022

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

Analyst's Name: Helms, Bryce A  
Permit Number: 0084-9845  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG212403  
Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	3:48pm
AIR BLK	.00	3:49pm
ACCY CHK	.08	3:50pm
AIR BLK	.00	3:51pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:51pm</b>
AIR BLK	.00	3:52pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:53pm</b>
AIR BLK	.00	3:54pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008702      Test Record Number: 1689  
Test Date: 09/12/2022      Test Time: 3:55pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:55pm
FLO	Pass	3:55pm
FC	Pass	3:55pm

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	3:56pm

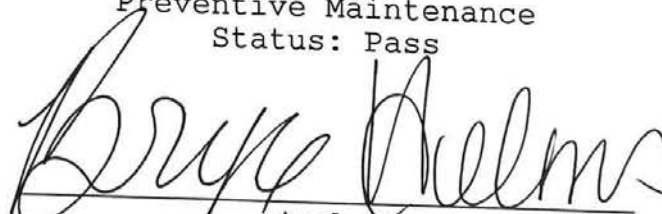
Printer Tests

Test	Status	Time
PRNT	Pass	3:56pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County MECKLENBURG Instrument Location BAT MOBILE UNIT 1  
Instrument Serial No. 008898 CHARLOTTE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 07 day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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.C. Zg  
Signature of Certifying Official

676  
Certificate Number

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



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

MECKLENBURG COUNTY BAT MOBILE UNIT 1  
590

Serial Number: 008898  
Test Date: 09/07/2022

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

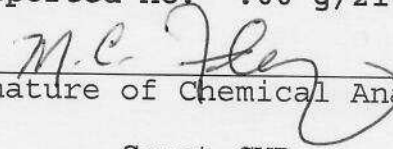
Analyst's Name: Fleming, Marshall C  
Permit Number: 0027-5012  
Effective:  
02/01/2022-02/01/2024

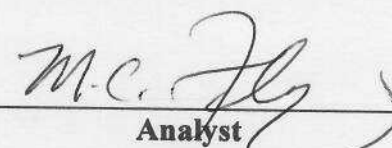
Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG034902  
Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	9:22pm
AIR BLK	.00	9:23pm
ACCY CHK	.08	9:24pm
AIR BLK	.00	9:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:26pm</b>
AIR BLK	.00	9:26pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:28pm</b>
AIR BLK	.00	9:29pm

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst  
Court CVR

  
\_\_\_\_\_  
Analyst

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

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008898      Test Record Number: 1424  
Test Date: 09/07/2022      Test Time: 9:30pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:31pm
FLO	Pass	9:31pm
FC	Pass	9:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:31pm
SRC	Pass	9:31pm
DET	Pass	9:31pm
BAR	Pass	9:31pm
BT	Pass	9:31pm

Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

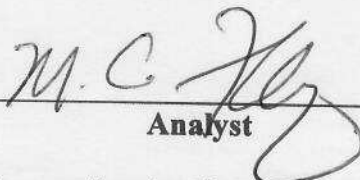
Printer Tests

Test	Status	Time
PRNT	Pass	9:31pm

CRC Tests

Test	Status	Time
COMP	Pass	9:32pm
CAL	Pass	9:32pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County MECKLENBURG Instrument Location BAT MOBILE UNIT 1  
Instrument Serial No. 008898 CHARLOTTE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 08 day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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.C. Feltz  
Signature of Certifying Official

676  
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 1  
590

Serial Number: 008898  
Test Date: 09/08/2022

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

Analyst's Name: Fleming, Marshall C  
Permit Number: 0027-5012  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG034902  
Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	9:26pm
AIR BLK	.00	9:27pm
ACCY CHK	.08	9:28pm
AIR BLK	.00	9:29pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:30pm</b>
AIR BLK	.00	9:31pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:32pm</b>
AIR BLK	.00	9:33pm

Reported AC: .00 g/210L

M.C. Fleming  
Signature of Chemical Analyst

Court CVR

M.C. Fleming  
Analyst

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

MECKLENBURG COUNTY BAT MOBILE UNIT 1 590

Serial Number: 008898      Test Record Number: 1427  
Test Date: 09/08/2022      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

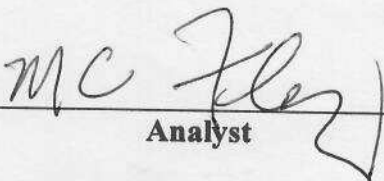
Printer Tests

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Mecklenburg Instrument Location CMPD LEC  
Instrument Serial No. 008910 Charlotte, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bryon Helms  
Signature of Certifying Official

679  
Certificate Number

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: 008910  
Test Date: 09/07/2022

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

Analyst's Name: Helms, Bryce A  
Permit Number: 0084-9845  
Effective:  
02/01/2022-02/01/2024

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


Lot Number: AG118804  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:58pm
ACCY CHK	.08	2:59pm
AIR BLK	.00	3:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:00pm</b>
AIR BLK	.00	3:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:03pm</b>
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008910      Test Record Number: 1441  
Test Date: 09/07/2022      Test Time: 3:05pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:06pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

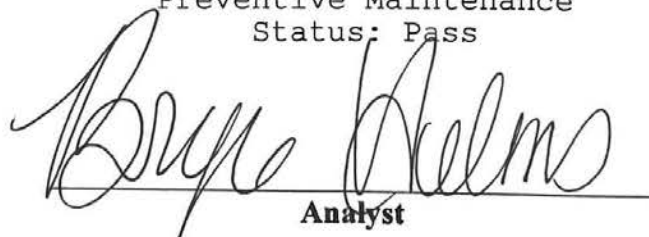
Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County NASH Instrument Location DAT MONITOR UNIT C

Instrument Serial No. 009584 ROCKY MOUNT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2023 the forgoing preventive maintenance procedures were performed on the 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**

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008584  
Test Date: 09/23/2022

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0036-1210

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG202601

Exp Date: 01/26/2024

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY BAT MOBILE UNIT 6 610

Serial Number: 008584      Test Record Number: 2526  
Test Date: 09/23/2022      Test Time: 10:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:15pm
FLO	Pass	10:15pm
FC	Pass	10:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:15pm
SRC	Pass	10:15pm
DET	Pass	10:15pm
BAR	Pass	10:15pm
BT	Pass	10:15pm

Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm

CRC Tests

Test	Status	Time
COMP	Pass	10:16pm
CAL	Pass	10:16pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County NASH

Instrument Location NASH Co. DETENTION CENTER

Instrument Serial No. 008630

222 S. WASHINGTON ST  
NASHVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 20 22 the forgoing preventive maintenance procedures were performed on the 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

671  
Certificate Number

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

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

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630

Test Date: 09/16/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant Jr., Earl A

Permit Number: 0017-9707

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG212401

Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	12:53pm
AIR BLK	.00	12:53pm
ACCY CHK	.08	12:54pm
AIR BLK	.00	12:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:55pm</b>
AIR BLK	.00	12:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:58pm</b>
AIR BLK	.00	12:59pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

**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**

NASH COUNTY NASH DETENTION CTR 630

Serial Number: 008630      Test Record Number: 5532  
Test Date: 09/16/2022      Test Time: 12:59pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass	1:00pm
FC	Pass	1:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:00pm
SRC	Pass	1:00pm
DET	Pass	1:00pm
BAR	Pass	1:00pm
BT	Pass	1:00pm

Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:00pm

CRC Tests

Test	Status	Time
COMP	Pass	1:01pm
CAL	Pass	1:01pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County New Hanover Instrument Location BAT mobile unit 7

Instrument Serial No. 008600 wilmington

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 september, 2022 the forgoing preventive maintenance procedures were performed on the 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

665  
Certificate Number

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

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7  
640

Serial Number: 008600  
Test Date: 09/03/2022

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

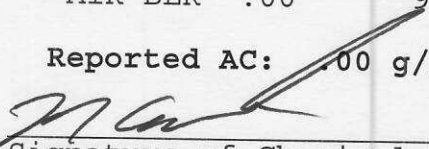
Analyst's Name: Anderson, Mark G  
Permit Number: 0013-1517  
Effective:  
02/01/2022-02/01/2024

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

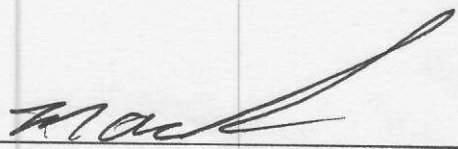
Lot Number: AG107501  
Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	9:46pm
AIR BLK	.00	9:47pm
ACCY CHK	.08	9:47pm
AIR BLK	.00	9:48pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:49pm</b>
AIR BLK	.00	9:50pm
<b>SUB TEST</b>	<b>.00</b>	<b>9:51pm</b>
AIR BLK	.00	9:52pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008600      Test Record Number: 2314  
Test Date: 09/03/2022      Test Time: 9:52pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:52pm
FLO	Pass	9:52pm
FC	Pass	9:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:53pm
SRC	Pass	9:53pm
DET	Pass	9:53pm
BAR	Pass	9:53pm
BT	Pass	9:53pm

Blank Tests

Test	Status	Time
AIR	Pass	9:53pm

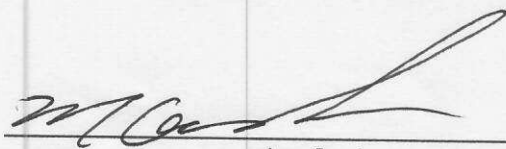
Printer Tests

Test	Status	Time
PRNT	Pass	9:53pm

CRC Tests

Test	Status	Time
COMP	Pass	9:54pm
CAL	Pass	9:54pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County NEW HANOVER Instrument Location NEW HANOVER COUNTY  
Instrument Serial No. 008617 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alvin B. Bass  
Signature of Certifying Official

648  
Certificate Number

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

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

NEW HANOVER COUNTY DETENTION CENTER  
640

Serial Number: 008617  
Test Date: 09/19/2022

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

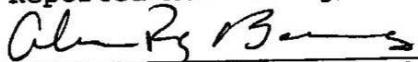
Analyst's Name: BARNES, ALVIN R  
Permit Number: 0014-6279  
Effective:  
02/01/2022-02/01/2024

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

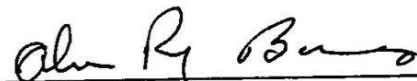
Lot Number: AG118803  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	2:52pm
AIR BLK	.00	2:53pm
ACCY CHK	.07	2:54pm
AIR BLK	.00	2:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:56pm</b>
AIR BLK	.00	2:57pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:58pm</b>
AIR BLK	.00	2:59pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008617      Test Record Number: 4331  
Test Date: 09/19/2022      Test Time: 2:59pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:00pm
FLO	Pass	3:00pm
FC	Pass	3:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
BT	Pass	3:00pm

Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

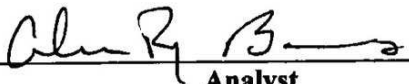
Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm

CRC Tests

Test	Status	Time
COMP	Pass	3:01pm
CAL	Pass	3:01pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County NEW HANOVER Instrument Location NEW HANOVER COUNTY  
Instrument Serial No. 008626 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan P. Burns  
Signature of Certifying Official

648  
Certificate Number

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

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

NEW HANOVER COUNTY DETENTION CENTER  
640

Serial Number: 008626  
Test Date: 09/19/2022

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 0014-6279  
Effective:  
02/01/2022-02/01/2024

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

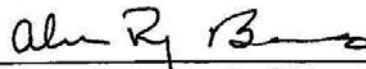
Lot Number: AG118803  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.08	2:53pm
AIR BLK	.00	2:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:55pm</b>
AIR BLK	.00	2:56pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:57pm</b>
AIR BLK	.00	2:58pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

NEW HANOVER COUNTY DETENTION CENTER 640

Serial Number: 008626      Test Record Number: 8221  
Test Date: 09/19/2022      Test Time: 2:58pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:59pm
FLO	Pass	2:59pm
FC	Pass	2:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm

CRC Tests

Test	Status	Time
COMP	Pass	3:00pm
CAL	Pass	3:00pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

**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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County New Hanover Instrument Location BAT mobile unit 7

Instrument Serial No. 008688 wilmington

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

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**

NEW HANOVER COUNTY BAT MOBILE UNIT 7  
640

Serial Number: 008698  
Test Date: 09/03/2022

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

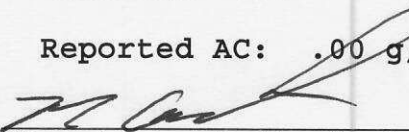
Analyst's Name: Anderson, Mark G  
Permit Number: 0013-1517  
Effective:  
09/10/2020-09/10/2022

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

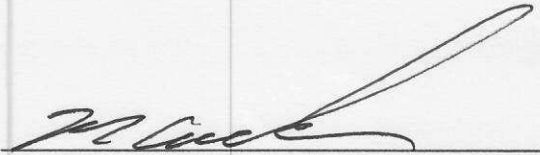
Lot Number: AG132002  
Exp Date: 11/16/2023

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698      Test Record Number: 1928  
Test Date: 09/03/2022      Test Time: 10:10pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

Test	Status	Time
AIR	Pass	10:11pm

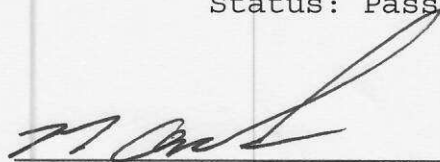
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:11pm

**CRC Tests**

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

Preventive Maintenance  
Status: *Pass*

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County New Hanover Instrument Location BAT mobile unit 7

Instrument Serial No. 008698 wilmington

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

665  
Certificate Number

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

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7  
640

Serial Number: 008698  
Test Date: 09/02/2022

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

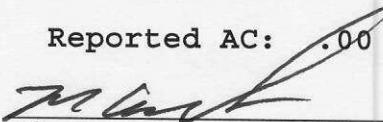
Analyst's Name: Anderson, Mark G  
Permit Number: 0013-1517  
Effective:  
02/01/2022-02/01/2024

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


Lot Number: AG132002  
Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	10:58pm
AIR BLK	.00	10:59pm
ACCY CHK	.08	11:00pm
AIR BLK	.00	11:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:02pm</b>
AIR BLK	.00	11:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:04pm</b>
AIR BLK	.00	11:05pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008698      Test Record Number: 1924  
Test Date: 09/02/2022      Test Time: 11:07pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:08pm
FLO	Pass	11:08pm
FC	Pass	11:08pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:08pm
SRC	Pass	11:08pm
DET	Pass	11:08pm
BAR	Pass	11:08pm
BT	Pass	11:08pm

**Blank Tests**

Test	Status	Time
AIR	Pass	11:09pm

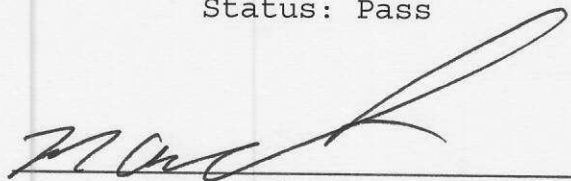
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:09pm

**CRC Tests**

Test	Status	Time
COMP	Pass	11:09pm
CAL	Pass	11:09pm

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County New Hanover Instrument Location BAT mobile unit 7

Instrument Serial No. 008288 Wilmington

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

665  
Certificate Number

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

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7  
640

Serial Number: 008788  
Test Date: 09/02/2022

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

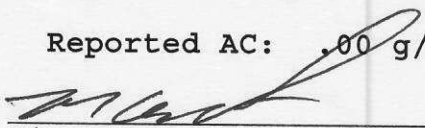
Analyst's Name: Anderson, Mark G  
Permit Number: 0013-1517  
Effective:  
02/01/2022-02/01/2024

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

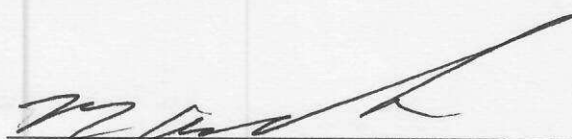
Lot Number: AG107401  
Exp Date: 03/15/2023

Test	g/210L	Time
DIAG	Pass	11:21pm
AIR BLK	.00	11:22pm
ACCY CHK	.08	11:22pm
AIR BLK	.00	11:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:24pm</b>
AIR BLK	.00	11:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>11:27pm</b>
AIR BLK	.00	11:28pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788      Test Record Number: 1853  
Test Date: 09/02/2022      Test Time: 11:29pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	11:29pm
FLO	Pass	11:29pm
FC	Pass	11:29pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	11:29pm
SRC	Pass	11:29pm
DET	Pass	11:29pm
BAR	Pass	11:29pm
BT	Pass	11:29pm

**Blank Tests**

Test	Status	Time
AIR	Pass	11:30pm

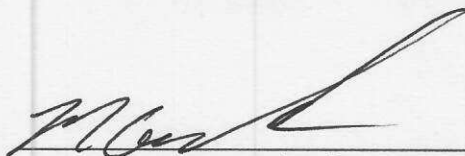
**Printer Tests**

Test	Status	Time
PRNT	Pass	11:30pm

**CRC Tests**

Test	Status	Time
COMP	Pass	11:30pm
CAL	Pass	11:30pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County New Hanover Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008788 wilmington

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

655  
Certificate Number

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

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7  
640

Serial Number: 008788  
Test Date: 09/03/2022

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

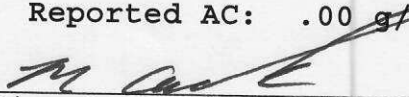
Analyst's Name: Anderson, Mark G  
Permit Number: 0013-1517  
Effective:  
09/10/2020-09/10/2022

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


Lot Number: AG107401  
Exp Date: 03/15/2023

Test	g/210L	Time
DIAG	Pass	10:04pm
AIR BLK	.00	10:05pm
ACCY CHK	.07	10:05pm
AIR BLK	.00	10:06pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:08pm</b>
AIR BLK	.00	10:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:11pm</b>
AIR BLK	.00	10:12pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008788      Test Record Number: 1858  
Test Date: 09/03/2022      Test Time: 10:12pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:13pm
FC	Pass	10:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
BT	Pass	10:13pm

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

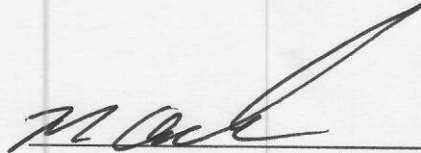
Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm

CRC Tests

Test	Status	Time
COMP	Pass	10:14pm
CAL	Pass	10:14pm

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County NORTHAMPTON Instrument Location NORTHAMPTON Co. S.O.  
Instrument Serial No. 008607 105 WEST JEFFERSON ST.  
JACKSON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 20 22 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



E.A. Bryant  
Signature of Certifying Official

671  
Certificate Number

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

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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT  
650

Serial Number: 008607  
Test Date: 09/01/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant Jr., Earl A

Permit Number: 0017-9707

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

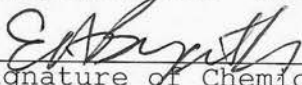
Test Type: Breath Test

Lot Number: AG118804

Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	1:59pm
AIR BLK	.00	2:00pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:02pm</b>
AIR BLK	.00	2:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:05pm</b>
AIR BLK	.00	2:05pm

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**

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607      Test Record Number: 1175  
Test Date: 09/01/2022      Test Time: 2:06pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:07pm
FLO	Pass	2:07pm
FC	Pass	2:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm

CRC Tests

Test	Status	Time
COMP	Pass	2:08pm
CAL	Pass	2:08pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County NORTHAMPTON Instrument Location NORTHAMPTON Co. S.D.  
Instrument Serial No. 008688 105 WEST JEFFERSON ST  
JACKSON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

671  
Certificate Number

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

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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT  
650

Serial Number: 008688  
Test Date: 09/01/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant Jr., Earl A

Permit Number: 0017-9707

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG118804

Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	2:18pm
AIR BLK	.00	2:18pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:21pm</b>
AIR BLK	.00	2:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:23pm</b>
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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



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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688      Test Record Number: 1007  
Test Date: 09/01/2022      Test Time: 2:25pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:25pm
FLO	Pass	2:25pm
FC	Pass	2:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

Blank Tests

Test	Status	Time
AIR	Pass	2:26pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm

CRC Tests

Test	Status	Time
COMP	Pass	2:26pm
CAL	Pass	2:26pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Onslow Instrument Location BAT Mobile Unit 7

Instrument Serial No. 008600 Surf City PD

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

655

Certificate Number

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 7 660

Serial Number: 008600

Test Date: 09/23/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Anderson, Mark G

Permit Number: 0013-1517

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

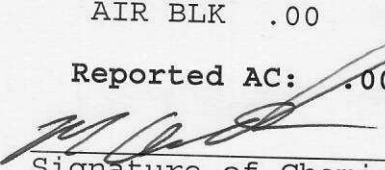
Test Type: Breath Test

Lot Number: AG107501

Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	10:09pm
AIR BLK	.00	10:10pm
ACCY CHK	.08	10:10pm
AIR BLK	.00	10:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:13pm</b>
AIR BLK	.00	10:13pm
<b>SUB TEST</b>	<b>.00</b>	<b>10:15pm</b>
AIR BLK	.00	10:16pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ONslow COUNTY BAT MOBILE UNIT 7 660

Serial Number: 008600      Test Record Number: 2331  
Test Date: 09/23/2022      Test Time: 10:21pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

**Blank Tests**

Test	Status	Time
AIR	Pass	10:22pm

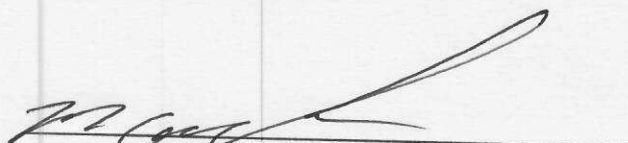
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:22pm

**CRC Tests**

Test	Status	Time
COMP	Pass	10:22pm
CAL	Pass	10:22pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Pasquotank Instrument Location Elizabeth City P.D.  
Instrument Serial No. 008941 315 Main St., Elizabeth City, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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**

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941  
Test Date: 09/09/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0037-7722

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

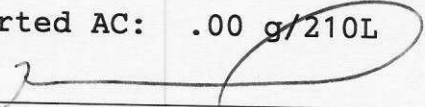
Test Type: Breath Test

Lot Number: AG034901

Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	12:20pm
AIR BLK	.00	12:22pm
ACCY CHK	.07	12:22pm
AIR BLK	.00	12:23pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:24pm</b>
AIR BLK	.00	12:25pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:27pm</b>
AIR BLK	.00	12:27pm

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**

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941      Test Record Number: 1568  
Test Date: 09/09/2022      Test Time: 12:29pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	12:29pm

Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm

CRC Tests

Test	Status	Time
COMP	Pass	12:30pm
CAL	Pass	12:30pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

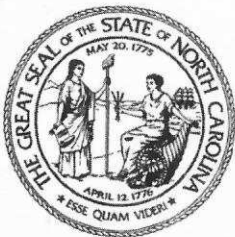
County Pasquotank Instrument Location Pasquotank Co. Public  
Safety Bldg, 200 E. Colonial St.,  
Elizabeth City, NC

Instrument Serial No. 008950

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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**

PASQUOTANK COUNTY PUBLIC SAFETY BLDG  
690

Serial Number: 008950

Test Date: 09/09/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0037-7722

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

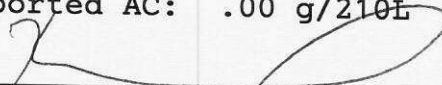
Test Type: Breath Test

Lot Number: AG202601


Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	10:57am
AIR BLK	.00	10:58am
ACCY CHK	.08	10:59am
AIR BLK	.00	11:00am
<b>SUB TEST</b>	<b>.00</b>	<b>11:01am</b>
AIR BLK	.00	11:02am
<b>SUB TEST</b>	<b>.00</b>	<b>11:03am</b>
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

**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: 1949  
Test Date: 09/09/2022      Test Time: 11:07am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:07am
FLO	Pass	11:07am
FC	Pass	11:07am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

Test	Status	Time
PRNT	Pass	11:08am

CRC Tests

Test	Status	Time
COMP	Pass	11:08am
CAL	Pass	11:08am

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County PENDER Instrument Location PENDER COUNTY  
Instrument Serial No. 008935 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 08 day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alvin R. B...  
Signature of Certifying Official

648  
Certificate Number

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

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

PENDER COUNTY DETENTION CENTER 700

Serial Number: 008935  
Test Date: 09/08/2022

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

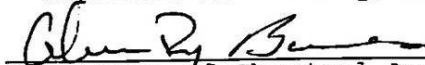
Analyst's Name: BARNES, ALVIN R  
Permit Number: 0014-6279  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG131901  
Exp Date: 11/15/2023

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:38am
ACCY CHK	.07	10:38am
AIR BLK	.00	10:40am
<b>SUB TEST</b>	<b>.00</b>	<b>10:40am</b>
AIR BLK	.00	10:41am
<b>SUB TEST</b>	<b>.00</b>	<b>10:43am</b>
AIR BLK	.00	10:44am

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 COUNTY DETENTION CENTER 700*

Serial Number: 008935      Test Record Number: 3118  
Test Date: 09/08/2022      Test Time: 10:44am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:45am
FLO	Pass	10:45am
FC	Pass	10:45am

Temperature Tests

Test	Status	Time
FC1	Pass	10:45am
SRC	Pass	10:45am
DET	Pass	10:45am
BAR	Pass	10:45am
BT	Pass	10:45am

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am

CRC Tests

Test	Status	Time
COMP	Pass	10:46am
CAL	Pass	10:46am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County PENDER Instrument Location PENDER COUNTY  
Instrument Serial No. 008948 GOVERNMENT ANNEX

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 08 day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. Bane  
Signature of Certifying Official

648  
Certificate Number

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

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

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948  
Test Date: 09/08/2022

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

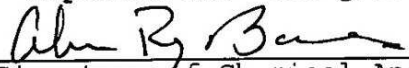
Analyst's Name: BARNES, ALVIN R  
Permit Number: 0014-6279  
Effective:  
02/01/2022-02/01/2024

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

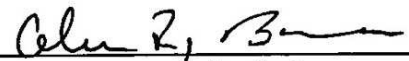
Lot Number: AG107501  
Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	1:30pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:32pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:33pm</b>
AIR BLK	.00	1:34pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:35pm</b>
AIR BLK	.00	1:36pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

PENDER COUNTY GOVERNMENT ANNEX 700

Serial Number: 008948      Test Record Number: 1310  
Test Date: 09/08/2022      Test Time: 1:37pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

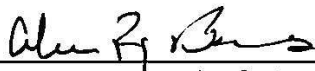
Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm

CRC Tests

Test	Status	Time
COMP	Pass	1:39pm
CAL	Pass	1:39pm

Preventive Maintenance  
Status: Pass



Analyst

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Perquimans Instrument Location Perquimans Co. S.O.  
Instrument Serial No. 008921 110 N Church St, Hertford, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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**

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921  
Test Date: 09/13/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0037-7722

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

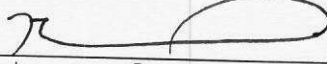
Test Type: Breath Test

Lot Number: AG107501

Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	10:53am
AIR BLK	.00	10:54am
ACCY CHK	.07	10:55am
AIR BLK	.00	10:56am
<b>SUB TEST</b>	<b>.00</b>	<b>10:56am</b>
AIR BLK	.00	10:57am
<b>SUB TEST</b>	<b>.00</b>	<b>10:59am</b>
AIR BLK	.00	11:00am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

**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**

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921      Test Record Number: 1201  
Test Date: 09/13/2022      Test Time: 11:03am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:04am
FLO	Pass	11:04am
FC	Pass	11:04am

Temperature Tests

Test	Status	Time
FC1	Pass	11:04am
SRC	Pass	11:04am
DET	Pass	11:04am
BAR	Pass	11:04am
BT	Pass	11:04am

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

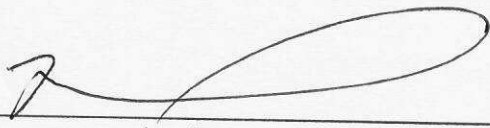
Printer Tests

Test	Status	Time
PRNT	Pass	11:04am

CRC Tests

Test	Status	Time
COMP	Pass	11:05am
CAL	Pass	11:05am

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Person Instrument Location Person Co LEC

Instrument Serial No. 008693 120 Court St Roxboro, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Simon & Alex Barrios  
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**

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693  
Test Date: 09/07/2022

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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, Simon S  
Permit Number: 0014-6221  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG202601  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	2:07pm
AIR BLK	.00	2:07pm
ACCY CHK	.07	2:08pm
AIR BLK	.00	2:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:09pm</b>
AIR BLK	.00	2:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:12pm</b>
AIR BLK	.00	2:13pm

Reported AG: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693      Test Record Number: 1939  
Test Date: 09/07/2022      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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Person Instrument Location Person Co LEC

Instrument Serial No. 008880 120 Court St REXBORO, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Susan 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**

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880

Test Date: 09/07/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG202601


Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	2:07pm
AIR BLK	.00	2:08pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:09pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:10pm</b>
AIR BLK	.00	2:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:12pm</b>
AIR BLK	.00	2:13pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880      Test Record Number: 1927  
Test Date: 09/07/2022      Test Time: 2:13pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:14pm
FLO	Pass	2:14pm
FC	Pass	2:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

Blank Tests

Test	Status	Time
AIR	Pass	2:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm

CRC Tests

Test	Status	Time
COMP	Pass	2:15pm
CAL	Pass	2:15pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

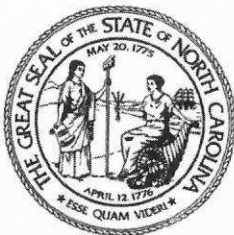
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Pitt Instrument Location Pitt Co. Detention Center  
Instrument Serial No. 00 8646 124 New Hope Rd., Greenville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

643

Certificate Number

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

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646  
Test Date: 09/14/2022

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0037-7722

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

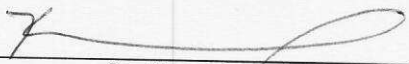
Test Type: Breath Test

Lot Number: AG118805

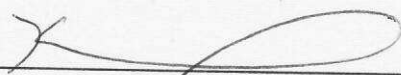
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	10:51am
AIR BLK	.00	10:52am
ACCY CHK	.07	10:53am
AIR BLK	.00	10:54am
<b>SUB TEST</b>	<b>.00</b>	<b>10:54am</b>
AIR BLK	.00	10:55am
<b>SUB TEST</b>	<b>.00</b>	<b>10:57am</b>
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646      Test Record Number: 4514  
Test Date: 09/14/2022      Test Time: 10:58am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am


Printer Tests

Test	Status	Time
PRNT	Pass	11:00am

CRC Tests

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

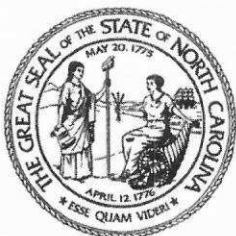
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Pitt Instrument Location Pitt Co. Detention Center  
Instrument Serial No. 0086662 124 New Hope Rd, Greenville,  
NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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: 008662

Test Date: 09/14/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0037-7722

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

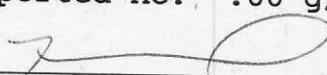
Test Type: Breath Test

Lot Number: AG202601

Exp Date: 01/26/2024

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662      Test Record Number: 1299  
Test Date: 09/14/2022      Test Time: 11:14am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:15am


Printer Tests

Test	Status	Time
PRNT	Pass	11:15am

CRC Tests

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

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

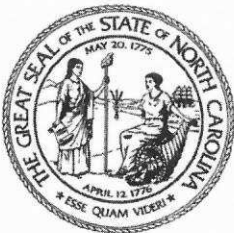
**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County RH Instrument Location Ayden P.D.  
Instrument Serial No. 008666 4144 West Ave, Ayden, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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 AYDEN PD 730

Serial Number: 008666  
Test Date: 09/06/2022

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0037-7722

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

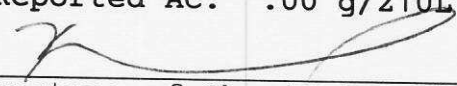
Test Type: Breath Test

Lot Number: AG107501

Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	2:12pm
AIR BLK	.00	2:12pm
ACCY CHK	.07	2:13pm
AIR BLK	.00	2:14pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:15pm</b>
AIR BLK	.00	2:16pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:18pm</b>
AIR BLK	.00	2:19pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

PITT COUNTY AYDEN PD 730

Serial Number: 008666      Test Record Number: 1455  
Test Date: 09/06/2022      Test Time: 2:20pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

Blank Tests

Test	Status	Time
AIR	Pass	2:21pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm

CRC Tests

Test	Status	Time
COMP	Pass	2:21pm
CAL	Pass	2:21pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Randolph Instrument Location Randolph County  
Instrument Serial No. 008728 Magistrate's Office

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

675  
Certificate Number

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 MAGISTRATE'S OFFICE  
750

Serial Number: 008728  
Test Date: 09/07/2022

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


Analyst's Name: Garner, Joel K  
Permit Number: 0036-5156  
Effective:  
02/01/2022-02/01/2024

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

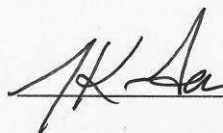
Lot Number: AG118803  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	10:20am
AIR BLK	.00	10:20am
ACCY CHK	.07	10:21am
AIR BLK	.00	10:22am
<b>SUB TEST</b>	<b>.00</b>	<b>10:22am</b>
AIR BLK	.00	10:23am
<b>SUB TEST</b>	<b>.00</b>	<b>10:25am</b>
AIR BLK	.00	10:26am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

RANDOLPH COUNTY MAGISTRATE'S OFFICE 750

Serial Number: 008728      Test Record Number: 443  
Test Date: 09/07/2022      Test Time: 10:27am 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

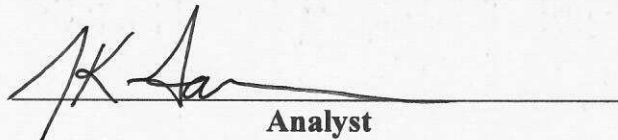
Printer Tests

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

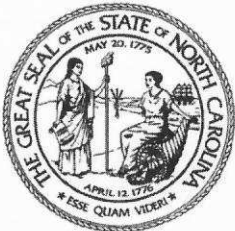
**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Randolph Instrument Location Liberty Police  
Instrument Serial No. 008830 Department

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

675  
Certificate Number

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 LIBERTY PD 750

Serial Number: 008830  
Test Date: 09/07/2022

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

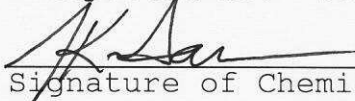
Analyst's Name: Garner, Joel K  
Permit Number: 0036-5156  
Effective:  
02/01/2022-02/01/2024

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


Lot Number: AG107401  
Exp Date: 03/15/2023

Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:36pm
ACCY CHK	.08	12:37pm
AIR BLK	.00	12:38pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:39pm</b>
AIR BLK	.00	12:39pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:41pm</b>
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008830      Test Record Number: 775  
Test Date: 09/07/2022      Test Time: 12:42pm 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	12:43pm

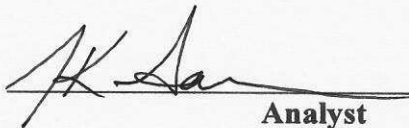
Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm

CRC Tests

Test	Status	Time
COMP	Pass	12:43pm
CAL	Pass	12:44pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

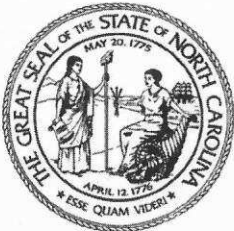
**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Randolph Instrument Location Randleman Police  
Instrument Serial No. 008903 Department

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

675  
Certificate Number

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 RANDLEMAN PD 750

Serial Number: 008903  
Test Date: 09/07/2022

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


Analyst's Name: Garner, Joel K  
Permit Number: 0036-5156  
Effective:  
02/01/2022-02/01/2024

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

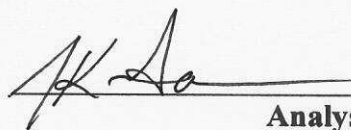
Lot Number: AG118803  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:40am
ACCY CHK	.07	11:41am
AIR BLK	.00	11:42am
<b>SUB TEST</b>	<b>.00</b>	<b>11:43am</b>
AIR BLK	.00	11:43am
<b>SUB TEST</b>	<b>.00</b>	<b>11:45am</b>
AIR BLK	.00	11:46am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008903      Test Record Number: 3412  
Test Date: 09/07/2022      Test Time: 11:47am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:48am


Printer Tests

Test	Status	Time
PRNT	Pass	11:48am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Richmond Instrument Location Richmond County  
Instrument Serial No. 008701 Magistrate's Office

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

675  
Certificate Number

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

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

RICHMOND COUNTY MAGISTRATE'S OFFICE  
760

Serial Number: 008701  
Test Date: 09/01/2022

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

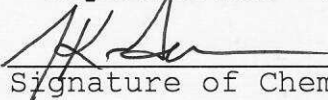
Analyst's Name: Garner, Joel K  
Permit Number: 0036-5156  
Effective:  
02/01/2022-02/01/2024

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

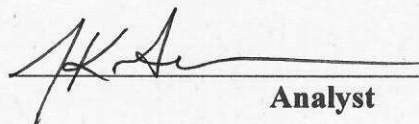
Lot Number: AG132001  
Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	9:51am
AIR BLK	.00	9:52am
ACCY CHK	.08	9:52am
AIR BLK	.00	9:53am
<b>SUB TEST</b>	<b>.00</b>	<b>9:54am</b>
AIR BLK	.00	9:55am
<b>SUB TEST</b>	<b>.00</b>	<b>9:56am</b>
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008701      Test Record Number: 1317  
Test Date: 09/01/2022      Test Time: 9:59am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

Temperature Tests

Test	Status	Time
FC1	Pass	9:59am
SRC	Pass	9:59am
DET	Pass	9:59am
BAR	Pass	9:59am
BT	Pass	9:59am

Blank Tests

Test	Status	Time
AIR	Pass	10:00am


Printer Tests

Test	Status	Time
PRNT	Pass	10:00am

CRC Tests

Test	Status	Time
COMP	Pass	10:00am
CAL	Pass	10:00am

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Richmond Instrument Location Richmond County  
Instrument Serial No. 008840 Magistrate's Office

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

675  
Certificate Number

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

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

RICHMOND COUNTY MAGISTRATE'S OFFICE  
760

Serial Number: 008840  
Test Date: 09/01/2022

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

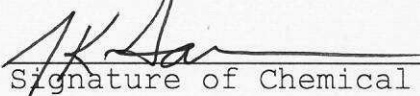
Analyst's Name: Garner, Joel K  
Permit Number: 0036-5156  
Effective:  
02/01/2022-02/01/2024

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

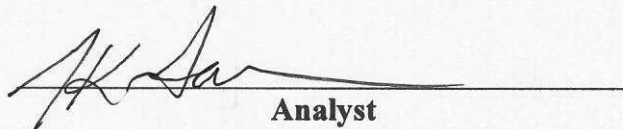
Lot Number: AG132001  
Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	9:49am
AIR BLK	.00	9:50am
ACCY CHK	.07	9:50am
AIR BLK	.00	9:52am
<b>SUB TEST</b>	<b>.00</b>	<b>9:52am</b>
AIR BLK	.00	9:53am
<b>SUB TEST</b>	<b>.00</b>	<b>9:55am</b>
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

RICHMOND COUNTY MAGISTRATE'S OFFICE 760

Serial Number: 008840      Test Record Number: 2768  
Test Date: 09/01/2022      Test Time: 9:57am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:57am
FLO	Pass	9:57am
FC	Pass	9:58am

Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

Blank Tests

Test	Status	Time
AIR	Pass	9:58am

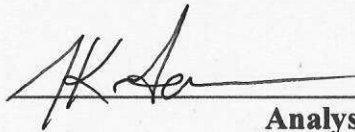
Printer Tests

Test	Status	Time
PRNT	Pass	9:58am

CRC Tests

Test	Status	Time
COMP	Pass	9:59am
CAL	Pass	9:59am

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

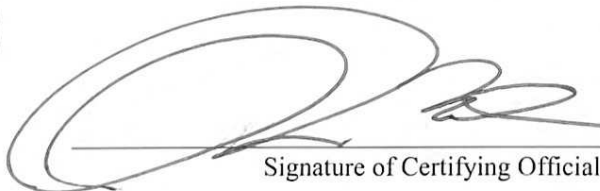
County Robeson Instrument Location BAT Mobile Unit #5  
Instrument Serial No. 008575 Lumberton

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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: 008575

Test Date: 09/09/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG118805

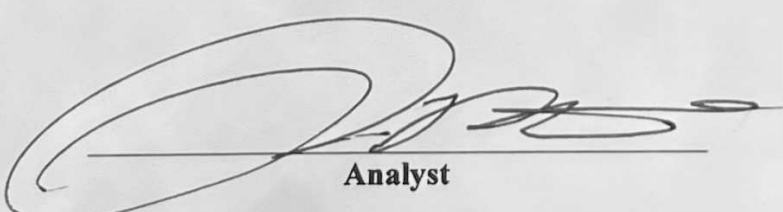
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	9:20pm
AIR BLK	.00	9:21pm
ACCY CHK	.08	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm

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

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008575      Test Record Number: 1382  
Test Date: 09/09/2022      Test Time: 9:29pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:29pm
FLO	Pass	9:29pm
FC	Pass	9:29pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:30pm

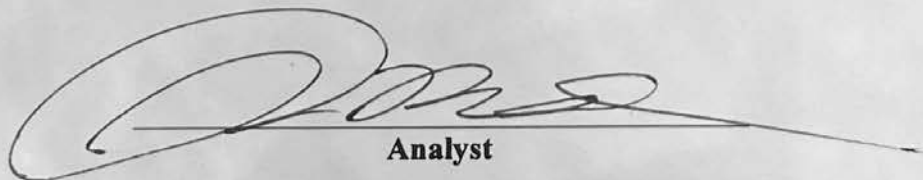
Printer Tests

Test	Status	Time
PRNT	Pass	9:30pm

CRC Tests

Test	Status	Time
COMP	Pass	9:30pm
CAL	Pass	9:30pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Robeson Instrument Location BAT Mobile Unit #5

Instrument Serial No. 008647 Lumberton

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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.

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008647

Test Date: 09/09/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

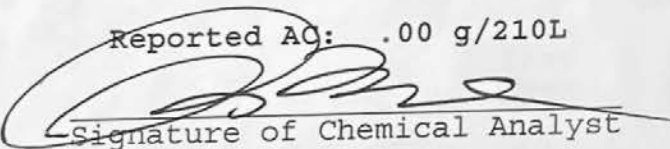
Test Type: Breath Test

Lot Number: AG132002

Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	9:13pm
AIR BLK	.00	9:14pm
ACCY CHK	.08	9:15pm
AIR BLK	.00	9:15pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm

Reported AQ: .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: 2768  
Test Date: 09/09/2022 Test Time: 9:22pm EDT  
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:22pm
SRC	Pass	9:22pm
DET	Pass	9:22pm
BAR	Pass	9:22pm
BT	Pass	9:22pm

Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

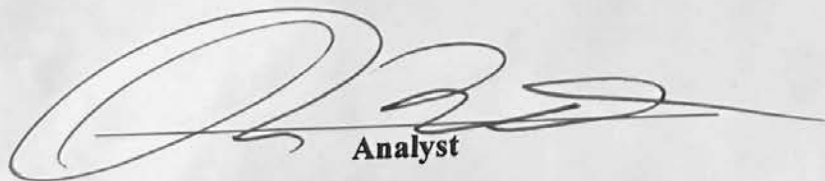
Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm

CRC Tests

Test	Status	Time
COMP	Pass	9:23pm
CAL	Pass	9:23pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Robeson Instrument Location BAT Mobile unit #5

Instrument Serial No. 008707 Lumberton

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

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: 008707  
Test Date: 09/09/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0035-4789

Effective:

10/06/2020-10/06/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG132002

Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	9:16pm
AIR BLK	.00	9:17pm
ACCY CHK	.08	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

**ROBESON COUNTY BAT MOBILE UNIT 5 770**

Serial Number: 008707      Test Record Number: 2759  
Test Date: 09/09/2022      Test Time: 9:24pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	9:25pm
FLO	Pass	9:25pm
FC	Pass	9:25pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	9:25pm
SRC	Pass	9:25pm
DET	Pass	9:25pm
BAR	Pass	9:25pm
BT	Pass	9:25pm

**Blank Tests**

Test	Status	Time
AIR	Pass	9:26pm

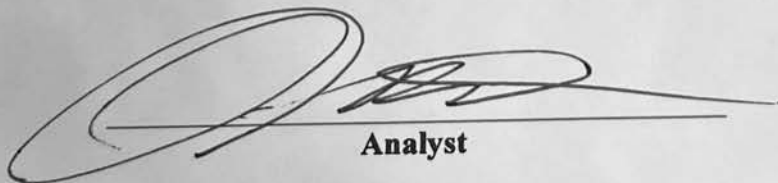
**Printer Tests**

Test	Status	Time
PRNT	Pass	9:26pm

**CRC Tests**

Test	Status	Time
COMP	Pass	9:26pm
CAL	Pass	9:26pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County ROCKINGHAM Instrument Location EDEN POLICE

Instrument Serial No. 008636 DEPARTMENT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12<sup>TH</sup> day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

669  
Certificate Number

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

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

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636  
Test Date: 09/12/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller Jr., Leo A

Permit Number: 0035-3799

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG118803

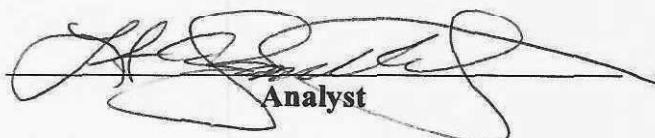
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:18pm
ACCY CHK	.08	1:18pm
AIR BLK	.00	1:20pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:20pm</b>
AIR BLK	.00	1:21pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:23pm</b>
AIR BLK	.00	1:23pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636      Test Record Number: 2376  
Test Date: 09/12/2022      Test Time: 1:24pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:24pm

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	1:25pm
CAL	Pass	1:25pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County ROCKINGHAM Instrument Location REIDSVILLE POLICE  
Instrument Serial No. 008784 DEPARTMENT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12<sup>TH</sup> day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

669  
Certificate Number

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

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784

Test Date: 09/12/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller Jr., Leo A

Permit Number: 0035-3799

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

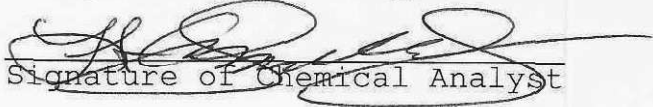
Test Type: Breath Test

Lot Number: AG118803

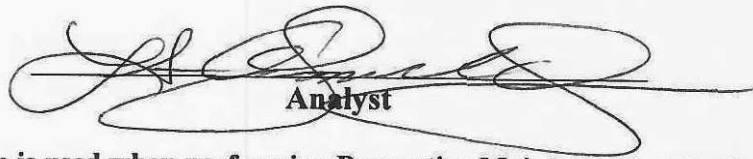
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	3:32pm
AIR BLK	.00	3:33pm
ACCY CHK	.08	3:34pm
AIR BLK	.00	3:35pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:36pm</b>
AIR BLK	.00	3:36pm
<b>SUB TEST</b>	<b>.00</b>	<b>3:38pm</b>
AIR BLK	.00	3:39pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784      Test Record Number: 1376  
Test Date: 09/12/2022      Test Time: 3:39pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:40pm
FLO	Pass	3:40pm
FC	Pass	3:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:40pm
SRC	Pass	3:40pm
DET	Pass	3:40pm
BAR	Pass	3:40pm
BT	Pass	3:40pm

Blank Tests

Test	Status	Time
AIR	Pass	3:41pm


Printer Tests

Test	Status	Time
PRNT	Pass	3:41pm

CRC Tests

Test	Status	Time
COMP	Pass	3:41pm
CAL	Pass	3:41pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County STOKES Instrument Location KING POLICE  
Instrument Serial No. 008718 DEPARTMENT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14<sup>th</sup> day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

669  
Certificate Number

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

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

STOKES COUNTY KING P D 840

Serial Number: 008718

Test Date: 09/14/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Oligmueller Jr., Leo A

Permit Number: 0035-3799

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG131901

Exp Date: 11/15/2023

Test	g/210L	Time
DIAG	Pass	11:26am
AIR BLK	.00	11:27am
ACCY CHK	.07	11:28am
AIR BLK	.00	11:29am
<b>SUB TEST</b>	<b>.00</b>	<b>11:29am</b>
AIR BLK	.00	11:30am
<b>SUB TEST</b>	<b>.00</b>	<b>11:32am</b>
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**

STOKES COUNTY KING P D 840

Serial Number: 008718      Test Record Number: 2227  
Test Date: 09/14/2022      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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

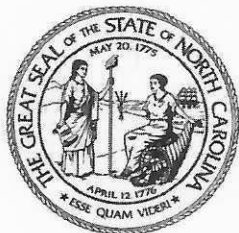
County Swain Instrument Location Swain County Jail

Instrument Serial No. 008723 Bryson City, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

668  
Certificate Number

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 JAIL 860

Serial Number: 008723

Test Date: 09/14/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG107401

Exp Date: 03/15/2023

Test	g/210L	Time
DIAG	Pass	6:02pm
AIR BLK	.00	6:02pm
ACCY CHK	.08	6:03pm
AIR BLK	.00	6:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:05pm</b>
AIR BLK	.00	6:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:07pm</b>
AIR BLK	.00	6:08pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

SWAIN COUNTY JAIL 860

Serial Number: 008723      Test Record Number: 860  
Test Date: 09/14/2022      Test Time: 6:08pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:08pm
FLO	Pass	6:08pm
FC	Pass	6:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:09pm
SRC	Pass	6:09pm
DET	Pass	6:09pm
BAR	Pass	6:09pm
BT	Pass	6:09pm

Blank Tests

Test	Status	Time
AIR	Pass	6:09pm


Printer Tests

Test	Status	Time
PRNT	Pass	6:09pm

CRC Tests

Test	Status	Time
COMP	Pass	6:09pm
CAL	Pass	6:09pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

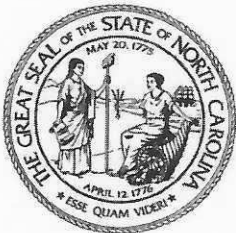
**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Swain Instrument Location Swain County Jail  
Instrument Serial No. 008727 Bryson City, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

668  
Certificate Number

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 JAIL 860

Serial Number: 008727  
Test Date: 09/14/2022

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Loftis, Benjamin C

Permit Number: 0024-4987

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

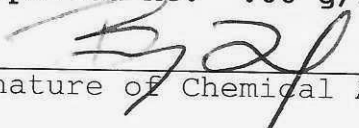
Test Type: Breath Test

Lot Number: AG202602

Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	6:01pm
AIR BLK	.00	6:02pm
ACCY CHK	.07	6:02pm
AIR BLK	.00	6:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:04pm</b>
AIR BLK	.00	6:05pm
<b>SUB TEST</b>	<b>.00</b>	<b>6:06pm</b>
AIR BLK	.00	6:07pm

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**

SWAIN COUNTY JAIL 860

Serial Number: 008727      Test Record Number: 1519  
Test Date: 09/14/2022      Test Time: 6:07pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:08pm
FLO	Pass	6:08pm
FC	Pass	6:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:08pm
SRC	Pass	6:08pm
DET	Pass	6:08pm
BAR	Pass	6:08pm
BT	Pass	6:08pm

Blank Tests

Test	Status	Time
AIR	Pass	6:08pm

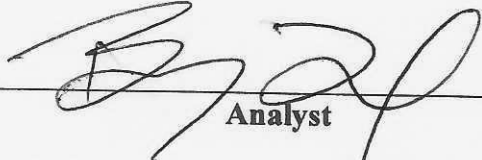
Printer Tests

Test	Status	Time
PRNT	Pass	6:09pm

CRC Tests

Test	Status	Time
COMP	Pass	6:09pm
CAL	Pass	6:09pm

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

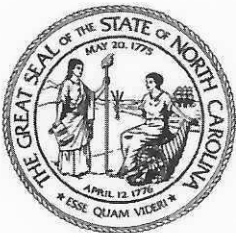
County Swain Instrument Location Cherokee Tribal Detention

Instrument Serial No. 008782 Cherokee, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

668  
Certificate Number

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: 09/15/2022

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

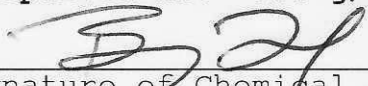
Analyst's Name: *Loftis, Benjamin C*  
Permit Number: 0024-4987  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG107401  
Exp Date: 03/15/2023

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

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: 1383  
Test Date: 09/15/2022      Test Time: 10:16am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:16am
FLO	Pass	10:16am
FC	Pass	10:17am

Temperature Tests

Test	Status	Time
FC1	Pass	10:17am
SRC	Pass	10:17am
DET	Pass	10:17am
BAR	Pass	10:17am
BT	Pass	10:17am

Blank Tests

Test	Status	Time
AIR	Pass	10:17am

Printer Tests

Test	Status	Time
PRNT	Pass	10:17am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Union Instrument Location Stallings PD  
Instrument Serial No. 008694 Stallings, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

674  
Certificate Number

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

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

UNION COUNTY STALLINGS PD 890

Serial Number: 008694  
Test Date: 09/15/2022

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

Analyst's Name: Helms, Bryce A  
Permit Number: 0084-9845  
Effective:  
02/01/2022-02/01/2024

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


Lot Number: AG035001  
Exp Date: 12/15/2022

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:58pm
ACCY CHK	.07	12:59pm
AIR BLK	.00	1:00pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:01pm</b>
AIR BLK	.00	1:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:03pm</b>
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

UNION COUNTY STALLINGS PD 890

Serial Number: 008694      Test Record Number: 1655  
Test Date: 09/15/2022      Test Time: 1:04pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:05pm
SRC	Pass	1:05pm
DET	Pass	1:05pm
BAR	Pass	1:05pm
BT	Pass	1:05pm

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

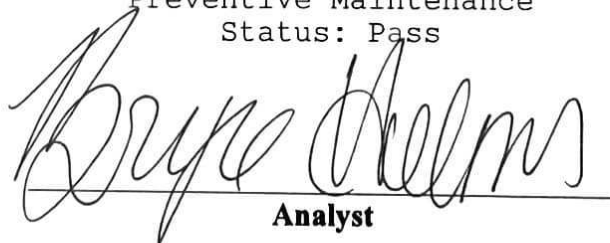
Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm

CRC Tests

Test	Status	Time
COMP	Pass	1:06pm
CAL	Pass	1:06pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County UNION Instrument Location BAT MOBILE UNIT 1  
Instrument Serial No. 008869 NCSHP - INDIAN TRAIL

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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.C. Fley  
Signature of Certifying Official

676  
Certificate Number

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



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

UNION COUNTY BAT MOBILE UNIT 1 890

Serial Number: 008869  
Test Date: 09/23/2022

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

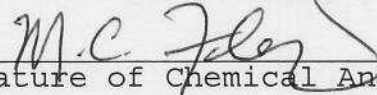
Analyst's Name: *Fleming, Marshall C*  
Permit Number: 0027-5012  
Effective:  
02/01/2022-02/01/2024

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

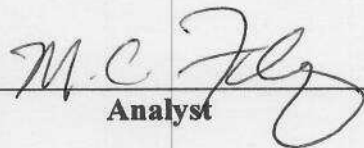
Lot Number: AG118805  
Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	8:49pm
AIR BLK	.00	8:50pm
ACCY CHK	.08	8:51pm
AIR BLK	.00	8:52pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:53pm</b>
AIR BLK	.00	8:53pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:56pm</b>
AIR BLK	.00	8:57pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

UNION COUNTY BAT MOBILE UNIT 1 890

Serial Number: 008869      Test Record Number: 1403  
Test Date: 09/23/2022      Test Time: 8:58pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:58pm
FLO	Pass	8:58pm
FC	Pass	8:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:59pm
SRC	Pass	8:59pm
DET	Pass	8:59pm
BAR	Pass	8:59pm
BT	Pass	8:59pm

Blank Tests

Test	Status	Time
AIR	Pass	8:59pm


Printer Tests

Test	Status	Time
PRNT	Pass	8:59pm

CRC Tests

Test	Status	Time
COMP	Pass	9:00pm
CAL	Pass	9:00pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County UNION Instrument Location BATMOBILE UNIT 1  
Instrument Serial No. 008898 NC SHP - INDIAN TRAIL

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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. C. Fley  
Signature of Certifying Official

676  
Certificate Number

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

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

UNION COUNTY BAT MOBILE UNIT 1 890

Serial Number: 008898

Test Date: 09/23/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

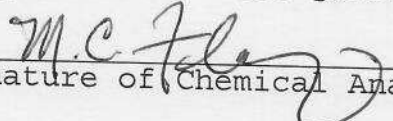
Test Type: Breath Test

Lot Number: AG034902

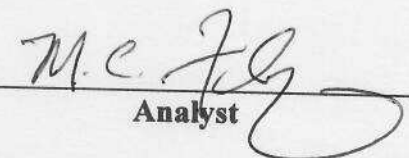
Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	8:45pm
AIR BLK	.00	8:46pm
ACCY CHK	.08	8:47pm
AIR BLK	.00	8:47pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:48pm</b>
AIR BLK	.00	8:49pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:51pm</b>
AIR BLK	.00	8:52pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

UNION COUNTY BAT MOBILE UNIT 1 890

Serial Number: 008898      Test Record Number: 1431  
Test Date: 09/23/2022      Test Time: 8:54pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:55pm
FLO	Pass	8:55pm
FC	Pass	8:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:55pm
SRC	Pass	8:55pm
DET	Pass	8:55pm
BAR	Pass	8:55pm
BT	Pass	8:55pm

Blank Tests

Test	Status	Time
AIR	Pass	8:56pm

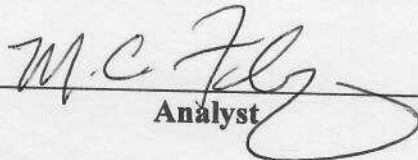
Printer Tests

Test	Status	Time
PRNT	Pass	8:56pm

CRC Tests

Test	Status	Time
COMP	Pass	8:56pm
CAL	Pass	8:56pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County UNION Instrument Location BAT MOBILE UNIT 1  
Instrument Serial No. 008939 NCSHP - INDIAN TRAIL

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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. C. Fly  
Signature of Certifying Official

676  
Certificate Number

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

Intox EC/IR-II: Subject Test

UNION COUNTY BAT MOBILE UNIT 1 890

Serial Number: 008939

Test Date: 09/23/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Fleming, Marshall C

Permit Number: 0027-5012

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

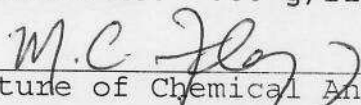
Test Type: Breath Test

Lot Number: AG034902

Exp Date: 12/14/2022

Test	g/210L	Time
DIAG	Pass	8:51pm
AIR BLK	.00	8:52pm
ACCY CHK	.07	8:53pm
AIR BLK	.00	8:54pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:55pm</b>
AIR BLK	.00	8:55pm
<b>SUB TEST</b>	<b>.00</b>	<b>8:57pm</b>
AIR BLK	.00	8:58pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY BAT MOBILE UNIT 1 890

Serial Number: 008939      Test Record Number: 1345  
Test Date: 09/23/2022      Test Time: 9:00pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:01pm
FLO	Pass	9:01pm
FC	Pass	9:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:01pm
SRC	Pass	9:01pm
DET	Pass	9:01pm
BAR	Pass	9:01pm
BT	Pass	9:01pm

Blank Tests

Test	Status	Time
AIR	Pass	9:01pm

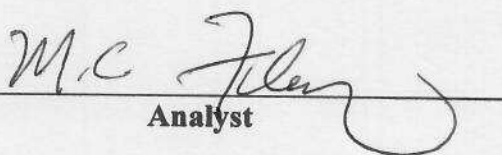
Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm

CRC Tests

Test	Status	Time
COMP	Pass	9:02pm
CAL	Pass	9:02pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Wake Instrument Location Wake Co Detention Ctr

Instrument Serial No. 008577 3301 HAMMOND RD RALEIGH NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Simon 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**

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577

Test Date: 09/06/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG212401

Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.07	11:31am
AIR BLK	.00	11:33am
<b>SUB TEST</b>	<b>.00</b>	<b>11:33am</b>
AIR BLK	.00	11:34am
<b>SUB TEST</b>	<b>.00</b>	<b>11:35am</b>
AIR BLK	.00	11:36am

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577      Test Record Number: 6587  
Test Date: 09/06/2022      Test Time: 11:37am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:37am
FLO	Pass	11:37am
FC	Pass	11:37am

Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

Printer Tests

Test	Status	Time
PRNT	Pass	11:38am

CRC Tests

Test	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Wake Instrument Location BAT Mobile Unit 4  
Instrument Serial No. 008601 NC SHP CS

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

660  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008601  
Test Date: 09/23/2022

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Smith, Jason R

Permit Number: 0024-7428

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

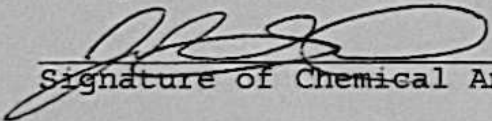
Test Type: Breath Test

Lot Number: AG118805


Exp Date: 07/07/2023

Test	g/210L	Time
DIAG	Pass	9:55pm
AIR BLK	.00	9:56pm
ACCY CHK	.08	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

**WAKE COUNTY BAT MOBILE UNIT 4 910**

Serial Number: 008601      Test Record Number: 1467  
Test Date: 09/23/2022      Test Time: 10:04pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:04pm
FLO	Pass	10:04pm
FC	Pass	10:04pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:04pm
SRC	Pass	10:04pm
DET	Pass	10:04pm
BAR	Pass	10:04pm
BT	Pass	10:04pm

**Blank Tests**

Test	Status	Time
AIR	Pass	10:05pm

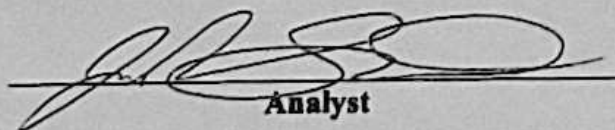
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:05pm

**CRC Tests**

Test	Status	Time
COMP	Pass	10:05pm
CAL	Pass	10:05pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County WAKE Instrument Location RALEIGH PD Southwest DIST

Instrument Serial No. 008612 601 HUTTON ST RALEIGH, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Sum 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**

WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: 008612  
Test Date: 09/02/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG212401

Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	8:38am
AIR BLK	.00	8:39am
ACCY CHK	.07	8:40am
AIR BLK	.00	8:41am
<b>SUB TEST</b>	<b>.00</b>	<b>8:41am</b>
AIR BLK	.00	8:42am
<b>SUB TEST</b>	<b>.00</b>	<b>8:44am</b>
AIR BLK	.00	8:45am

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**

WAKE COUNTY SOUTH WEST DISTRICT 910

Serial Number: 008612      Test Record Number: 5119  
Test Date: 09/02/2022      Test Time: 8:45am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:45am
FLO	Pass	8:45am
FC	Pass	8:45am

Temperature Tests

Test	Status	Time
FC1	Pass	8:45am
SRC	Pass	8:45am
DET	Pass	8:45am
BAR	Pass	8:45am
BT	Pass	8:45am

Blank Tests

Test	Status	Time
AIR	Pass	8:46am

Printer Tests

Test	Status	Time
PRNT	Pass	8:46am

CRC Tests

Test	Status	Time
COMP	Pass	8:46am
CAL	Pass	8:46am

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Wake Instrument Location BAT Mobile Unit 4  
Instrument Serial No. 008615 NC SHP CB

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

660  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008615  
Test Date: 09/03/2022

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

Analyst's Name: Smith, Jason R  
Permit Number: 0024-7428  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG212401  
Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	9:35pm
AIR BLK	.00	9:36pm
ACCY CHK	.07	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm

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**

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008615      Test Record Number: 5778  
Test Date: 09/03/2022      Test Time: 9:45pm 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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Wake Instrument Location BAT Mobile Unit 74  
Instrument Serial No. 008615 NC SHP C3

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

660  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008615  
Test Date: 09/23/2022

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


Analyst's Name: Smith, Jason R  
Permit Number: 0024-7428  
Effective:  
02/01/2022-02/01/2024

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

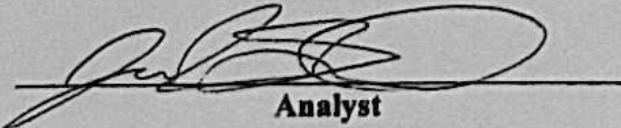
Lot Number: AG212401  
Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	9:58pm
AIR BLK	.00	9:59pm
ACCY CHK	.08	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008615      Test Record Number: 5787  
Test Date: 09/23/2022      Test Time: 10:05pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

Blank Tests

Test	Status	Time
AIR	Pass	10:06pm


Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm

CRC Tests

Test	Status	Time
COMP	Pass	10:06pm
CAL	Pass	10:06pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County WAKE Instrument Location WAKE FOREST PD  
Instrument Serial No. 008700 225 S. TAYLOR ST.  
WAKE FOREST, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



EAB  
Signature of Certifying Official

671  
Certificate Number

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



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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700  
Test Date: 09/06/2022

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant Jr., Earl A

Permit Number: 0017-9707

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

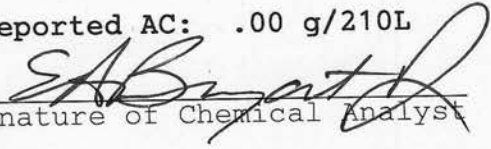
Test Type: Breath Test

Lot Number: AG212401

Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:02pm
ACCY CHK	.08	2:02pm
AIR BLK	.00	2:03pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:04pm</b>
AIR BLK	.00	2:04pm
<b>SUB TEST</b>	<b>.00</b>	<b>2:06pm</b>
AIR BLK	.00	2:07pm

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**

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700      Test Record Number: 2098  
Test Date: 09/06/2022      Test Time: 2:08pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

Blank Tests

Test	Status	Time
AIR	Pass	2:09pm


Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm

CRC Tests

Test	Status	Time
COMP	Pass	2:09pm
CAL	Pass	2:09pm

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 and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Wake Instrument Location BAT Mobile Unit 74  
Instrument Serial No. 005736 NC SHP C3

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

660  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008736  
Test Date: 09/23/2022

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

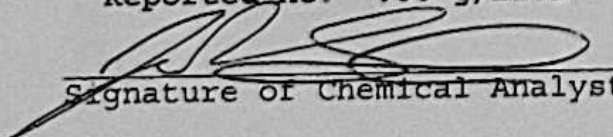
Analyst's Name: Smith, Jason R  
Permit Number: 0024-7428  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG212402  
Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	9:59pm
AIR BLK	.00	10:00pm
ACCY CHK	.07	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008736      Test Record Number: 1110  
Test Date: 09/23/2022      Test Time: 10:07pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:07pm
FLO	Pass	10:07pm
FC	Pass	10:08pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:08pm
SRC	Pass	10:08pm
DET	Pass	10:08pm
BAR	Pass	10:08pm
BT	Pass	10:08pm

**Blank Tests**

Test	Status	Time
AIR	Pass	10:08pm

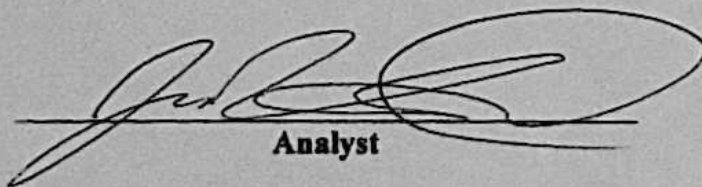
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:08pm

**CRC Tests**

Test	Status	Time
COMP	Pass	10:08pm
CAL	Pass	10:08pm

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County WAKE Instrument Location WAKE Co Detention Ctr

Instrument Serial No. 008760 3301 HAMMOND RD RALEIGH, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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**

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760  
Test Date: 09/02/2022

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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, Simon S  
Permit Number: 0014-6221  
Effective:  
02/01/2022-02/01/2024

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

Lot Number: AG212401  
Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	9:46am
AIR BLK	.00	9:46am
ACCY CHK	.07	9:47am
AIR BLK	.00	9:48am
<b>SUB TEST</b>	<b>.00</b>	<b>9:49am</b>
AIR BLK	.00	9:50am
<b>SUB TEST</b>	<b>.00</b>	<b>9:52am</b>
AIR BLK	.00	9:53am

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760      Test Record Number: 5254  
Test Date: 09/02/2022      Test Time: 9:53am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:54am


Printer Tests

Test	Status	Time
PRNT	Pass	9:55am

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County WAKE Instrument Location WAKE Co Detention Ctr

Instrument Serial No. 008778 3301 HAMMOND RD RALEIGH, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Simon Stokes Evans  
Signature of Certifying Official

462  
Certificate Number

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

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778  
Test Date: 09/02/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, Simon S

Permit Number: 0014-6221

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

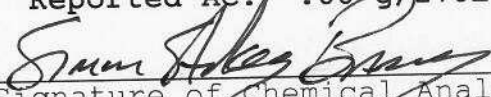
Agency: DHHS

Test Type: Breath Test

Lot Number: AG212401  
Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	9:45am
AIR BLK	.00	9:45am
ACCY CHK	.07	9:46am
AIR BLK	.00	9:47am
<b>SUB TEST</b>	<b>.00</b>	<b>9:48am</b>
AIR BLK	.00	9:48am
<b>SUB TEST</b>	<b>.00</b>	<b>9:50am</b>
AIR BLK	.00	9:51am

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**

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778      Test Record Number: 7043  
Test Date: 09/02/2022      Test Time: 9:52am EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:52am
FLO	Pass	9:52am
FC	Pass	9:53am

Temperature Tests

Test	Status	Time
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
BT	Pass	9:53am

Blank Tests

Test	Status	Time
AIR	Pass	9:53am


Printer Tests

Test	Status	Time
PRNT	Pass	9:53am

CRC Tests

Test	Status	Time
COMP	Pass	9:54am
CAL	Pass	9:54am

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 4  
Instrument Serial No. 008816 NC SHP C3

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

660  
Certificate Number

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

Intox SC/IR-II: Subject Test

WAKE COUNTY BAT MOBILES UNIT 4 910

Serial Number: 008816

Test Date: 09/03/2002

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Smith, Jason R

Permit Number: 0024-7428

Effective:

02/01/2001-02/01/2004

Officer's Name: NONE, NONE

Type of Agency: FTS

Agency: WSSS

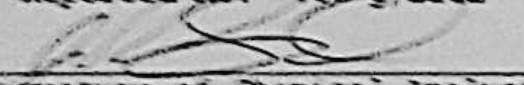
Test Type: Breath Test

Lot Number: 26107501

Exp Date: 03/16/2003

Test	g/100L	Time
0100	0.00	10:13:00
0101	0.00	10:14:00
0102	0.00	10:14:00
0103	0.00	10:15:00
0104	0.00	10:15:00
0105	0.00	10:16:00
0106	0.00	10:17:00
0107	0.00	10:18:00
0108	0.00	10:19:00

Reported At: 00-0-0000

  
Signature of Chemical Analyst

Count 0/0

  
Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008816      Test Record Number: 7573  
Test Date: 09/03/2022      Test Time: 10:20pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:20pm
FLO	Pass	10:20pm
FC	Pass	10:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

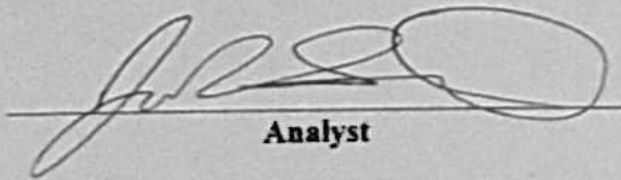
Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm

CRC Tests

Test	Status	Time
COMP	Pass	10:21pm
CAL	Pass	10:21pm

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Wake Instrument Location BAT Mobile Unit 4  
Instrument Serial No. 008816 NCSHP C3

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

660  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008816  
Test Date: 09/23/2022

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

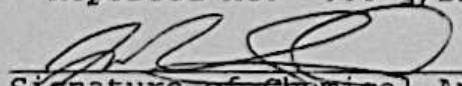
Analyst's Name: Smith, Jason R  
Permit Number: 0024-7428  
Effective:  
02/01/2022-02/01/2024

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

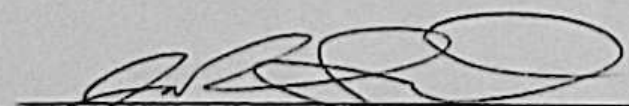
Lot Number: AG107501  
Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	9:54pm
AIR BLK	.00	9:55pm
ACCY CHK	.08	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008816      Test Record Number: 7578  
Test Date: 09/23/2022      Test Time: 10:04pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:04pm
FLO	Pass	10:04pm
FC	Pass	10:04pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:04pm
SRC	Pass	10:04pm
DET	Pass	10:04pm
BAR	Pass	10:04pm
BT	Pass	10:04pm

**Blank Tests**

Test	Status	Time
AIR	Pass	10:05pm

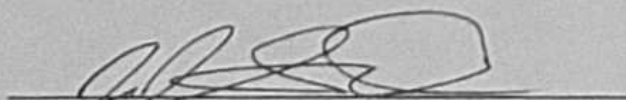
**Printer Tests**

Test	Status	Time
PRNT	Pass	10:05pm

**CRC Tests**

Test	Status	Time
COMP	Pass	10:05pm
CAL	Pass	10:05pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Wake Instrument Location BAT Mobile Unit 4  
Instrument Serial No. 008929 NC SHP C3

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

660  
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929

Test Date: 09/03/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Smith, Jason R

Permit Number: 0024-7428

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

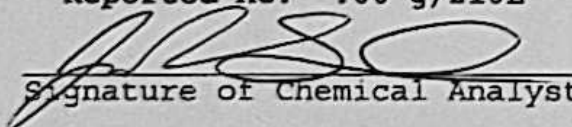
Test Type: Breath Test

Lot Number: AG132002

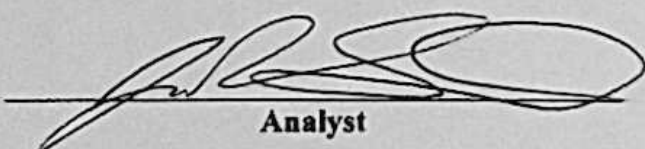
Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	9:33pm
AIR BLK	.00	9:35pm
ACCY CHK	.08	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929      Test Record Number: 1234  
Test Date: 09/03/2022      Test Time: 9:44pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:44pm
FLO	Pass	9:44pm
FC	Pass	9:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:44pm
SRC	Pass	9:44pm
DET	Pass	9:44pm
BAR	Pass	9:44pm
BT	Pass	9:44pm

Blank Tests

Test	Status	Time
AIR	Pass	9:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:45pm

CRC Tests

Test	Status	Time
COMP	Pass	9:45pm
CAL	Pass	9:45pm

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD**  
**INTOXIMETERS, MODEL INTOX EC/IR II and**  
**MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Wake Instrument Location BAF Mobile Unit 4  
Instrument Serial No. 008929 NCSHP 63

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 September, 2022 the forgoing preventive maintenance procedures were performed on the 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

660  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929

Test Date: 09/23/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Smith, Jason R

Permit Number: 0024-7428

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

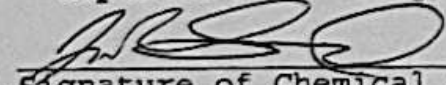
Test Type: Breath Test

Lot Number: AG132002

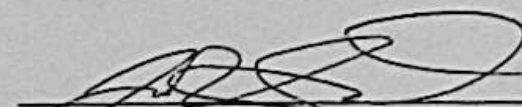
Exp Date: 11/16/2023

Test	g/210L	Time
DIAG	Pass	9:56pm
AIR BLK	.00	9:57pm
ACCY CHK	.08	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929      Test Record Number: 1240  
Test Date: 09/23/2022      Test Time: 10:04pm EDT

System Check: *Passed*

**Baseline Tests**

Test	Status	Time
IR	Pass	10:04pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

**Temperature Tests**

Test	Status	Time
FC1	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

**Blank Tests**

Test	Status	Time
AIR	Pass	10:06pm

**Printer Tests**

Test	Status	Time
PRNT	Pass	10:06pm

**CRC Tests**

Test	Status	Time
COMP	Pass	10:06pm
CAL	Pass	10:06pm

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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County WARREN Instrument Location NAT MONIE UNIT 6

Instrument Serial No. 008584 NC WELD OFF

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 4 day of SEPTEMBER, 2022 the forgoing preventive maintenance procedures were performed on the 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

WARREN COUNTY BAT MOBILE UNIT 6 920

Serial Number: 008584  
Test Date: 09/04/2022

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

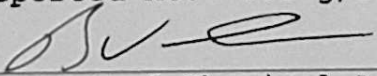
Analyst's Name: Varnell, Bryon L  
Permit Number: 0036-1210  
Effective:  
02/01/2022-02/01/2024

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

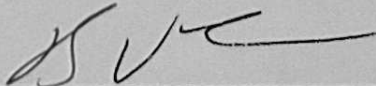
Lot Number: AG202601  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	1:57pm
AIR BLK	.00	1:58pm
ACCY CHK	.07	1:59pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

WARREN COUNTY BAT MOBILE UNIT 6 920

Serial Number: 008584      Test Record Number: 2519  
Test Date: 09/04/2022      Test Time: 2:04pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:05pm
FLO	Pass	2:05pm
FC	Pass	2:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:05pm
SRC	Pass	2:05pm
DET	Pass	2:05pm
BAR	Pass	2:05pm
BT	Pass	2:05pm

Blank Tests

Test	Status	Time
AIR	Pass	2:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm

CRC Tests

Test	Status	Time
COMP	Pass	2:06pm
CAL	Pass	2:06pm

Preventive Maintenance  
Status: Pass



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**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Warren Instrument Location Warren Co LEC  
Instrument Serial No. 008793 128 RAFTERS LANE  
WARRENTON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7 day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



E. B. Smith  
Signature of Certifying Official

671  
Certificate Number

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

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

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Date: 09/07/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Bryant Jr., Earl A

Permit Number: 0017-9707

Effective:

02/01/2022-02/01/2024

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

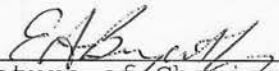
Test Type: Breath Test

Lot Number: AG212402

Exp Date: 05/04/2024

Test	g/210L	Time
DIAG	Pass	1:08pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	1:09pm
AIR BLK	.00	1:10pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:10pm</b>
AIR BLK	.00	1:11pm
<b>SUB TEST</b>	<b>.00</b>	<b>1:12pm</b>
AIR BLK	.00	1:14pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007**

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

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793      Test Record Number: 1936  
Test Date: 09/07/2022      Test Time: 1:15pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

**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 and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County WILSON Instrument Location NAT MODEL UNIT 6  
Instrument Serial No. 009570 WILSON

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 01 day of September, 2022 the forgoing preventive maintenance procedures were performed on the 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

6663

Certificate Number

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 BAT MOBILE UNIT 6 970

Serial Number: 008580  
Test Date: 09/01/2022

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

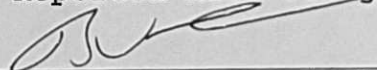
Analyst's Name: Varnell, Bryon L  
Permit Number: 0036-1210  
Effective:  
02/01/2022-02/01/2024

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

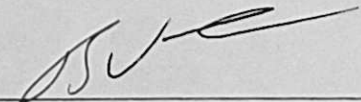
Lot Number: AG202601  
Exp Date: 01/26/2024

Test	g/210L	Time
DIAG	Pass	10:00pm
AIR BLK	.00	10:01pm
ACCY CHK	.07	10:02pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:06pm

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008580      Test Record Number: 2780  
Test Date: 09/01/2022      Test Time: 10:08pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:08pm
FLO	Pass	10:08pm
FC	Pass	10:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:08pm
SRC	Pass	10:08pm
DET	Pass	10:08pm
BAR	Pass	10:08pm
BT	Pass	10:08pm

Blank Tests

Test	Status	Time
AIR	Pass	10:09pm

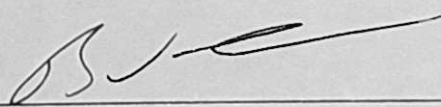
Printer Tests

Test	Status	Time
PRNT	Pass	10:09pm

CRC Tests

Test	Status	Time
COMP	Pass	10:09pm
CAL	Pass	10:09pm

Preventive Maintenance  
Status: Pass



Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II and  
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Wilson Instrument Location Wilson Co Detention Center  
Instrument Serial No. 008627 100E. Green St, Wilson NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/IR II (Enhanced with serial number 10,000 or higher) to be followed at least once every four months are:

- (1) Verify the ethanol gas canister displays at least 51 pounds per square inch (psi) of pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- (2) Verify instrument displays time and date;
- (3) Initiate breath test sequence;
- (4) Enter information as prompted;
- (5) Verify instrument accuracy;
- (6) When "PLEASE BLOW" appears, collect breath sample;
- (7) When "PLEASE BLOW" appears, collect breath sample;
- (8) Print test record;
- (9) Run diagnostic program and confirm preventive maintenance status of "Pass"; and
- (10) Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8<sup>th</sup> day of September, 2022 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

643  
Certificate Number

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

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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627

Test Date: 09/08/2022

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0037-7722

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG107501

Exp Date: 03/16/2023

Test	g/210L	Time
DIAG	Pass	11:58am
AIR BLK	.00	11:59am
ACCY CHK	.07	12:00pm
AIR BLK	.00	12:01pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:01pm</b>
AIR BLK	.00	12:02pm
<b>SUB TEST</b>	<b>.00</b>	<b>12:04pm</b>
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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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: 3098  
Test Date: 09/08/2022      Test Time: 12:07pm EDT

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:07pm
FLO	Pass	12:07pm
FC	Pass	12:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:08pm
SRC	Pass	12:08pm
DET	Pass	12:08pm
BAR	Pass	12:08pm
BT	Pass	12:08pm

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm

CRC Tests

Test	Status	Time
COMP	Pass	12:09pm
CAL	Pass	12:09pm

Preventive Maintenance  
Status: Pass

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