

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 12 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 11/12/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/01/2020-10/01/2022

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301

Exp Date: 07/21/2021

Test	g/210L	Time
DIAG	Pass	4:34pm
AIR BLK	.00	4:35pm
ACCY CHK	.07	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:37pm
AIR BLK	.00	4:38pm
SUB TEST	.00	4:40pm
AIR BLK	.00	4:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 636
Test Date: 11/12/2020 Test Time: 4:43pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:43pm
FLO	Pass	4:43pm
FC	Pass	4:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:43pm
SRC	Pass	4:43pm
DET	Pass	4:43pm
BAR	Pass	4:43pm
BT	Pass	4:43pm

Blank Tests

Test	Status	Time
AIR	Pass	4:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:44pm

CRC Tests

Test	Status	Time
COMP	Pass	4:44pm
CAL	Pass	4:44pm

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 Beaufort Instrument Location Belhaven P.D.

Instrument Serial No. 008928 125 W. Main St, Belhaven 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 24th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928

Test Date: 11/12/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

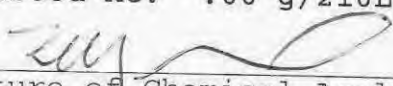
Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	10:42am
AIR BLK	.00	10:43am
ACCY CHK	.08	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

**This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 435
Test Date: 11/12/2020 Test Time: 10:50am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:50am

Temperature Tests

Test	Status	Time
FC1	Pass	10:50am
SRC	Pass	10:50am
DET	Pass	10:50am
BAR	Pass	10:50am
BT	Pass	10:50am

Blank Tests

Test	Status	Time
AIR	Pass	10:51am


Printer Tests

Test	Status	Time
PRNT	Pass	10:51am

CRC Tests

Test	Status	Time
COMP	Pass	10:51am
CAL	Pass	10:51am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Bladen Instrument Location BAT Mobile #5
Instrument Serial No. 008826 Bladenboro 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 26 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

BLADEN COUNTY BAT MOBILE UNIT 5 080

Serial Number: 008826
Test Date: 11/26/2020

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

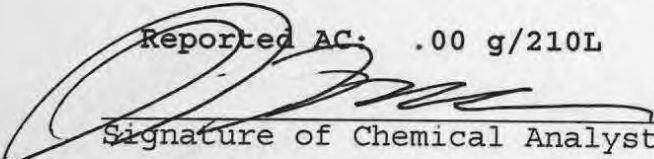
Analyst's Name: Todd, Shane C
Permit Number: 0035-4789
Effective:
10/06/2020-10/06/2022

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

Lot Number: AG934303
Exp Date: 12/09/2021

Test	g/210L	Time
DIAG	Pass	9:13pm
AIR BLK	.00	9:14pm
ACCY CHK	.07	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:18pm
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

BLADEN COUNTY BAT MOBILE UNIT 5 080

Serial Number: 008826 Test Record Number: 8268
Test Date: 11/26/2020 Test Time: 9:21pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:21pm
FLO	Pass	9:21pm
FC	Pass	9:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:21pm
SRC	Pass	9:21pm
DET	Pass	9:21pm
BAR	Pass	9:21pm
BT	Pass	9:21pm

Blank Tests

Test	Status	Time
AIR	Pass	9:22pm

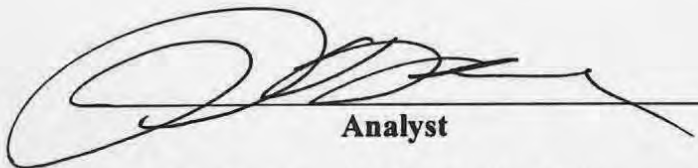
Printer Tests

Test	Status	Time
PRNT	Pass	9:22pm

CRC Tests

Test	Status	Time
COMP	Pass	9:22pm
CAL	Pass	9:22pm

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 Bladen Instrument Location Bladen County
Instrument Serial No. 008818 Detection 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 12th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

670
Certificate Number

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

Intox EC/IR-II: Subject Test

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818
Test Date: 11/12/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Ryan, Robert F

Permit Number: 0084-5023

Effective:

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG018801

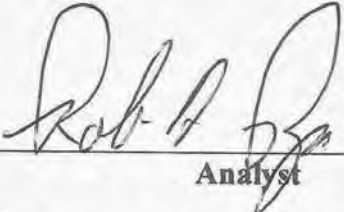
Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	2:16pm
AIR BLK	.00	2:17pm
ACCY CHK	.08	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008818 Test Record Number: 1686
Test Date: 11/12/2020 Test Time: 2:24pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:24pm
FLO	Pass	2:24pm
FC	Pass	2:24pm

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	2:25pm

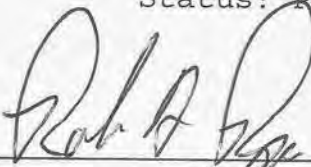
Printer Tests

Test	Status	Time
PRNT	Pass	2:25pm

CRC Tests

Test	Status	Time
COMP	Pass	2:25pm
CAL	Pass	2:25pm

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 Bladen Instrument Location Bladen County
Instrument Serial No. 008894 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 12th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] Signature of Certifying Official 670 Certificate Number

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

Intox EC/IR-II: Subject Test

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894
Test Date: 11/12/2020

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective:
07/31/2020-07/31/2022

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


Lot Number: AG911501
Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	2:17pm
AIR BLK	.00	2:18pm
ACCY CHK	.08	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BLADEN COUNTY DETENTION CENTER 080

Serial Number: 008894 Test Record Number: 1265
Test Date: 11/12/2020 Test Time: 2:25pm EST

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

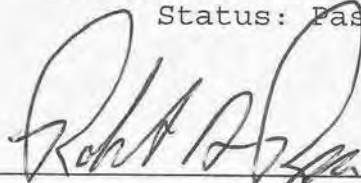
Printer Tests

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

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 12th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

670
Certificate Number

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: 11/12/2020

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

Analyst's Name: Ryan, Robert F
Permit Number: 0084-5023
Effective:
07/31/2020-07/31/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	11:51am
AIR BLK	.00	11:51am
ACCY CHK	.07	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 4511
Test Date: 11/12/2020 Test Time: 11:58am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:58am
FLO	Pass	11:58am
FC	Pass	11:59am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:59am

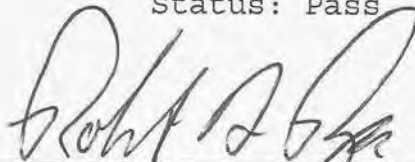
Printer Tests

Test	Status	Time
PRNT	Pass	11:59am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II 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 12th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

670
Certificate Number

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: 11/12/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Ryan, Robert F

Permit Number: 0084-5023

Effective:

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	11:50am
AIR BLK	.00	11:51am
ACCY CHK	.08	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 4782
Test Date: 11/12/2020 Test Time: 11:57am EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

Blank Tests

Test	Status	Time
AIR	Pass	11:59am


Printer Tests

Test	Status	Time
PRNT	Pass	11:59am

CRC Tests

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

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Brunswick Instrument Location Brunswick County
Instrument Serial No. 008917 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 25 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

670
Certificate Number

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 300

Serial Number: 008917

Test Date: 11/25/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Ryan, Robert F

Permit Number: 0084-5023

Effective:

07/31/2020-07/31/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG018801

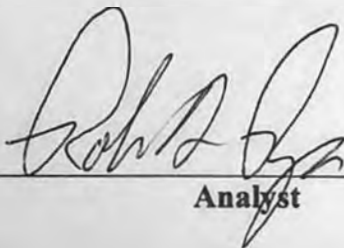
Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	1:12pm
AIR BLK	.00	1:13pm
ACCY CHK	.07	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm

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

BRUNSWICK COUNTY DETENTION CENTER 300

Serial Number: 008917 Test Record Number: 859
Test Date: 11/25/2020 Test Time: 1:21pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:22pm
FLO	Pass	1:22pm
FC	Pass	1:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:22pm
SRC	Pass	1:22pm
DET	Pass	1:22pm
BAR	Pass	1:22pm
BT	Pass	1:22pm

Blank Tests

Test	Status	Time
AIR	Pass	1:22pm

Printer Tests

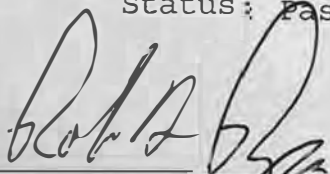
Test	Status	Time
PRNT	Pass	1:22pm

CRC Tests

Test	Status	Time
COMP	Pass	1:23pm
CAL	Pass	1:23pm

Preventive Maintenance

Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

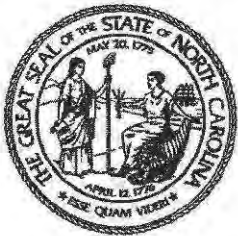
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Buncombe Instrument Location Buncombe County Jail
Instrument Serial No. 008697 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 9 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 008697
Test Date: 11/09/2020

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

Analyst's Name: Loftis, Benjamin C
Permit Number: 0024-4987
Effective:
09/17/2020-09/17/2022

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

Lot Number: AG933901
Exp Date: 12/05/2021

Test	g/210L	Time
DIAG	Pass	11:31am
AIR BLK	.00	11:33am
ACCY CHK	.08	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am

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: 008697 Test Record Number: 3904
Test Date: 11/09/2020 Test Time: 11:39am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:39am
FLO	Pass	11:39am
FC	Pass	11:40am

Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

Blank Tests

Test	Status	Time
AIR	Pass	11:40am

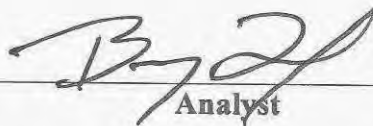
Printer Tests

Test	Status	Time
PRNT	Pass	11:40am

CRC Tests

Test	Status	Time
COMP	Pass	11:40am
CAL	Pass	11:40am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

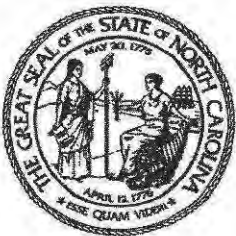
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)

County Buncombe Instrument Location Buncombe County Jail
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 9 day of November, 20 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

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: 11/09/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/17/2020-09/17/2022

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

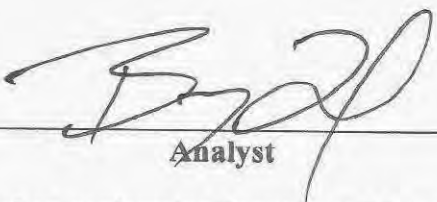
Lot Number: AG933703
Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	11:48am
AIR BLK	.00	11:49am
ACCY CHK	.07	11:50am
AIR BLK	.00	11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am

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: 008748 Test Record Number: 1249
Test Date: 11/09/2020 Test Time: 11:57am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:58am

Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

Blank Tests

Test	Status	Time
AIR	Pass	11:58am

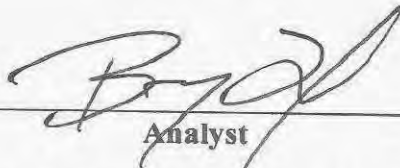
Printer Tests

Test	Status	Time
PRNT	Pass	11:58am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

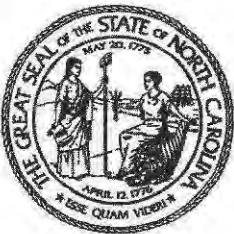
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Buncombe Instrument Location Buncombe County Jail
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 9 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 11/09/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/17/2020-09/17/2022

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


Lot Number: AG018801
Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.08	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 5566
Test Date: 11/09/2020 Test Time: 12:05pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:06pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

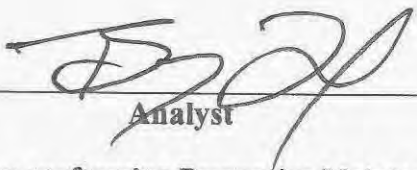
Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm

CRC Tests

Test	Status	Time
COMP	Pass	12:07pm
CAL	Pass	12:07pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Buncombe Instrument Location Bad Mobile Unit 2
Instrument Serial No. 008970 Buncombe CO SD

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 November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chris Joy
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 02 100

Serial Number: 008970
Test Date: 11/13/2020

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

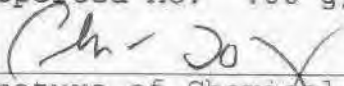
Analyst's Name: Towery, Chad V
Permit Number: 0035-5630
Effective:
09/15/2020-09/15/2022

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

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


Test	g/210L	Time
DIAG	Pass	8:05pm
AIR BLK	.00	8:06pm
ACCY CHK	.08	8:06pm
AIR BLK	.00	8:07pm
SUB TEST	.00	8:08pm
AIR BLK	.00	8:09pm
SUB TEST	.00	8:10pm
AIR BLK	.00	8:11pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 02 100

Serial Number: 008970 Test Record Number: 777
Test Date: 11/13/2020 Test Time: 8:12pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:13pm
FLO	Pass	8:13pm
FC	Pass	8:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:13pm
SRC	Pass	8:13pm
DET	Pass	8:13pm
BAR	Pass	8:13pm
BT	Pass	8:13pm

Blank Tests

Test	Status	Time
AIR	Pass	8:13pm

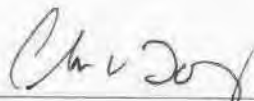
Printer Tests

Test	Status	Time
PRNT	Pass	8:13pm

CRC Tests

Test	Status	Time
COMP	Pass	8:14pm
CAL	Pass	8:14pm

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 Buncombe Instrument Location Bat Mobile Unit 2
Instrument Serial No. 004970 Buncombe CO SO

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 November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ch Joy
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 02 100

Serial Number: 008970
Test Date: 11/04/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Towery, Chad V

Permit Number: 0035-5630

Effective:

09/15/2020-09/15/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

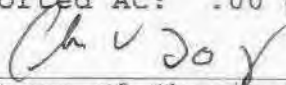
Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

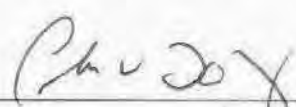
Test	g/210L	Time
DIAG	Pass	7:34pm
AIR BLK	.00	7:35pm
ACCY CHK	.08	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:38pm
AIR BLK	.00	7:38pm
SUB TEST	.00	7:40pm
AIR BLK	.00	7:41pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 02 100

Serial Number: 008970 Test Record Number: 775
Test Date: 11/04/2020 Test Time: 7:42pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:42pm
FLO	Pass	7:42pm
FC	Pass	7:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:42pm
SRC	Pass	7:42pm
DET	Pass	7:42pm
BAR	Pass	7:42pm
BT	Pass	7:42pm

Blank Tests

Test	Status	Time
AIR	Pass	7:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:43pm

CRC Tests

Test	Status	Time
COMP	Pass	7:43pm
CAL	Pass	7:43pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Buncombe Instrument Location Bat mobile Unit 2

Instrument Serial No. 008673 Buncombe Co SO

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 November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chris Jones

Signature of Certifying Official

658

Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 02
100

Serial Number: 008973
Test Date: 11/13/2020

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

Analyst's Name: Towery, Chad V
Permit Number: 0035-5630
Effective:
09/15/2020-09/15/2022

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

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

Test	g/210L	Time
DIAG	Pass	8:07pm
AIR BLK	.00	8:08pm
ACCY CHK	.08	8:09pm
AIR BLK	.00	8:09pm
SUB TEST	.00	8:10pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BAT MOBILE UNIT 02 100

Serial Number: 008973 Test Record Number: 850
Test Date: 11/13/2020 Test Time: 8:14pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:14pm
FLO	Pass	8:14pm
FC	Pass	8:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:15pm
SRC	Pass	8:15pm
DET	Pass	8:15pm
BAR	Pass	8:15pm
BT	Pass	8:15pm

Blank Tests

Test	Status	Time
AIR	Pass	8:15pm

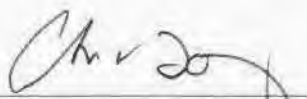
Printer Tests

Test	Status	Time
PRNT	Pass	8:15pm

CRC Tests

Test	Status	Time
COMP	Pass	8:15pm
CAL	Pass	8:15pm

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 Buncombe Instrument Location Bar Mobile Unit 2

Instrument Serial No. 008973 Buncombe CO 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 4 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ch - 207

Signature of Certifying Official

658

Certificate Number

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

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BAT MOBILE UNIT 02
100

Serial Number: 008973

Test Date: 11/04/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Towery, Chad V

Permit Number: 0035-5630

Effective:

09/15/2020-09/15/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	7:34pm
AIR BLK	.00	7:35pm
ACCY CHK	.08	7:35pm
AIR BLK	.00	7:36pm
SUB TEST	.00	7:37pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm

Reported AC: .00 g/210L

Chad V Towery

Signature of Chemical Analyst

Court CVR

Chad V Towery

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 BAT MOBILE UNIT 02 100

Serial Number: 008973 Test Record Number: 846
Test Date: 11/04/2020 Test Time: 7:41pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:41pm
FLO	Pass	7:41pm
FC	Pass	7:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:41pm
SRC	Pass	7:41pm
DET	Pass	7:41pm
BAR	Pass	7:41pm
BT	Pass	7:41pm

Blank Tests

Test	Status	Time
AIR	Pass	7:42pm

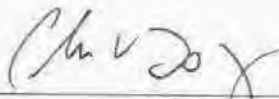
Printer Tests

Test	Status	Time
PRNT	Pass	7:42pm

CRC Tests

Test	Status	Time
COMP	Pass	7:42pm
CAL	Pass	7:42pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location Cabarrus County SO
Instrument Serial No. 008625 30 Corben Ave, Concord

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 19th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Helt
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625

Test Date: 11/19/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

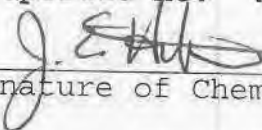
Test Type: Breath Test

Lot Number: AG902106

Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	7:08pm
AIR BLK	.00	7:09pm
ACCY CHK	.08	7:10pm
AIR BLK	.00	7:11pm
SUB TEST	.00	7:11pm
AIR BLK	.00	7:12pm
SUB TEST	.00	7:14pm
AIR BLK	.00	7:15pm

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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Record Number: 5580
Test Date: 11/19/2020 Test Time: 7:16pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:16pm
FLO	Pass	7:16pm
FC	Pass	7:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:16pm
SRC	Pass	7:16pm
DET	Pass	7:16pm
BAR	Pass	7:16pm
BT	Pass	7:16pm

Blank Tests

Test	Status	Time
AIR	Pass	7:17pm

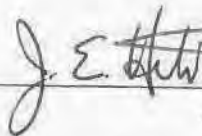
Printer Tests

Test	Status	Time
PRNT	Pass	7:17pm

CRC Tests

Test	Status	Time
COMP	Pass	7:17pm
CAL	Pass	7:17pm

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 Cabarrus Instrument Location Cabarrus County SD
Instrument Serial No. 008792 30 Carbon Ave, Concord

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 19th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatcher
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792
Test Date: 11/19/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

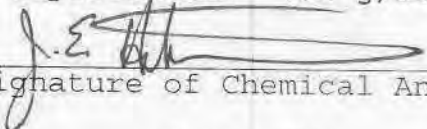
Test Type: Breath Test

Lot Number: AG919901

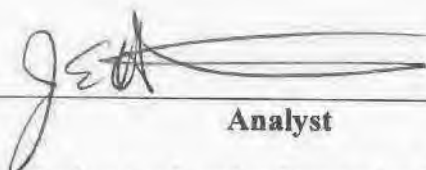
Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	7:10pm
AIR BLK	.00	7:11pm
ACCY CHK	.08	7:11pm
AIR BLK	.00	7:12pm
SUB TEST	.00	7:13pm
AIR BLK	.00	7:14pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SQ 170

Serial Number: 008792 Test Record Number: 3137
Test Date: 11/19/2020 Test Time: 7:17pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	7:17pm
SRC	Pass	7:17pm
DET	Pass	7:17pm
EAR	Pass	7:17pm
BT	Pass	7:17pm

Blank Tests

Test	Status	Time
AIR	Pass	7:18pm

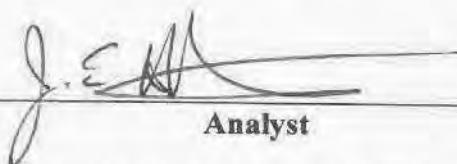
Printer Tests

Test	Status	Time
PRNT	Pass	7:18pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location Kannapolis PD
Instrument Serial No. 008910 401 Laurette Way, Kannapolis

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

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

I certify that on the 19th day of November, 2020, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Holt
Signature of Certifying Official 654
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008910
Test Date: 11/19/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

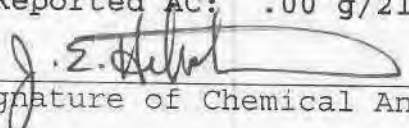
Lot Number: AG007601

Exp Date: 03/16/2022

Test g/210L Time

DIAG	Pass	8:17pm
AIR BLK	.00	8:18pm
ACCY CHK	.08	8:18pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm

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

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008910 Test Record Number: 1148
Test Date: 11/19/2020 Test Time: 8:24pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:25pm
FLO	Pass	8:25pm
FC	Pass	8:25pm

Temperature Tests

Test	Status	Time
FCI	Pass	8:25pm
SRC	Pass	8:25pm
DET	Pass	8:25pm
BAR	Pass	8:25pm
BT	Pass	8:25pm

Blank Tests

Test	Status	Time
AIR	Pass	8:25pm


Printer Tests

Test	Status	Time
PRNT	Pass	8:25pm

CRC Tests

Test	Status	Time
COMP	Pass	8:26pm
CAL	Pass	8:26pm

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 Caswell Instrument Location Caswell Co Detention Ctr

Instrument Serial No. 008593 211 County Prison 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 24 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

162
Certificate Number

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: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

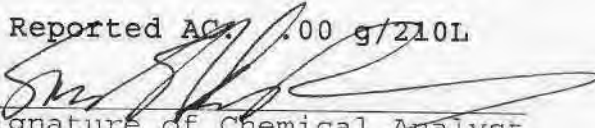
Test Type: Breath Test

Lot Number: AG919902

Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.07	12:17pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593 Test Record Number: 1848
Test Date: 11/24/2020 Test Time: 12:22pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:22pm
SRC	Pass	12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
BT	Pass	12:22pm

Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:23pm

CRC Tests

Test	Status	Time
COMP	Pass	12:23pm
CAL	Pass	12:23pm

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 Catawba Instrument Location Catawba County SO

Instrument Serial No. 008687 100 B. Southwest Blvd, Newton

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 30th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutchins
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687
Test Date: 11/30/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

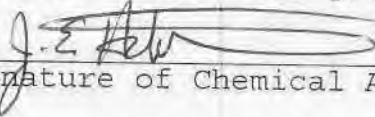
Test Type: Breath Test

Lot Number: AG933901

Exp Date: 12/05/2021

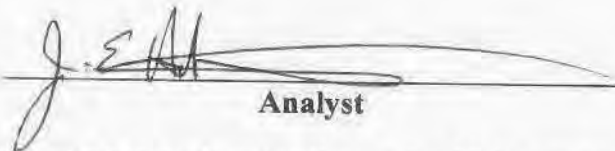
Test	g/210L	Time
DIAG	Pass	1:42pm
AIR BLK	.00	1:43pm
ACCY CHK	.08	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Record Number: 3128
Test Date: 11/30/2020 Test Time: 1:49pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:50pm
FLO	Pass	1:50pm
FC	Pass	1:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:50pm
SRC	Pass	1:50pm
DET	Pass	1:50pm
BAR	Pass	1:50pm
BT	Pass	1:50pm

Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

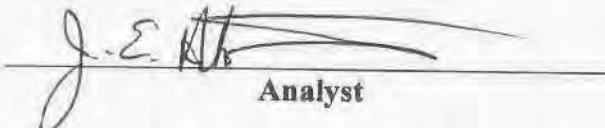
Printer Tests

Test	Status	Time
PRNT	Pass	1:51pm

CRC Tests

Test	Status	Time
COMP	Pass	1:51pm
CAL	Pass	1:51pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CHATHAM Instrument Location CHATHAM COUNTY DETENTION CENTER
Instrument Serial No. 008591 PITTSBORO, 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 24TH day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

6667
Certificate Number

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 DETENTION CENTER 180

Serial Number: 008591
Test Date: 11/24/2020

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

Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
09/28/2020-09/28/2022

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

Lot Number: AG934001
Exp Date: 12/06/2021

Test	g/210L	Time
DIAG	Pass	6:05pm
AIR BLK	.00	6:06pm
ACCY CHK	.08	6:07pm
AIR BLK	.00	6:08pm
SUB TEST	.00	6:08pm
AIR BLK	.00	6:09pm
SUB TEST	.00	6:11pm
AIR BLK	.00	6:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591 Test Record Number: 2461
Test Date: 11/24/2020 Test Time: 6:15pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:16pm
FLO	Pass	6:16pm
FC	Pass	6:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:16pm
SRC	Pass	6:16pm
DET	Pass	6:16pm
BAR	Pass	6:16pm
BT	Pass	6:16pm

Blank Tests

Test	Status	Time
AIR	Pass	6:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:16pm

CRC Tests

Test	Status	Time
COMP	Pass	6:17pm
CAL	Pass	6:17pm

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 CHATHAM Instrument Location SILER CITY POLICE DEPT.
Instrument Serial No. 008811 SILER CITY, 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 24TH day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the 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

667

Certificate Number

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 SILER CITY PD 180

Serial Number: 008811
Test Date: 11/24/2020

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

Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
09/28/2020-09/28/2022

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

Lot Number: AG911501
Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	4:42pm
AIR BLK	.00	4:44pm
ACCY CHK	.08	4:44pm
AIR BLK	.00	4:45pm
SUB TEST	.00	4:46pm
AIR BLK	.00	4:47pm
SUB TEST	.00	4:48pm
AIR BLK	.00	4:49pm

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 SILER CITY PD 180

Serial Number: 008811 Test Record Number: 1461
Test Date: 11/24/2020 Test Time: 4:52pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:52pm
FLO	Pass	4:52pm
FC	Pass	4:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:52pm
SRC	Pass	4:52pm
DET	Pass	4:52pm
BAR	Pass	4:52pm
BT	Pass	4:52pm

Blank Tests

Test	Status	Time
AIR	Pass	4:53pm


Printer Tests

Test	Status	Time
PRNT	Pass	4:53pm

CRC Tests

Test	Status	Time
COMP	Pass	4:53pm
CAL	Pass	4:53pm

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 CHowan Instrument Location Chowan Public Safety Center

Instrument Serial No. 008895 305 FREEMASON ST, EDMOND, 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 17th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895
Test Date: 11/17/2020

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

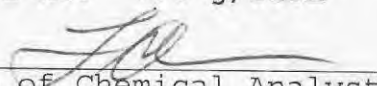
Analyst's Name: *Keesler, Linda A*
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG933703
Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	1:56pm
AIR BLK	.00	1:57pm
ACCY CHK	.08	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm
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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 1002
Test Date: 11/17/2020 Test Time: 2:03pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:04pm
FLO	Pass	2:04pm
FC	Pass	2:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:04pm
SRC	Pass	2:04pm
DET	Pass	2:04pm
BAR	Pass	2:04pm
BT	Pass	2:04pm

Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

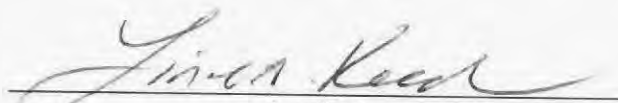
Printer Tests

Test	Status	Time
PRNT	Pass	2:05pm

CRC Tests

Test	Status	Time
COMP	Pass	2:05pm
CAL	Pass	2:05pm

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 Cleveland Instrument Location Cleveland County 30 Annex
Instrument Serial No. 008887 407 McBrayer St, Shelby

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 13th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hester
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

CLEVELAND COUNTY CLEVELAND SO-ANNEX
220

Serial Number: 008887
Test Date: 11/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

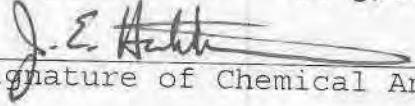
Test Type: Breath Test

Lot Number: AG933901

Exp Date: 12/05/2021

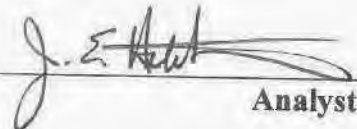
Test	g/210L	Time
DIAG	Pass	8:08pm
AIR BLK	.00	8:09pm
ACCY CHK	.08	8:09pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:13pm
AIR BLK	.00	8:14pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887 Test Record Number: 3323
Test Date: 11/13/2020 Test Time: 8:15pm EST

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 Cleveland Instrument Location Cleveland County SO Annex
Instrument Serial No. 008893 407 McBryer St, Shelby

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 13th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. H. H. Signature of Certifying Official 650 Certificate Number

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

Intox EC/IR-II: Subject Test

CLEVELAND COUNTY CLEVELAND SO-ANNEX
220

Serial Number: 008893
Test Date: 11/13/2020

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


Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective:
07/09/2019-07/09/2021

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

Lot Number: AG007601
Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	8:23pm
AIR BLK	.00	8:24pm
ACCY CHK	.08	8:25pm
AIR BLK	.00	8:26pm
SUB TEST	.00	8:26pm
AIR BLK	.00	8:27pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:30pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Record Number: 1738
Test Date: 11/13/2020 Test Time: 8:31pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:32pm

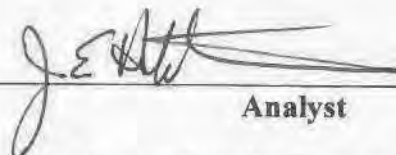
Printer Tests

Test	Status	Time
PRNT	Pass	8:32pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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 Cleveland Instrument Location Kings Mtn PD

Instrument Serial No. 008900 112 S. Piedmont Ave, Kings Mtn

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 13th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatcher
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900
Test Date: 11/13/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

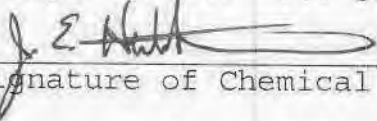
Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

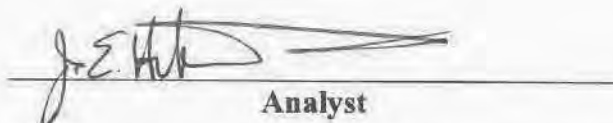
Test	g/210L	Time
DIAG	Pass	4:44pm
AIR BLK	.00	4:45pm
ACCY CHK	.08	4:46pm
AIR BLK	.00	4:47pm
SUB TEST	.00	4:48pm
AIR BLK	.00	4:49pm
SUB TEST	.00	4:50pm
AIR BLK	.00	4:51pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Record Number: 822
Test Date: 11/13/2020 Test Time: 4:52pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:52pm
FLO	Pass	4:52pm
FC	Pass	4:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:52pm
SRC	Pass	4:52pm
DET	Pass	4:52pm
BAR	Pass	4:52pm
BT	Pass	4:52pm

Blank Tests

Test	Status	Time
AIR	Pass	4:53pm


Printer Tests

Test	Status	Time
PRNT	Pass	4:53pm

CRC Tests

Test	Status	Time
COMP	Pass	4:53pm
CAL	Pass	4:53pm

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 CRAVEN Instrument Location CRAVEN COUNTY

Instrument Serial No. 008732 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 13 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the 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. Basso

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 DETENTION CENTER 240

Serial Number: 008732
Test Date: 11/13/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/09/2020-10/09/2022

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

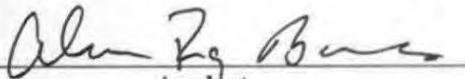
Lot Number: AG018801
Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	2:44pm
AIR BLK	.00	2:44pm
ACCY CHK	.07	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY DETENTION CENTER 240

Serial Number: 008732 Test Record Number: 2500
Test Date: 11/13/2020 Test Time: 2:50pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:51pm
FLO	Pass	2:51pm
FC	Pass	2:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:51pm
SRC	Pass	2:51pm
DET	Pass	2:51pm
BAR	Pass	2:51pm
BT	Pass	2:51pm

Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

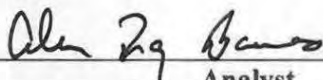
Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm

CRC Tests

Test	Status	Time
COMP	Pass	2:52pm
CAL	Pass	2:52pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CURRITUCK Instrument Location CURRITUCK CO. S.D. - COCOLLA
Instrument Serial No. 008949 1123 Ocean Trail, Cololla, 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 28th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Linda A. Reed
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949
Test Date: 11/23/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

09/16/2020-09/16/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

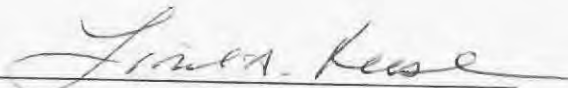
Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK	.00	1:44pm
ACCY CHK	.08	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 566
Test Date: 11/23/2020 Test Time: 1:50pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
FLO	Pass	1:51pm
FC	Pass	1:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

Blank Tests

Test	Status	Time
AIR	Pass	1:52pm


Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm

CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

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 Dare Instrument Location Dare Co S.O. - Hethers

Instrument Serial No. 008807 SO346 Mc Hwy 12, Frisco, 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 16th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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 SO HATTERAS 270

Serial Number: 008807
Test Date: 11/16/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

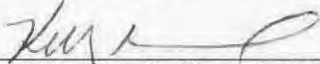
Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	8:46am
AIR BLK	.00	8:47am
ACCY CHK	.07	8:47am
AIR BLK	.00	8:49am
SUB TEST	.00	8:49am
AIR BLK	.00	8:50am
SUB TEST	.00	8:52am
AIR BLK	.00	8:53am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 1203
Test Date: 11/16/2020 Test Time: 8:54am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:54am
FLO	Pass	8:54am
FC	Pass	8:54am

Temperature Tests

Test	Status	Time
FC1	Pass	8:54am
SRC	Pass	8:54am
DET	Pass	8:54am
BAR	Pass	8:54am
BT	Pass	8:54am

Blank Tests

Test	Status	Time
AIR	Pass	8:55am


Printer Tests

Test	Status	Time
PRNT	Pass	8:55am

CRC Tests

Test	Status	Time
COMP	Pass	8:55am
CAL	Pass	8:55am

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 DARE Instrument Location Kill Devil Hills P.P.

Instrument Serial No. 008844 102 TOWN DR, Kill Devil Hills, 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 23rd day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844
Test Date: 11/23/2020

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


Analyst's Name: Keesler, Linda A
Permit Number: 0045-5468
Effective:
09/16/2020-09/16/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022


Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:30pm
ACCY CHK	.08	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

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

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 2449
Test Date: 11/23/2020 Test Time: 12:36pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

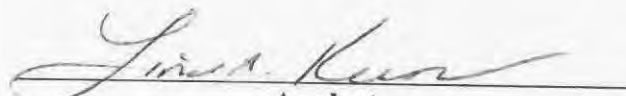
Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm

CRC Tests

Test	Status	Time
COMP	Pass	12:38pm
CAL	Pass	12:38pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DAVIDSON Instrument Location THOMASVILLE

Instrument Serial No. 009872 POLICE 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 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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 THOMASVILLE PD 280

Serial Number: 008872
Test Date: 11/12/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/04/2020-08/04/2022

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901

Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	11:52am
AIR BLK	.00	11:53am
ACCY CHK	.07	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 1498
Test Date: 11/12/2020 Test Time: 12:00pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:01pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Durham Instrument Location Durham Co Jail

Instrument Serial No. 009859 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 24 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

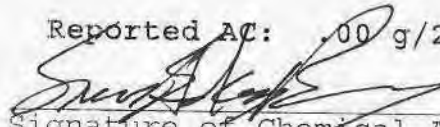
Test Type: Breath Test

Lot Number: AG933703

Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	3:39pm
AIR BLK	.00	3:39pm
ACCY CHK	.08	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm

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: 2471
Test Date: 11/24/2020 Test Time: 3:46pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:46pm
FLO	Pass	3:46pm
FC	Pass	3:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:46pm
SRC	Pass	3:46pm
DET	Pass	3:46pm
BAR	Pass	3:46pm
BT	Pass	3:46pm

Blank Tests

Test	Status	Time
AIF	Pass	3:47pm

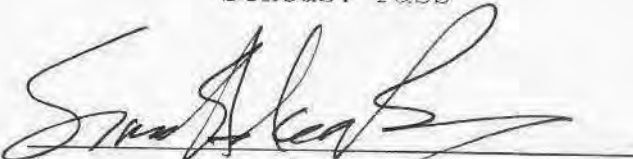
Printer Tests

Test	Status	Time
PRNT	Pass	3:47pm

CRC Tests

Test	Status	Time
COMP	Pass	3:47pm
CAL	Pass	3:47pm

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 Durham Instrument Location Durham Co Jail

Instrument Serial No. 005878 219 S. Morgan 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 24 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 008878

Test Date: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

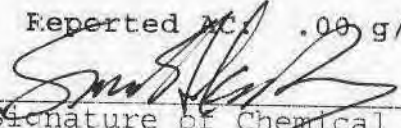
Test Type: Breath Test

Lot Number: AG933703

Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	3:41pm
AIR BLK	.00	3:41pm
ACCY CHK	.08	3:42pm
AIR BLK	.00	3:43pm
SUE TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUE TEST	.00	3:46pm
AIR BLK	.00	3:47pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 4953
Test Date: 11/24/2020 Test Time: 3:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:49pm
FLO	Pass	3:49pm
FC	Pass	3:49pm

Temperature Tests

Test	Status	Time
FCL	Pass	3:49pm
SRC	Pass	3:49pm
DET	Pass	3:49pm
BAR	Pass	3:49pm
BT	Pass	3:49pm

Blank Tests

Test	Status	Time
AIR	Pass	3:50pm

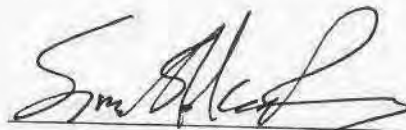
Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm

CRC Tests

Test	Status	Time
COMP	Pass	3:50pm
CAL	Pass	3:50pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II 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 211 S. Main 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 24 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 008891
Test Date: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

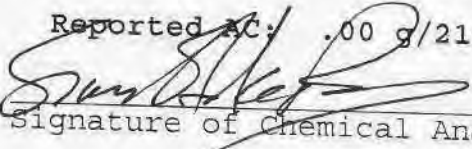
Test Type: Breath Test

Lot Number: AG933703


Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	3:40pm
AIR BLK	.00	3:40pm
ACCY CHK	.08	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm

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: 4292
Test Date: 11/24/2020 Test Time: 3:47pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:48pm


Printer Tests

Test	Status	Time
PRNT	Pass	3:48pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

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 30 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 11/30/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/04/2020-08/04/2022

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


Lot Number: AG018202
Exp Date: 06/30/2022

Test	g/210L	Time
DIAG	Pass	1:11pm
AIR BLK	.00	1:12pm
ACCY CHK	.08	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:17pm
AIR BLK	.00	1:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 8238
Test Date: 11/30/2020 Test Time: 1:18pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
BT	Pass	1:19pm

Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

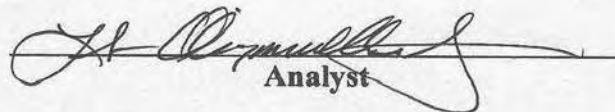
Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County FORSYTH Instrument Location KERNERSVILLE

Instrument Serial No. 008650 POLICE 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 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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 KERNERSVILLE PD 330

Serial Number: 008650
Test Date: 11/12/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/04/2020-08/04/2022

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933901

Exp Date: 12/05/2021

Test	g/210L	Time
DIAG	Pass	2:20pm
AIR BLK	.00	2:21pm
ACCY CHK	.08	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 1670
Test Date: 11/12/2020 Test Time: 2:28pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:28pm
SRC	Pass	2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

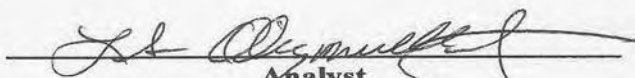
Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm

CRC Tests

Test	Status	Time
COMP	Pass	2:29pm
CAL	Pass	2:29pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II 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 30 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 11/30/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/04/2020-08/04/2022

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919902

Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	1:28pm
AIR BLK	.00	1:29pm
ACCY CHK	.08	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 5575
Test Date: 11/30/2020 Test Time: 1:47pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm

CRC Tests

Test	Status	Time
COMP	Pass	1:48pm
CAL	Pass	1:48pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II 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 30 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

1069
Certificate Number

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: 11/30/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/04/2020-08/04/2022

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933901

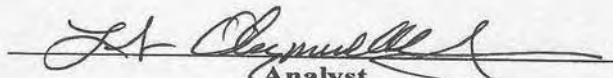
Exp Date: 12/05/2021

Test	g/210L	Time
DIAG	Pass	1:28pm
AIR BLK	.00	1:28pm
ACCY CHK	.08	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 3451
Test Date: 11/30/2020 Test Time: 1:34pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
BT	Pass	1:35pm

Blank Tests

Test	Status	Time
AIR	Pass	1:36pm


Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Gaston Instrument Location Gaston County Sheriffs Office
Instrument Serial No. 008002 Gastonia, 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 November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008002
Test Date: 11/07/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/17/2020-09/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	2:13pm
AIR BLK	.00	2:14pm
ACCY CHK	.08	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:19pm

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: 008002 Test Record Number: 564
Test Date: 11/07/2020 Test Time: 2:20pm EST

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

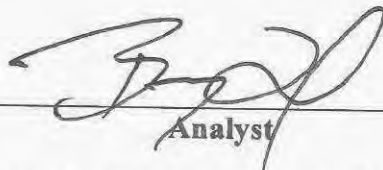
Printer Tests

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

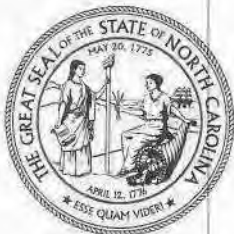
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Gaston Instrument Location Mt Holly PD
Instrument Serial No. 008733 400 E. Central Ave., Mt Holly

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

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

I certify that on the 24th day of November, 2020, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatcher
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

GASTON COUNTY MT, HOLLY PD 350

Serial Number: 008733
Test Date: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

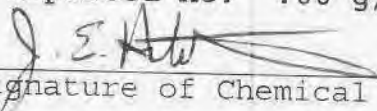
Test Type: Breath Test

Lot Number: AG904301

Exp Date: 02/12/2021

Test	g/210L	Time
DIAG	Pass	9:52am
AIR BLK	.00	9:53am
ACCY CHK	.08	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am

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: 1248
Test Date: 11/24/2020 Test Time: 10:00am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:00am
FLO	Pass	10:00am
FC	Pass	10:01am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:01am

Printer Tests

Test	Status	Time
PRNT	Pass	10:01am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GATES Instrument Location GATES CO. S.O.
Instrument Serial No. 008884 202 COURT ST., GATESVILLE,
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 12th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

GATES COUNTY GATES CO SO 360

Serial Number: 008884

Test Date: 11/12/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5468

Effective:

09/16/2020-09/16/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

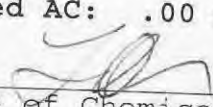
Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

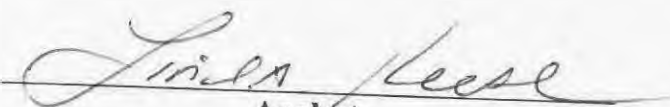
Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:22pm
ACCY CHK	.07	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 976
Test Date: 11/12/2020 Test Time: 12:30pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:30pm
FLO	Pass	12:30pm
FC	Pass	12:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:30pm
SRC	Pass	12:30pm
DET	Pass	12:30pm
BAR	Pass	12:30pm
BT	Pass	12:30pm

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

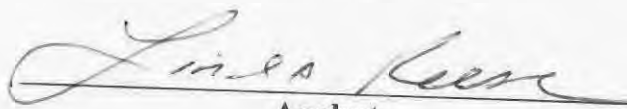
Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm

CRC Tests

Test	Status	Time
COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Granville Instrument Location Lawrence PS

Instrument Serial No. 07641 111 MARSINI ST
Channahon, IL

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 24 day of November, 2007 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ed 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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641
Test Date: 11/24/2020

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

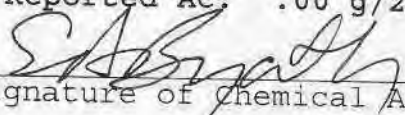
Analyst's Name: Bryant Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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


Lot Number: AG919902
Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	4:29pm
AIR BLK	.00	4:29pm
ACCY CHK	.08	4:30pm
AIR BLK	.00	4:31pm
SUB TEST	.00	4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:35pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 1331
Test Date: 11/24/2020 Test Time: 4:35pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:35pm
FLO	Pass	4:35pm
FC	Pass	4:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:36pm
SRC	Pass	4:36pm
DET	Pass	4:36pm
BAR	Pass	4:36pm
BT	Pass	4:36pm

Blank Tests

Test	Status	Time
AIR	Pass	4:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:36pm

CRC Tests

Test	Status	Time
COMP	Pass	4:37pm
CAL	Pass	4:37pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Granville Instrument Location Oxford PD

Instrument Serial No. 008923 201 E. McClanahan St Oxford, 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 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

1662
Certificate Number

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

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923

Test Date: 11/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

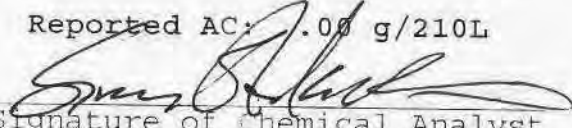
Test Type: Breath Test

Lot Number: AG018401


Exp Date: 07/02/2022

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

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


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 2486
Test Date: 11/20/2020 Test Time: 10:49am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10:50am

Temperature Tests

Test	Status	Time
FC1	Pass	10:50am
SRC	Pass	10:50am
DET	Pass	10:50am
BAR	Pass	10:50am
BT	Pass	10:50am

Blank Tests

Test	Status	Time
AIR	Pass	10:50am


Printer Tests

Test	Status	Time
PRNT	Pass	10:50am

CRC Tests

Test	Status	Time
COMP	Pass	10:50am
CAL	Pass	10:50am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008600 Greensboro

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 November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: Preventive Maintenance

GUILDFORD COUNTY BAT MOBILE 12 400

Serial Number: 008600 Test Record Number: 2037
Test Date: 11, 16, 2020 Test Time: 10:50am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:51am
FLO	Pass	10:51am
FC	Pass	10:51am

Temperature Tests

Test	Status	Time
FC1	Pass	10:51am
SRC	Pass	10:51am
DET	Pass	10:51am
BAR	Pass	10:51am
BT	Pass	10:51am

Blank Tests

Test	Status	Time
AIR	Pass	10:51am

Printer Tests

Test	Status	Time
PRNT	Pass	10:51am

CRC Tests

Test	Status	Time
COMP	Pass	10:52am
CAL	Pass	10:52am

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE 12 400

Serial Number: 503600

Test Date: 11/16 2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG919902

Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	10:42am
AIR BLK	.00	10:43am
ACCY CHK	.08	10:44am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GUILFORD Instrument Location UNC - GREENSBORO

Instrument Serial No. 008604 POLICE 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 25 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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 UNC-G POLICE DEPT 400

Serial Number: 008604
Test Date: 11/25/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/04/2020-08/04/2022

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG933703

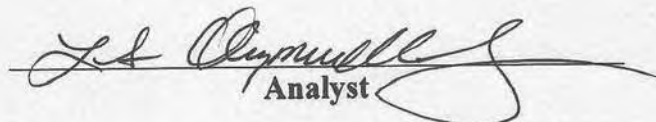
Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	12:06pm
AIR BLK	.00	12:07pm
ACCY CHK	.08	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 1916
Test Date: 11/25/2020 Test Time: 12:14pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

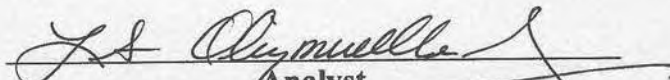
Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm

CRC Tests

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

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 FULLFORD Instrument Location GREENSBORO
Instrument Serial No. 008725 POLICE 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 25 day of NOVEMBER, 20 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

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 PD 400

Serial Number: 008725

Test Date: 11/25/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/04/2020-08/04/2022

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301

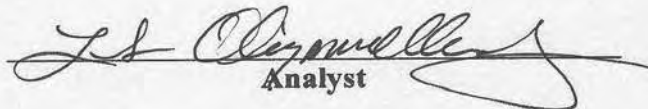
Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	12:40pm
AIR BLK	.00	12:41pm
ACCY CHK	.08	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4612
Test Date: 11/25/2020 Test Time: 12:49pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
FC	Pass	12:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:49pm
SRC	Pass	12:49pm
DET	Pass	12:49pm
BAR	Pass	12:49pm
BT	Pass	12:49pm

Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

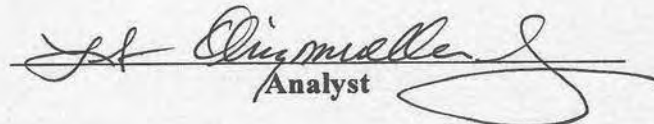
Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm

CRC Tests

Test	Status	Time
COMP	Pass	12:50pm
CAL	Pass	12:50pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location Pat mobile Unit 8
Instrument Serial No. 008929 UNC-B 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 12 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Danya B Skinner
Signature of Certifying Official

644
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD BAT MOBILE UNIT 8 400

Serial Number: 008929 Test Record Number: 1110
Test Date: 11/12/2020 Test Time: 9:27pm EST

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

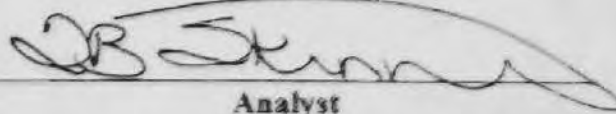
Printer Tests

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

Intox EC/IR-II: Subject Test

GUILFORD BAT MOBILE UNIT 8 400

Serial Number: 008929
Test Date: 11/12/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG018202

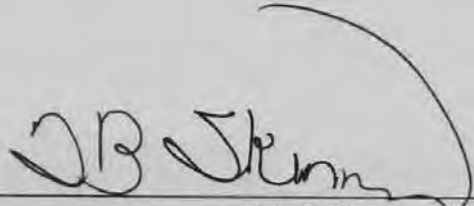
Exp Date: 06/30/2022

Test	g/210L	Time
DIAG	Pass	9:16pm
AIR BLK	.00	9:18pm
ACCY CHK	.08	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake Instrument Location Roanoke Rapids PD

Instrument Serial No. 018435 1110 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 23 day of December, 20 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



E.A. Boyd
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: 008635
Test Date: 11/23/2020

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

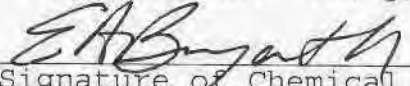
Analyst's Name: Bryant Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG018401
Exp Date: 07/02/2022

Test	g/210L	Time
DIAG	Pass	10:50am
AIR BLK	.00	10:50am
ACCY CHK	.08	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1804
Test Date: 11/23/2020 Test Time: 11:03am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

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	11:04am
CAL	Pass	11:04am

Preventive 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 Roseville Road PD
Instrument Serial No. 008656 1040 Roseville Ave
Roseville Road, 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 November, 2020 the forgoing preventive maintenance procedures were performed on the 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. B. [Signature] 671
Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Subject Test

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656
Test Date: 11/23/2020

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

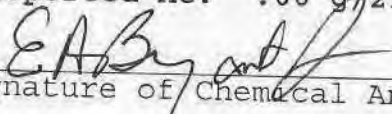
Analyst's Name: Bryant Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG018401
Exp Date: 07/02/2022

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 709
Test Date: 11/23/2020 Test Time: 10:15am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:15am
FLO	Pass	10:15am
FC	Pass	10:15am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

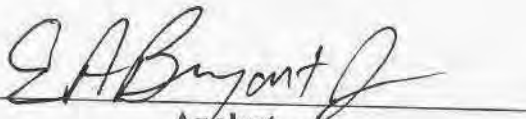
Printer Tests

Test	Status	Time
PRNT	Pass	10:16am

CRC Tests

Test	Status	Time
COMP	Pass	10:16am
CAL	Pass	10:16am

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 Wake Instrument Location Holston Co 50

Instrument Serial No. 008695 335 Fayetteville
Holston, 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 27 day of November, 2020 the forgoing preventive maintenance procedures were performed on the 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 27
Certificate Number

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. HALIFAX CO SO 410

Serial Number: 008695

Test Date: 11/23/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/15/2020-09/15/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG911501

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	3:49pm
AIR BLK	.00	3:50pm
ACCY CHK	.08	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HALIFAX CO. HALIFAX CO SO 410

Serial Number: 008695 Test Record Number: 3022
Test Date: 11/23/2020 Test Time: 4:04pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:04pm
FLO	Pass	4:04pm
FC	Pass	4:05pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:05pm

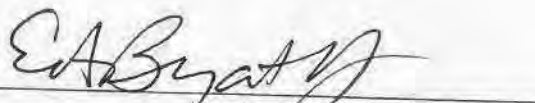
Printer Tests

Test	Status	Time
PRNT	Pass	4:05pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hyde Instrument Location Hyde Co S.O. - Ocracoke
Instrument Serial No. 008797 NC 12, Ocracoke, 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 11th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kar
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797

Test Date: 11/16/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

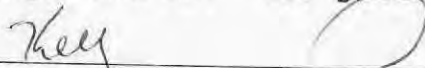
Test Type: Breath Test

Lot Number: AG911501

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	11:42am
AIR BLK	.00	11:43am
ACCY CHK	.08	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 601
Test Date: 11/16/2020 Test Time: 11:49am EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:50am

Printer Tests

Test	Status	Time
PRNT	Pass	11:50am

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Johnston Co Instrument Location Clayton Police Dep't
Instrument Serial No. 008638 Clayton, 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 30 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]

Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658

Test Date: 11/30/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

10/08/2020-10/08/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

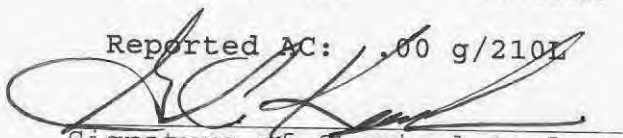
Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022


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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Record Number: 1670
Test Date: 11/30/2020 Test Time: 11:12am EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

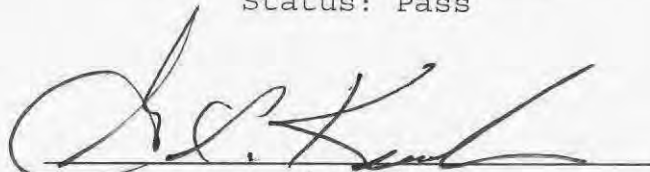
Printer Tests

Test	Status	Time
PRNT	Pass	11:13am

CRC Tests

Test	Status	Time
COMP	Pass	11:14am
CAL	Pass	11:14am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County LEE Instrument Location LEE COUNTY DETENTION CENTER
Instrument Serial No. 008645 SANFORD, 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 23RD day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the 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

667
Certificate Number

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 DETENTION CENTER 520

Serial Number: 008645
Test Date: 11/23/2020

Citation Number: M0800000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Galloway, Charles L

Permit Number: 0023-9771

Effective:

09/28/2020-09/28/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG018801

Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	8:48am
AIR BLK	.00	8:49am
ACCY CHK	.08	8:49am
AIR BLK	.00	8:50am
SUB TEST	.00	8:51am
AIR BLK	.00	8:52am
SUB TEST	.00	8:53am
AIR BLK	.00	8:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Record Number: 2062
Test Date: 11/23/2020 Test Time: 8:55am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:55am
FLO	Pass	8:55am
EC	Pass	8:55am

Temperature Tests

Test	Status	Time
FCI	Pass	8:56am
SRC	Pass	8:56am
DET	Pass	8:56am
BAR	Pass	8:56am
BT	Pass	8:56am

Blank Tests

Test	Status	Time
AIR	Pass	8:56am

Printer Tests

Test	Status	Time
PRNT	Pass	8:56am

CRC Tests

Test	Status	Time
COMP	Pass	8:56am
CAL	Pass	8:56am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County LEE Instrument Location SANFORD POLICE DEPT.
Instrument Serial No. 0088167 SANFORD, 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 23RD day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the 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

667
Certificate Number

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 SANFORD POLICE DEPT 520

Serial Number: 008867
Test Date: 11/23/2020

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

Analyst's Name: Galloway, Charles L
Permit Number: 0023-9771
Effective:
09/28/2020-09/28/2022

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

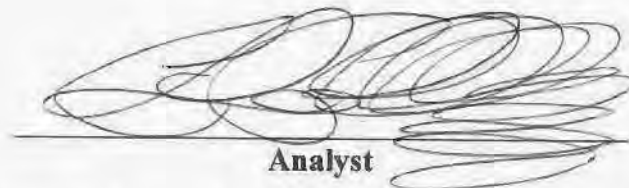
Lot Number: AG934001
Exp Date: 12/06/2021

Test	g/210L	Time
DIAG	Pass	7:37am
AIR BLK	.00	7:37am
ACCY CHK	.08	7:38am
AIR BLK	.00	7:39am
SUB TEST	.00	7:40am
AIR BLK	.00	7:41am
SUB TEST	.00	7:42am
AIR BLK	.00	7:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 1198
Test Date: 11/23/2020 Test Time: 7:44am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:44am
FLO	Pass	7:44am
FC	Pass	7:45am

Temperature Tests

Test	Status	Time
FC1	Pass	7:45am
SRC	Pass	7:45am
DET	Pass	7:45am
BAR	Pass	7:45am
BT	Pass	7:45am

Blank Tests

Test	Status	Time
AIR	Pass	7:45am

Printer Tests

Test	Status	Time
PRNT	Pass	7:45am

CRC Tests

Test	Status	Time
COMP	Pass	7:46am
CAL	Pass	7:46am

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 Lenoir Instrument Location Kingston P.D.

Instrument Serial No. 008624 205 E. King St, Kingston, 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 30th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624
Test Date: 11/30/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG933703
Exp Date: 12/03/2021

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 1906
Test Date: 11/30/2020 Test Time: 11:25am EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Test	Status	Time
PRNT	Pass	11:26am

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lenoir Instrument Location Lenoir Co S.O.
Instrument Serial No. 11091639 130 Queen St, Kingston, 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 30th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

1043
Certificate Number

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

Intox EC/IR-II: Subject Test

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Date: 11/30/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

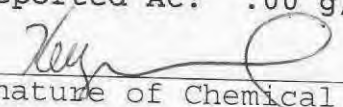
Test Type: Breath Test

Lot Number: AG933703

Exp Date: 12/03/2021


Test	g/210L	Time
DIAG	Pass	10:48am
AIR BLK	.00	10:48am
ACCY CHK	.07	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 3497
Test Date: 11/30/2020 Test Time: 10:55am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:56am
FLO	Pass	10:56am
FC	Pass	10:56am

Temperature Tests

Test	Status	Time
FC1	Pass	10:56am
SRC	Pass	10:56am
DET	Pass	10:56am
BAR	Pass	10:56am
BT	Pass	10:56am

Blank Tests

Test	Status	Time
AIR	Pass	10:56am


Printer Tests

Test	Status	Time
PRNT	Pass	10:56am

CRC Tests

Test	Status	Time
COMP	Pass	10:57am
CAL	Pass	10:57am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lincoln Instrument Location Lincoln County Courthouse

Instrument Serial No. 008823 1 Courthouse Square, Lincoln

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 20th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatch
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823
Test Date: 11/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

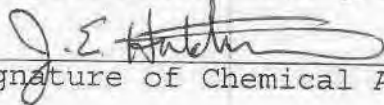
Test Type: Breath Test

Lot Number: AG919901

Exp Date: 07/18/2021

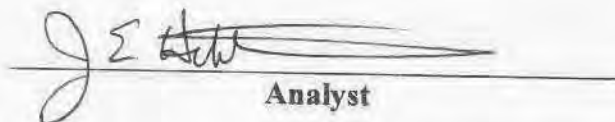
Test	g/210L	Time
DIAG	Pass	2:34pm
AIR BLK	.00	2:35pm
ACCY CHK	.08	2:36pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 1687
Test Date: 11/20/2020 Test Time: 2:42pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Macon Instrument Location Macon County Jail
Instrument Serial No. 008615 Franklin, 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 3 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618

Test Date: 11/03/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/17/2020-09/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901

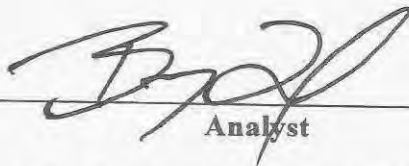
Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	10:33am
AIR BLK	.00	10:34am
ACCY CHK	.07	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 2095
Test Date: 11/03/2020 Test Time: 10:41am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am

CRC Tests

Test	Status	Time
COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

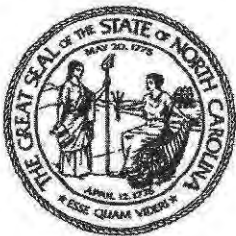
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II and
MODEL INTOX EC/IR II (Enhanced with serial number 10,000 or higher)**

County Macon Instrument Location Macon County Jail
Instrument Serial No. 008789 Franklin, 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 3 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789

Test Date: 11/03/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/17/2020-09/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG018801

Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	10:54am
AIR BLK	.00	10:54am
ACCY CHK	.07	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:59am
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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 692
Test Date: 11/03/2020 Test Time: 11:01am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:01am
FLO	Pass	11:01am
FC	Pass	11:01am

Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
BT	Pass	11:01am

Blank Tests

Test	Status	Time
AIR	Pass	11:02am


Printer Tests

Test	Status	Time
PRNT	Pass	11:02am

CRC Tests

Test	Status	Time
COMP	Pass	11:02am
CAL	Pass	11:02am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Macon Instrument Location Macon County Magistrate

Instrument Serial No. 008916 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 3 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

MACON COUNTY MACON COUNTY MAGISTRATE
550

Serial Number: 008916
Test Date: 11/03/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/17/2020-09/17/2022

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

Lot Number: AG018801
Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	12:31pm
AIR BLK	.00	12:32pm
ACCY CHK	.08	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY MAGISTRATE 550

Serial Number: 008916 Test Record Number: 1549

Test Date: 11/03/2020 Test Time: 12:39pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:39pm
FLO	Pass	12:39pm
FC	Pass	12:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:39pm
SRC	Pass	12:39pm
DET	Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	12:39pm

Blank Tests

Test	Status	Time
AIR	Pass	12:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm

CRC Tests

Test	Status	Time
COMP	Pass	12:40pm
CAL	Pass	12:40pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County M'Dowell Instrument Location M'Dowell Co Jail

Instrument Serial No. 008858 Ma. Co, 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 November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Date: 11/06/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/17/2020-09/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG018801

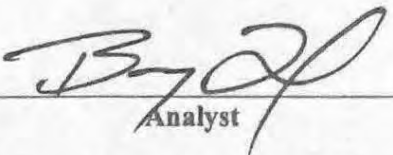
Exp Date: 07/06/2022

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

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1580
Test Date: 11/06/2020 Test Time: 12:15pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm


Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm

CRC Tests

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

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 McDowell Instrument Location McDowell Co. Jail

Instrument Serial No. 008892 Moreau, 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 November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

MCDOWELL COUNTY JAIL 580

Serial Number: 008892
Test Date: 11/06/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/17/2020-09/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601

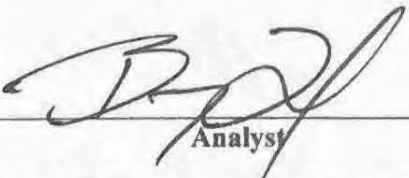
Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	12:06pm
AIR BLK	.00	12:07pm
ACCY CHK	.07	12:08pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 905
Test Date: 11/06/2020 Test Time: 12:13pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:13pm
FLO	Pass	12:13pm
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	12:14pm

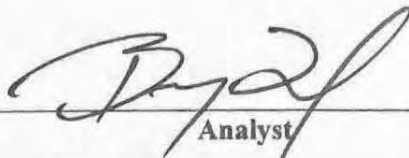
Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm

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 Mecklenburg Instrument Location Mecklenburg County SO
Instrument Serial No. 008690 801 E. 4th Street, 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 24th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatch
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690

Test Date: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

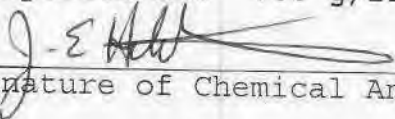
Test Type: Breath Test

Lot Number: AG934303

Exp Date: 12/09/2021

Test	g/210L	Time
DIAG	Pass	12:23pm
AIR BLK	.00	12:24pm
ACCY CHK	.08	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

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: 6630
Test Date: 11/24/2020 Test Time: 12:30pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:30pm
FLO	Pass	12:30pm
FC	Pass	12:30pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm

CRC Tests

Test	Status	Time
COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location CMPD LEC
Instrument Serial No. 008691 600 E Trade St, 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 24th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hill
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691
Test Date: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

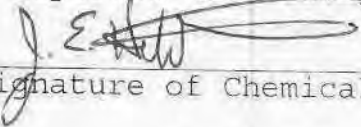
Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022


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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691 Test Record Number: 8347
Test Date: 11/24/2020 Test Time: 12:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
BT	Pass	12:02pm

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm

CRC Tests

Test	Status	Time
COMP	Pass	12:03pm
CAL	Pass	12:03pm

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 Cornelius PD

Instrument Serial No. 008692 21440 Catawba Ave, Cornelius

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 24th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatcher
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 003592

Test Date: 11/24/2020

Citation Number: M0030000-0

Subject's Name:

PREVENTIVE MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XY

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 9035-8075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	10:42am
AIR BLK	.00	10:43am
ACCY CHK	.00	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 442
Test Date: 11/24/2020 Test Time: 10:47am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:50am

Temperature Tests

Test	Status	Time
FCI	Pass	10:50am
SRC	Pass	10:50am
DET	Pass	10:50am
BAR	Pass	10:50am
BT	Pass	10:50am

Blank Tests

Test	Status	Time
AIR	Pass	10:50am

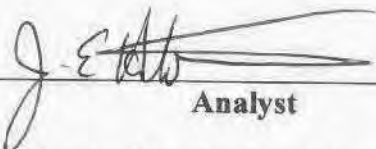
Printer Tests

Test	Status	Time
PRNT	Pass	10:51am

CRC Tests

Test	Status	Time
COMP	Pass	10:51am
CAL	Pass	10:51am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location Matthews PD

Instrument Serial No. 008699 1201 Crews Rd, Matthews

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 24th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hill
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Date: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

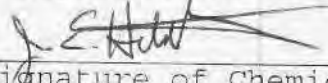
Test Type: Breath Test

Lot Number: AG902106

Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:16pm
ACCY CHK	.08	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 2886
Test Date: 11/24/2020 Test Time: 1:23pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:23pm
FC	Pass	1:23pm

Temperature Tests

Test	Status	Time
FCL	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

Blank Test

Test	Status	Time
AIR	Pass	1:24pm


Printer Tests

Test	Status	Time
PRNT	Pass	1:24pm

CRC Tests

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

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 Mecklenburg Instrument Location Pineville PD
Instrument Serial No. 008703 427 Main Street, Pineville

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 19th day of November, 2020, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatcher
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703

Test Date: 11/19/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG904301

Exp Date: 02/21/2021

Test	g/210L	Time
DIAG	Pass	4:05pm
AIR BLK	.00	4:05pm
ACCY CHK	.08	4:06pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:08pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:11pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 5898
Test Date: 11/19/2020 Test Time: 4:11pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:12pm
FLO	Pass	4:12pm
FC	Pass	4:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:12pm
SRC	Pass	4:12pm
DET	Pass	4:12pm
BAR	Pass	4:12pm
BT	Pass	4:12pm

Blank Tests

Test	Status	Time
AIR	Pass	4:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:13pm

CRC Tests

Test	Status	Time
COMP	Pass	4:13pm
CAL	Pass	4:13pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mitchell Instrument Location Spruce Pine Police Dept
Instrument Serial No. 008726 Spruce Pine, 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 November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726
Test Date: 11/23/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/17/2020-09/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301

Exp Date: 07/22/2021

Test	g/210L	Time
DIAG	Pass	10:53am
AIR BLK	.00	10:54am
ACCY CHK	.08	10:55am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am

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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 1077
Test Date: 11/23/2020 Test Time: 11:00am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
FC	Pass	11:00am

Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DET	Pass	11:00am
BAR	Pass	11:00am
BT	Pass	11:00am

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

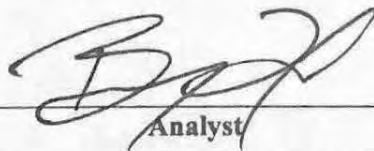
Printer Tests

Test	Status	Time
PRNT	Pass	11:01am

CRC Tests

Test	Status	Time
COMP	Pass	11:01am
CAL	Pass	11:01am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Nash Instrument Location Rocky Mount PD

Instrument Serial No. 008740 #1 Corson's Plaza

Rocky Mount, 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 25 day of November, 2020 the forgoing preventive maintenance procedures were performed on the 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. 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

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740

Test Date: 11/25/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/15/2020-09/15/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

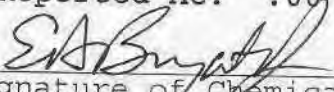
Test Type: Breath Test

Lot Number: AG919902


Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	10:43am
AIR BLK	.00	10:44am
ACCY CHK	.07	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 753
Test Date: 11/25/2020 Test Time: 10:52am EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:54am


Printer Tests

Test	Status	Time
PRNT	Pass	10:54am

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Nash Instrument Location Rocky Mount PD
Instrument Serial No. 008791 #1 Government Plaza
Rocky Mount, 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 25 day of November, 2020 the forgoing preventive maintenance procedures were performed on the 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

171

Certificate Number

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

Intox EC/IR-II: Subject Test

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741
Test Date: 11/25/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/15/2020-09/15/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

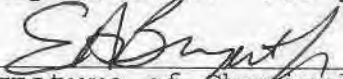
Test Type: Breath Test

Lot Number: AG919902

Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	10:45am
AIR BLK	.00	10:45am
ACCY CHK	.07	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 2674
Test Date: 11/25/2020 Test Time: 10:54am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:54am

Temperature Tests

Test	Status	Time
FC1	Pass	10:54am
SRC	Pass	10:54am
DET	Pass	10:54am
BAR	Pass	10:54am
BT	Pass	10:54am

Blank Tests

Test	Status	Time
AIR	Pass	10:55am


Printer Tests

Test	Status	Time
PRNT	Pass	10:55am

CRC Tests

Test	Status	Time
COMP	Pass	10:55am
CAL	Pass	10:55am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Northampton Instrument Location Northampton Co SO
Instrument Serial No. DOE607 105 W 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 33 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ed Barrett

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: 11/23/2020

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

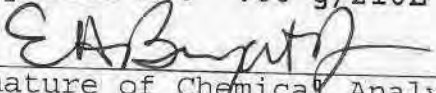
Analyst's Name: Bryant Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG919902
Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	1:22pm
AIR BLK	.00	1:23pm
ACCY CHK	.07	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 1071
Test Date: 11/23/2020 Test Time: 1:31pm EST

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 Mecklenburg Instrument Location Mecklenburg Co 50
Instrument Serial No. 108618 118 West Tallahassee 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 23 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



EA Byneth

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: 11/23/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/15/2020-09/15/2022

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

Lot Number: AG919902
Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	1:30pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 900
Test Date: 11/23/2020 Test Time: 1:42pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Onslow Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008788 Holly Ridge

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 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: Preventive Maintenance

ONslow COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Record Number: 1622
Test Date: 11/20/2020 Test Time: 8:21pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:21pm
FLO	Pass	8:21pm
FC	Pass	8:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:21pm
SRC	Pass	8:21pm
DET	Pass	8:21pm
BAR	Pass	8:21pm
BT	Pass	8:21pm

Blank Tests

Test	Status	Time
AIR	Pass	8:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:22pm

CRC Tests

Test	Status	Time
COMP	Pass	8:22pm
CAL	Pass	8:22pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788

Test Date: 11/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

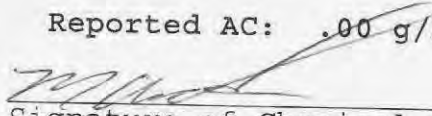
Test Type: Breath Test

Lot Number: AG911506

Exp Date: 04/25/2021


Test	g/210L	Time
DIAG	Pass	8:13pm
AIR BLK	.00	8:13pm
ACCY CHK	.08	8:14pm
AIR BLK	.00	8:15pm
SUB TEST	.00	8:15pm
AIR BLK	.00	8:16pm
SUB TEST	.00	8:19pm
AIR BLK	.00	8:19pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County onslow Instrument Location BAT mobile Unit 12

Instrument Serial No. 008698 Holly Ridge

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 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

ONslow COUNTY BAT MOBILE 12 660

Serial Number: 008698
Test Date: 11/20/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

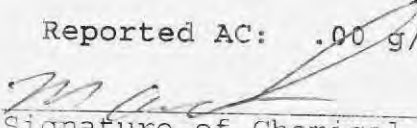
Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022


Test	g/210L	Time
DIAG	Pass	8:07pm
AIR BLK	.00	8:08pm
ACCY CHK	.08	8:09pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:11pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:13pm
AIR BLK	.00	8:14pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY BAT MOBILE 12 660

Serial Number: 008698 Test Record Number: 1619
Test Date: 11/20/2020 Test Time: 8:16pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:17pm
FLO	Pass	8:17pm
FC	Pass	8:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:17pm
SRC	Pass	8:17pm
DET	Pass	8:17pm
BAR	Pass	8:17pm
BT	Pass	8:17pm

Blank Tests

Test	Status	Time
AIR	Pass	8:18pm

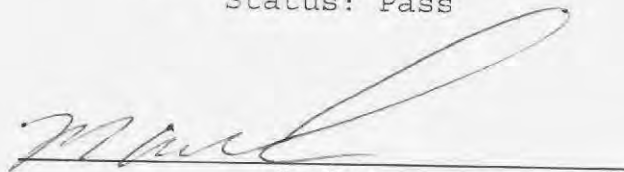
Printer Tests

Test	Status	Time
PRNT	Pass	8:18pm

CRC Tests

Test	Status	Time
COMP	Pass	8:18pm
CAL	Pass	8:18pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County onslow Instrument Location BAT Mobile Unit 12

Instrument Serial No. 008788 Jacks onville

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 November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



mark
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

ONslow COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788
Test Date: 11/13/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

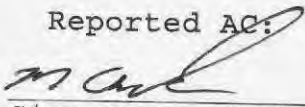
Test Type: Breath Test

Lot Number: AG911506

Exp Date: 04/25/2021


Test	g/210L	Time
DIAG	Pass	9:21pm
AIR BLK	.00	9:22pm
ACCY CHK	.08	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY BAT MOBILE UNIT 12 660

Serial Number: 008788 Test Record Number: 1611
Test Date: 11/13/2020 Test Time: 9:32pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:32pm
FLO	Pass	9:32pm
FC	Pass	9:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:32pm
SRC	Pass	9:32pm
DET	Pass	9:32pm
BAR	Pass	9:32pm
BT	Pass	9:32pm

Blank Tests

Test	Status	Time
AIR	Pass	9:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm

CRC Tests

Test	Status	Time
COMP	Pass	9:33pm
CAL	Pass	9:33pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ONslow Instrument Location MCA5 NEW RIVER
Instrument Serial No. 008919 PMO

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 NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the 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 Rg Basso
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

ONSWLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919

Test Date: 11/09/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/09/2020-10/09/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601

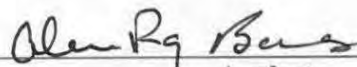
Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	10:56am
AIR BLK	.00	10:57am
ACCY CHK	.08	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:59am
AIR BLK	.00	10:59am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 699
Test Date: 11/09/2020 Test Time: 11:02am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

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	11:04am
CAL	Pass	11:04am

Preventive 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 ONSLOW Instrument Location CAMP LEJEUNE
Instrument Serial No. 008922 PMO

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 NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the 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 Rg Bams
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008922
Test Date: 11/09/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/09/2020-10/09/2022

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

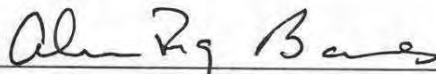
Lot Number: AG018801
Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:20pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008922 Test Record Number: 354
Test Date: 11/09/2020 Test Time: 1:25pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

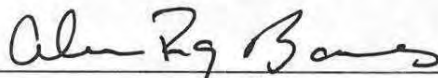
Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ONSLOW Instrument Location JACKSONVILLE
Instrument Serial No. 008930 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 10 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the 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. Benson
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY JACKSONVILLE PD 660

Serial Number: 008930

Test Date: 11/10/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/09/2020-10/09/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG018801

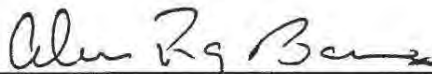
Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	3:27pm
AIR BLK	.00	3:28pm
ACCY CHK	.08	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ONslow COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2087
Test Date: 11/10/2020 Test Time: 3:38pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:38pm
FLO	Pass	3:38pm
FC	Pass	3:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:38pm
SRC	Pass	3:38pm
DET	Pass	3:38pm
BAR	Pass	3:38pm
BT	Pass	3:38pm

Blank Tests

Test	Status	Time
AIR	Pass	3:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:39pm

CRC Tests

Test	Status	Time
COMP	Pass	3:39pm
CAL	Pass	3:39pm

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 ONSLow Instrument Location ONSLow COUNTY

Instrument Serial No. 008931 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 10 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the 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. Banes
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

ONslow COUNTY DETENTION CENTER 660

Serial Number: 008931
Test Date: 11/10/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/09/2020-10/09/2022

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

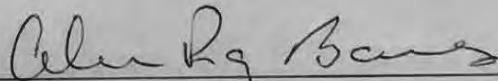
Lot Number: AG018801
Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	1:37pm
AIR BLK	.00	1:38pm
ACCY CHK	.08	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm

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

ONslow COUNTY DETENTION CENTER 660

Serial Number: 008931 Test Record Number: 3410
Test Date: 11/10/2020 Test Time: 1:46pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:46pm
SRC	Pass	1:46pm
DET	Pass	1:46pm
BAR	Pass	1:46pm
BT	Pass	1:46pm

Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:47pm

CRC Tests

Test	Status	Time
COMP	Pass	1:47pm
CAL	Pass	1:47pm

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 ONSKOW Instrument Location ONSKOW COUNTY
Instrument Serial No. 008932 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 10 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the 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

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932
Test Date: 11/10/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

10/09/2020-10/09/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG018801

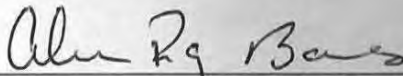
Exp Date: 07/06/2022

Test	g/210L	Time
DIAG	Pass	1:36pm
AIR BLK	.00	1:37pm
ACCY CHK	.08	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm

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

ONSLOW COUNTY DETENTION CENTER 660

Serial Number: 008932 Test Record Number: 5773
Test Date: 11/10/2020 Test Time: 1:45pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:46pm
SRC	Pass	1:46pm
DET	Pass	1:46pm
BAR	Pass	1:46pm
BT	Pass	1:46pm

Blank Tests

Test	Status	Time
AIR	Pass	1:46pm

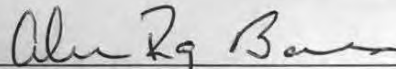
Printer Tests

Test	Status	Time
PRNT	Pass	1:46pm

CRC Tests

Test	Status	Time
COMP	Pass	1:47pm
CAL	Pass	1:47pm

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 ORANGE Instrument Location CHapel H. H. PD

Instrument Serial No. 008893 828 Martin Luther King Blvd

Chapel H. H., 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 24 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the 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. 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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839

Test Date: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/15/2020-09/15/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

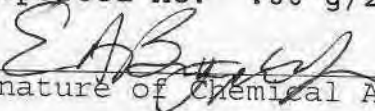
Test Type: Breath Test

Lot Number: AG933703

Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	2:28pm
AIR BLK	.00	2:28pm
ACCY CHK	.08	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 2280
Test Date: 11/24/2020 Test Time: 2:34pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:35pm
FLO	Pass	2:35pm
FC	Pass	2:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:35pm
SRC	Pass	2:35pm
DET	Pass	2:35pm
BAR	Pass	2:35pm
BT	Pass	2:35pm

Blank Tests

Test	Status	Time
AIR	Pass	2:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:36pm

CRC Tests

Test	Status	Time
COMP	Pass	2:36pm
CAL	Pass	2:36pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ORANGE Instrument Location Chapel Hill PD

Instrument Serial No. 009932 824 Martin Luther King Blvd
Chapel 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 24 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856

Test Date: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG933703


Exp Date: 12/03/2021

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 2651
Test Date: 11/24/2020 Test Time: 2:27pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm

CRC Tests

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

Preventive Maintenance
Status: Pass



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 Loc

Instrument Serial No. 008693 120 Court St. Person

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 24 day of November, 2020 the forgoing preventive maintenance procedures were performed on the 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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693
Test Date: 11/24/2020

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

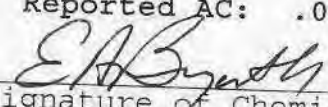
Analyst's Name: Bryant Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG018401
Exp Date: 07/02/2022

Test	g/210L	Time
DIAG	Pass	10:38am
AIR BLK	.00	10:39am
ACCY CHK	.07	10:40am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:44am
AIR BLK	.00	10:44am

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: 008693 Test Record Number: 1748
Test Date: 11/24/2020 Test Time: 10:45am EST

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	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

Blank Tests

Test	Status	Time
AIR	Pass	10:46am

Printer Tests

Test	Status	Time
PRNT	Pass	10:46am

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 Person Instrument Location Person Co LEC

Instrument Serial No. 008830 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 24 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stokes Bures 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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880
Test Date: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

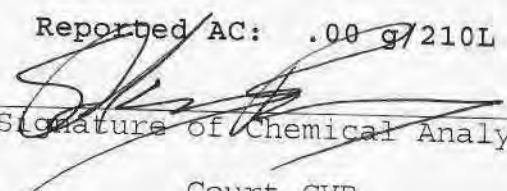
Test Type: Breath Test

Lot Number: AG018401

Exp Date: 07/02/2022

Test	g/210L	Time
DIAG	Pass	10:36am
AIR BLK	.00	10:37am
ACCY CHK	.08	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 1677
Test Date: 11/24/2020 Test Time: 10:44am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Polk Instrument Location Polk County LEC

Instrument Serial No. 008832 164 Gov't Complex Dr, Columbus

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 20th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Auld
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

POLK COUNTY POLK COUNTY 740

Serial Number: 2088

Test Date: 11/30/20

Citation Number: 400000

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 191

Subject's Sex: Male

Driver's License State:

Driver's License Number: NE

Analyst's Name: Hutchinson, Joseph

Permit Number: 0050-0100

Effective

10/13/2020-10/31/2021

Officer's Name: NONE, N/A

Type of Agency: PTO

Agency: DHHS

Test Type: Breath Test

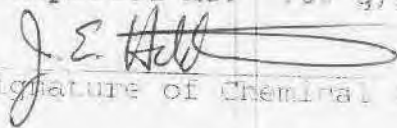
Lot Number: AG00700L

Exp Date: 03/16/2022

Test g/210L Time

DIAG	Pass	8:34pm
AIR BLK	.00	8:34pm
ACCY CHK	.07	8:34pm
AIR BLK	.00	8:34pm
SUB TEST	.00	8:34pm
AIR BLK	.00	8:35pm
SUB TEST	.00	8:35pm
AIR BLK	.00	8:35pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVP


Analyst

Intox EC/CP-II: Preventive Maintenance

POLK COUNTY, ILL. MODEL LEC 740

Serial Number: 08832
Test Date: 11/15/2022

Test Record Number: 1583
Test Time: 4:39pm EST

System Elec Passed

Baseline Tests

Test	Status	Time
1	Pass	4:39pm
2	Pass	4:39pm
3	Pass	4:39pm

Temperature Tests

Test	Status	Time
TC	Pass	4:40pm
EC	Pass	4:40pm
DC	Pass	4:40pm
BA	Pass	4:40pm
BT	Pass	4:40pm

Block Test

Test	Status	Time
BT	Pass	4:40pm

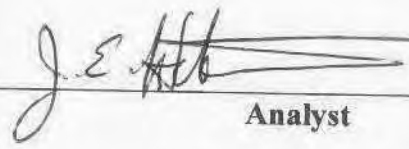
Primer Test

Test	Status	Time
PR	Pass	4:40pm

CP Test

Test	Status	Time
CP	Pass	4:40pm
CA	Pass	4:40pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Polk Instrument Location Polk County LEC

Instrument Serial No. 008881 164 Gov't Complex Dr., Columbus

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 20th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatcher
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881
Test Date: 11/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

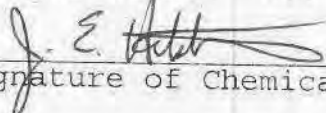
Test Type: Breath Test

Lot Number: AG018401

Exp Date: 07/02/2022

Test	g/210L	Time
DIAG	Pass	4:29pm
AIR BLK	.00	4:30pm
ACCY CHK	.08	4:30pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:32pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008881 Test Record Number: 927
Test Date: 11/20/2020 Test Time: 4:38pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:38pm
FLO	Pass	4:38pm
FC	Pass	4:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:38pm
SRC	Pass	4:38pm
DET	Pass	4:38pm
BAR	Pass	4:38pm
BT	Pass	4:38pm

Blank Tests

Test	Status	Time
AIR	Pass	4:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:39pm

CRC Tests

Test	Status	Time
COMP	Pass	4:39pm
CAL	Pass	4:39pm

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 Robeson Instrument Location BAT Mobile #5

Instrument Serial No. 008826 Robeson S.O.

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 24 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826
Test Date: 11/24/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

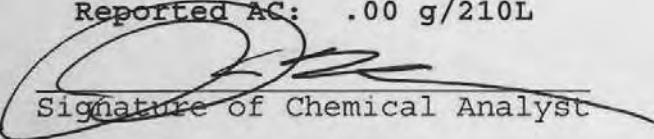
Test Type: Breath Test

Lot Number: AG934303

Exp Date: 12/09/2021

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

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

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8262
Test Date: 11/24/2020 Test Time: 11:13pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:14pm

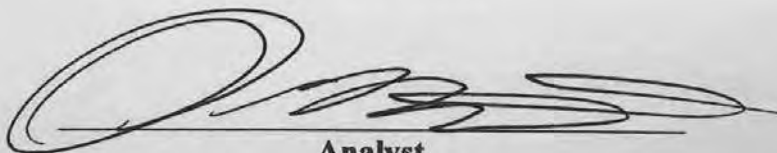
Printer Tests

Test	Status	Time
PRNT	Pass	11:14pm

CRC Tests

Test	Status	Time
COMP	Pass	11:14pm
CAL	Pass	11:14pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

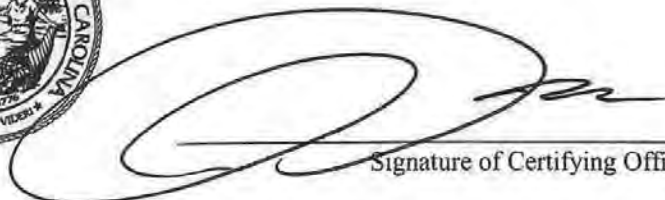
County Robeson Instrument Location BAT Mobile Unit #5
Instrument Serial No. 008826 Robeson Co SO

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




Signature of Certifying Official

664
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8265
Test Date: 11/25/2020 Test Time: 8:20pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:20pm
FLO	Pass	8:20pm
FC	Pass	8:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:20pm
SRC	Pass	8:20pm
DET	Pass	8:20pm
BAR	Pass	8:20pm
BT	Pass	8:20pm

Blank Tests

Test	Status	Time
AIR	Pass	8:21pm

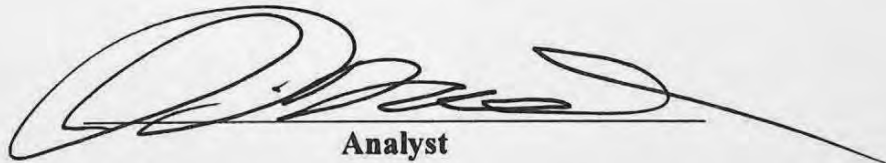
Printer Tests

Test	Status	Time
PRNT	Pass	8:21pm

CRC Tests

Test	Status	Time
COMP	Pass	8:21pm
CAL	Pass	8:21pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826
Test Date: 11/25/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

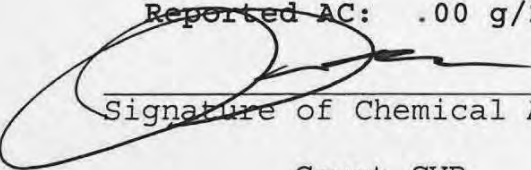
Test Type: Breath Test

Lot Number: AG934303

Exp Date: 12/09/2021

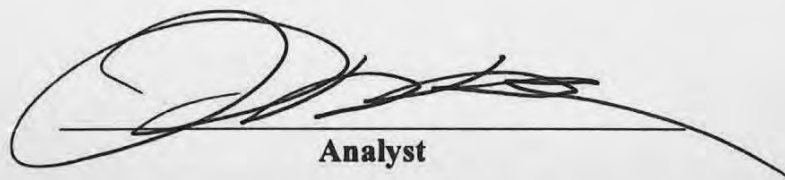
Test	g/210L	Time
DIAG	Pass	8:12pm
AIR BLK	.00	8:13pm
ACCY CHK	.08	8:14pm
AIR BLK	.00	8:15pm
SUB TEST	.00	8:15pm
AIR BLK	.00	8:16pm
SUB TEST	.00	8:18pm
AIR BLK	.00	8:19pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II 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. 008826 ST. Pauls 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 27 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument 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: 008826

Test Date: 11/27/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

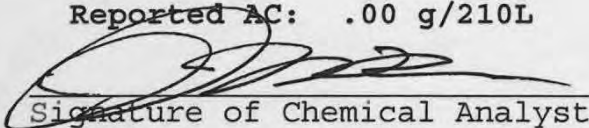
Test Type: Breath Test

Lot Number: AG934303

Exp Date: 12/09/2021

Test	g/210L	Time
DIAG	Pass	9:13pm
AIR BLK	.00	9:14pm
ACCY CHK	.07	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8270
Test Date: 11/27/2020 Test Time: 9:21pm EST

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	9:22pm

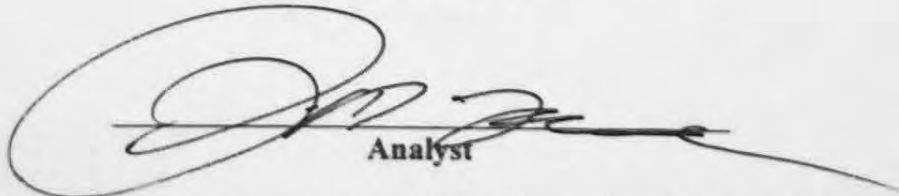
Printer Tests

Test	Status	Time
PRNT	Pass	9:22pm

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 #5
Instrument Serial No. 008826 Robeson CO 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 6 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.




Signature of Certifying Official

664
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826 Test Record Number: 8257
Test Date: 11/06/2020 Test Time: 7:44pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:44pm
FLO	Pass	7:44pm
FC	Pass	7:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:44pm
SRC	Pass	7:44pm
DET	Pass	7:44pm
BAR	Pass	7:44pm
BT	Pass	7:44pm

Blank Tests

Test	Status	Time
AIR	Pass	7:45pm

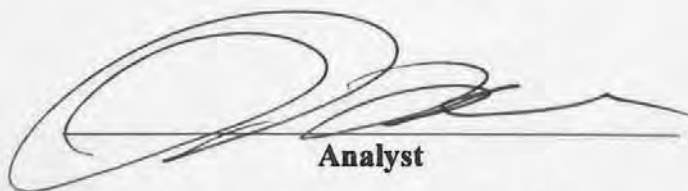
Printer Tests

Test	Status	Time
PRNT	Pass	7:45pm

CRC Tests

Test	Status	Time
COMP	Pass	7:45pm
CAL	Pass	7:45pm

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008826
Test Date: 11/06/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

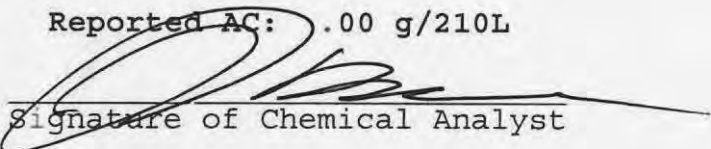
Test Type: Breath Test

Lot Number: AG934303

Exp Date: 12/09/2021

Test	g/210L	Time
DIAG	Pass	7:34pm
AIR BLK	.00	7:35pm
ACCY CHK	.08	7:36pm
AIR BLK	.00	7:37pm
SUB TEST	.00	7:37pm
AIR BLK	.00	7:38pm
SUB TEST	.00	7:40pm
AIR BLK	.00	7:41pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

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 Co. Instrument Location St Pauls Police Dept.
Instrument Serial No. 008614 St Pauls 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 2nd day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814
Test Date: 11/02/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Keesler, Grayham C

Permit Number: 0045-5487

Effective:

10/08/2020-10/08/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

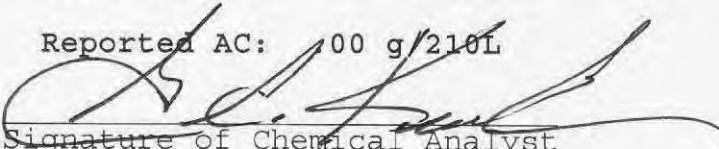
Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	11:21am
AIR BLK	.00	11:21am
ACCY CHK	.08	11:22am
AIR BLK	.00	11:24am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

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 ST PAULS PD 770

Serial Number: 008814 Test Record Number: 710
Test Date: 11/02/2020 Test Time: 11:31am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:32am
FLO	Pass	11:32am
FC	Pass	11:32am

Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
BT	Pass	11:32am

Blank Tests

Test	Status	Time
AIR	Pass	11:32am

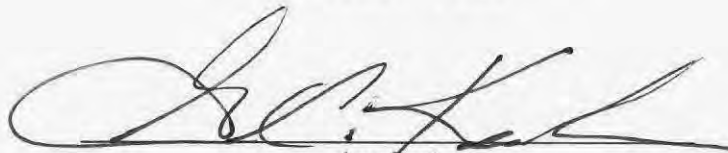
Printer Tests

Test	Status	Time
PRNT	Pass	11:33am

CRC Tests

Test	Status	Time
COMP	Pass	11:33am
CAL	Pass	11:33am

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Kabeson Co. Instrument Location Pembroke Police Dept.

Instrument Serial No. 008837 Pembroke, 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 2nd day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]
Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY PEMBROKE POLICE DEPT
770

Serial Number: 008837
Test Date: 11/02/2020

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

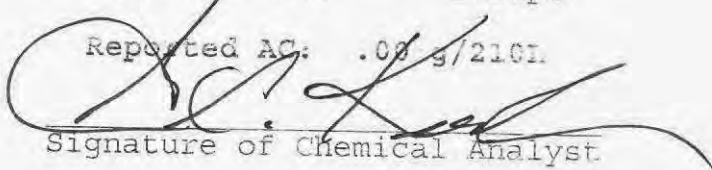
Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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

Lot Number: AG007601
Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	1:27pm
AIR BLK	.00	1:27pm
ACCY CHK	.08	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: .08 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 1082
Test Date: 11/02/2020 Test Time: 1:34pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
BT	Pass	1:35pm

Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

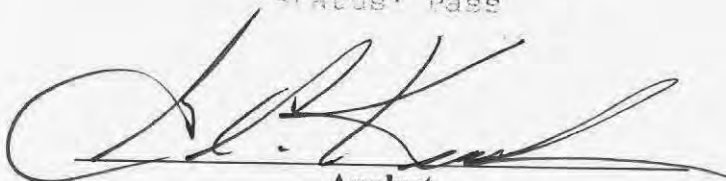
Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm

CRC Tests

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

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Co. Instrument Location Red Springs Police Dept.
Instrument Serial No. 008854 Red Springs, 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 2nd day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857
Test Date: 11/02/2020

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

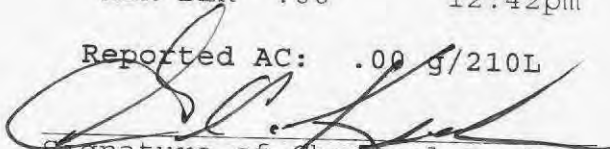
Analyst's Name: Keesler, Grayham C
Permit Number: 0045-5487
Effective:
10/08/2020-10/08/2022

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


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

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 596
Test Date: 11/02/2020 Test Time: 12:44pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

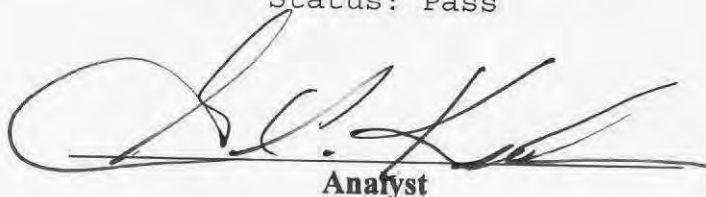
Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Rutherford Instrument Location Forest City PD
Instrument Serial No. 008889 187 S. Church St, Forest City

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 13th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutto
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889
Test Date: 11/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

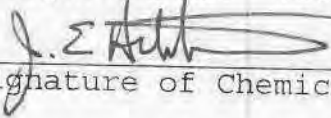
Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

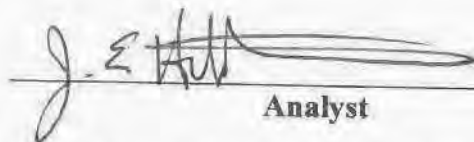
Test	g/210L	Time
DIAG	Pass	6:08pm
AIR BLK	.00	6:09pm
ACCY CHK	.08	6:09pm
AIR BLK	.00	6:11pm
SUB TEST	.00	6:11pm
AIR BLK	.00	6:12pm
SUB TEST	.00	6:13pm
AIR BLK	.00	6:14pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 910
Test Date: 11/13/2020 Test Time: 6:15pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:16pm
FLO	Pass	6:16pm
FC	Pass	6:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:16pm
SRC	Pass	6:16pm
DET	Pass	6:16pm
BAR	Pass	6:16pm
BT	Pass	6:16pm

Blank Tests

Test	Status	Time
AIR	Pass	6:16pm

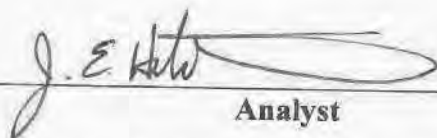
Printer Tests

Test	Status	Time
PRNT	Pass	6:16pm

CRC Tests

Test	Status	Time
COMP	Pass	6:17pm
CAL	Pass	6:17pm

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 Rutherford Instrument Location Rutherford County SO
Instrument Serial No. 008914 400 N Washington St, Rutherford Co

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 13th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hutton
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

RUTHERFORD COUNTY RUTHERFORD COUNTY SO
800

Serial Number: 008914
Test Date: 11/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

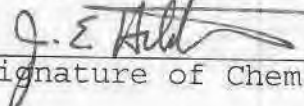
Test Type: Breath Test

Lot Number: AG934303

Exp Date: 12/09/2021

Test	g/210L	Time
DIAG	Pass	6:47pm
AIR BLK	.00	6:48pm
ACCY CHK	.08	6:49pm
AIR BLK	.00	6:50pm
SUB TEST	.00	6:50pm
AIR BLK	.00	6:51pm
SUB TEST	.00	6:53pm
AIR BLK	.00	6:54pm

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Record Number: 2227
Test Date: 11/13/2020 Test Time: 6:55pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:55pm
FLO	Pass	6:55pm
FC	Pass	6:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:56pm
SRC	Pass	6:56pm
DET	Pass	6:56pm
BAR	Pass	6:56pm
BT	Pass	6:56pm

Blank Tests

Test	Status	Time
AIR	Pass	6:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:56pm

CRC Tests

Test	Status	Time
COMP	Pass	6:56pm
CAL	Pass	6:56pm

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 Sampson Instrument Location BAT mobile Unit 12

Instrument Serial No. 008698 Clinton

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 24 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

SAMPSON COUNTY BAT MOBILE 12 810

Serial Number: 008698

Test Date: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

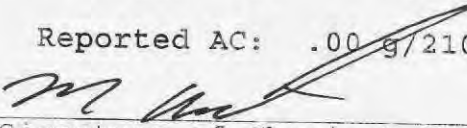
Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022


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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY BAT MOBILE 12 810

Serial Number: 008698 Test Record Number: 1623
Test Date: 11/24/2020 Test Time: 4:15pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:15pm
FLO	Pass	4:15pm
FC	Pass	4:15pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:16pm


Printer Tests

Test	Status	Time
PRNT	Pass	4:16pm

CRC Tests

Test	Status	Time
COMP	Pass	4:16pm
CAL	Pass	4:16pm

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 STOKES Instrument Location STOKES COUNTY JAIL

Instrument Serial No. 008596 DANBURY, 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 25 day of NOVEMBER, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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 STOKES COUNTY JAIL 840

Serial Number: 008596
Test Date: 11/25/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/04/2020-08/04/2022

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	9:59am
AIR BLK	.00	10:00am
ACCY CHK	.07	10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 1158
Test Date: 11/25/2020 Test Time: 10:07am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:08am
FLO	Pass	10:08am
FC	Pass	10:08am

Temperature Tests

Test	Status	Time
FC1	Pass	10:08am
SRC	Pass	10:08am
DET	Pass	10:08am
BAR	Pass	10:08am
BT	Pass	10:08am

Blank Tests

Test	Status	Time
AIR	Pass	10:09am

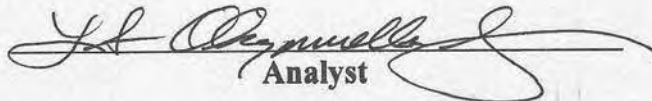
Printer Tests

Test	Status	Time
PRNT	Pass	10:09am

CRC Tests

Test	Status	Time
COMP	Pass	10:09am
CAL	Pass	10:09am

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 Surry Instrument Location Mount Airy
Instrument Serial No. 008683 Police 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 13 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

657
Certificate Number

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

Intox EC/IR-II: Subject Test

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008683

Test Date: 11/13/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Benfield II, Kenneth R

Permit Number: 0015-4786

Effective:

06/08/2020-06/08/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	3:33pm
AIR BLK	.00	3:34pm
ACCY CHK	.08	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:39pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008683 Test Record Number: 933
Test Date: 11/13/2020 Test Time: 3:40pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:40pm
FLO	Pass	3:40pm
FC	Pass	3:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

Blank Tests

Test	Status	Time
AIR	Pass	3:41pm

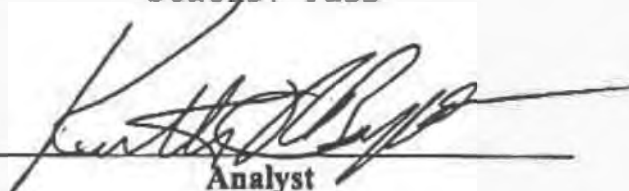
Printer Tests

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 Sheriff Instrument Location Mount Airy
Instrument Serial No. 008943 Police 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 30 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

657
Certificate Number

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

Intox EC/IR-II: Subject Test

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943
Test Date: 11/30/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Benfield II, Kenneth R

Permit Number: 0015-4786

Effective:

06/08/2020-06/08/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 2258
Test Date: 11/30/2020 Test Time: 11:25am EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Test	Status	Time
PRNT	Pass	11:26am

CRC Tests

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

**Preventive Maintenance
Status: Pass**


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Union Instrument Location Waxhaw PD

Instrument Serial No. 008598 3620 Providence Road, Waxhaw

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 24th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hildt
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

UNION COUNTY WAXHAW PD 890

Serial Number: 008598

Test Date: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

10/13/2020-10/13/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

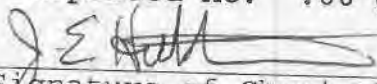
Test Type: Breath Test

Lot Number: AG919901

Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	2:07pm
AIR BLK	.00	2:08pm
ACCY CHK	.07	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 854
Test Date: 11/24/2020 Test Time: 2:15pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:16pm
FLO	Pass	2:16pm
FC	Pass	2:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
BT	Pass	2:16pm

Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:17pm

CRC Tests

Test	Status	Time
COMP	Pass	2:17pm
CAL	Pass	2:17pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Union Instrument Location Union County SO
Instrument Serial No. 008876 3344 Pressun Rd, Monroe

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 4th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hunt
Signature of Certifying Official

6050
Certificate Number

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

Intox EC/IR-II: Subject Test

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876

Test Date: 11/04/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Hutchinson, Joseph E

Permit Number: 0035-6075

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

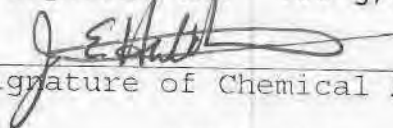
Test Type: Breath Test

Lot Number: AG902201

Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	3:24pm
AIR BLK	.00	3:25pm
ACCY CHK	.07	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY UNION COUNTY SO 890

Serial Number: 008876 Test Record Number: 5886
Test Date: 11/04/2020 Test Time: 3:32pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:32pm
FLO	Pass	3:32pm
FC	Pass	3:33pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:33pm

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Vance Instrument Location Vance G S O

Instrument Serial No. 008870 1516 Church St Henderson, 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 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870

Test Date: 11/20/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG018202


Exp Date: 06/30/2022

Test	g/210L	Time
DIAG	Pass	1:55pm
AIR BLK	.00	1:55pm
ACCY CHK	.07	1:56pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm

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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 3118
Test Date: 11/20/2020 Test Time: 2:05pm EST

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



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 Wance Instrument Location Wance Co. S.D.

Instrument Serial No. 008837 150 Church St. Henderson Wc

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 30 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

202
Certificate Number

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

Intox EC/IR-II: Subject Test

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937
Test Date: 11/20/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/01/2020-09/01/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG018202

Exp Date: 06/30/2022

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.08	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:59pm
AIR BLK	.00	1:59pm

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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 2886
Test Date: 11/20/2020 Test Time: 2:05pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:06pm
FLO	Pass	2:06pm
FC	Pass	2:06pm

Temperature Tests

Test	Status	Time
FCL	Pass	2:06pm
SRC	Pass	2:06pm
DET	Pass	2:06pm
BAR	Pass	2:06pm
BT	Pass	2:06pm

Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm

CRC Tests

Test	Status	Time
COMP	Pass	2:07pm
CAL	Pass	2:07pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Warren Instrument Location Warren Co LEO

Instrument Serial No. 008793 128 Rattles 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 25 day of November, 2020 the forgoing preventive maintenance procedures were performed on the 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. Bynum Signature of Certifying Official 071 Certificate Number

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: 11/25/2020

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

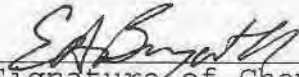
Analyst's Name: Bryant Jr., Earl A
Permit Number: 0017-9707
Effective:
09/15/2020-09/15/2022

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

Lot Number: AG919902
Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	12:47pm
AIR BLK	.00	12:48pm
ACCY CHK	.07	12:49pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 1647
Test Date: 11/25/2020 Test Time: 12:55pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:55pm
FLO	Pass	12:55pm
FC	Pass	12:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:55pm
SRC	Pass	12:55pm
DET	Pass	12:55pm
BAR	Pass	12:55pm
BT	Pass	12:55pm

Blank Tests

Test	Status	Time
AIR	Pass	12:56pm

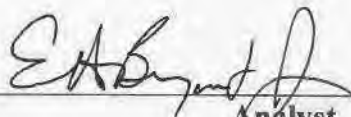
Printer Tests

Test	Status	Time
PRNT	Pass	12:56pm

CRC Tests

Test	Status	Time
COMP	Pass	12:56pm
CAL	Pass	12:56pm

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 Wayne Instrument Location Seymour Johnson A.F.B.
Instrument Serial No. 008786 1010 VERMONT BARRISON RD.,
Goldsboro, 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 16th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



James A. Kuse
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786
Test Date: 11/16/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Keesler, Linda A

Permit Number: 0045-5

Effective:

09/16/2020-09/16/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

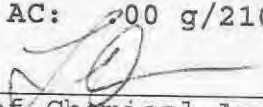
Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	2:42pm
AIR BLK	.00	2:42pm
ACCY CHK	.08	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm

Reported AC: 000 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 357
Test Date: 11/16/2020 Test Time: 2:49pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:49pm
FLO	Pass	2:49pm
FC	Pass	2:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:49pm
SRC	Pass	2:49pm
DET	Pass	2:49pm
BAR	Pass	2:49pm
BT	Pass	2:49pm

Blank Tests

Test	Status	Time
AIR	Pass	2:50pm

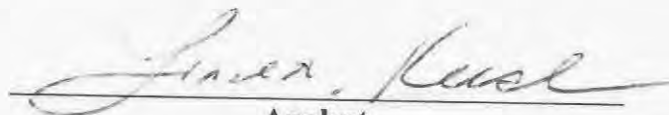
Printer Tests

Test	Status	Time
PRNT	Pass	2:50pm

CRC Tests

Test	Status	Time
COMP	Pass	2:50pm
CAL	Pass	2:50pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wilkes Instrument Location Wilkes County Detention
Instrument Serial No. 008843 Wilkesboro, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II and Model Intox EC/TR 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 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

657
Certificate Number

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

Intox EC/IR-II: Subject Test

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843
Test Date: 11/17/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Benfield II, Kenneth R

Permit Number: 0015-4786

Effective:

06/08/2020-06/08/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

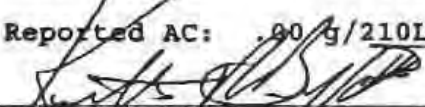
Test Type: Breath Test

Lot Number: AG933901

Exp Date: 12/05/2021

Test	g/210L	Time
DIAG	Pass	4:40pm
AIR BLK	.00	4:40pm
ACCY CHK	.08	4:41pm
AIR BLK	.00	4:42pm
SUB TEST	.00	4:43pm
AIR BLK	.00	4:44pm
SUB TEST	.00	4:46pm
AIR ELK	.00	4:47pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Record Number: 2514
Test Date: 11/17/2020 Test Time: 4:49pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:49pm
FLO	Pass	4:49pm
FC	Pass	4:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:49pm
SRC	Pass	4:49pm
DET	Pass	4:49pm
BAR	Pass	4:49pm
BT	Pass	4:49pm

Blank Tests

Test	Status	Time
AIR	Pass	4:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:50pm

CRC Tests

Test	Status	Time
COMP	Pass	4:50pm
CAL	Pass	4:50pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wilkes Instrument Location Wilkes County Detention
Instrument Serial No. 008865 Wilkesboro, 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 24 day of November, 2020 the forgoing preventive maintenance procedures were performed on the 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

657
Certificate Number

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

Intox EC/IR-II: Subject Test

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865
Test Date: 11/24/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: Benfield II, Kenneth R

Permit Number: 0015-4786

Effective:

06/08/2020-06/08/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

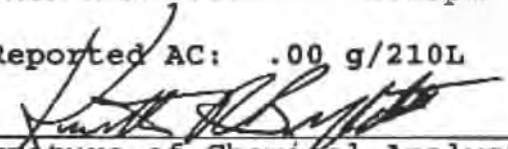
Test Type: Breath Test

Lot Number: AG933901

Exp Date: 12/05/2021

Test	g/210L	Time
DIAG	Pass	3:02pm
AIR BLK	.00	3:03pm
ACCY CHK	.08	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 787
Test Date: 11/24/2020 Test Time: 3:10pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

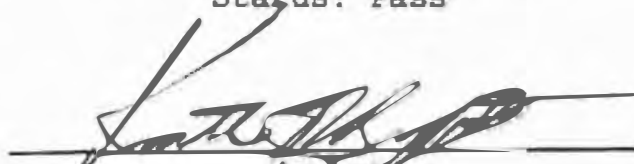
Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

CRC Tests

Test	Status	Time
COMP	Pass	3:12pm
CAL	Pass	3:12pm

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II 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. 008686 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 27 day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008686

Test Date: 11/27/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

08/14/2019-08/14/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

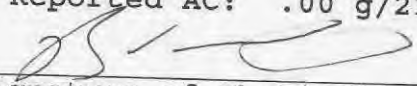
Test Type: Breath Test

Lot Number: AG911506

Exp Date: 04/25/2021

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008686 Test Record Number: 6718
Test Date: 11/27/2020 Test Time: 7:58pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:59pm
FLO	Pass	7:59pm
FC	Pass	7:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:59pm
SRC	Pass	7:59pm
DET	Pass	7:59pm
BAR	Pass	7:59pm
BT	Pass	7:59pm

Blank Tests

Test	Status	Time
AIR	Pass	8:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:00pm

CRC Tests

Test	Status	Time
COMP	Pass	8:00pm
CAL	Pass	8:00pm

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 Wilson Instrument Location Wilson Co. Detention Center
Instrument Serial No. 008627 100 E. 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 10th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

6043
Certificate Number

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: 11/10/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

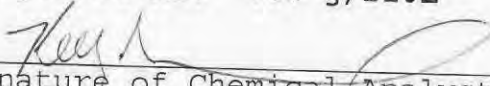
Test Type: Breath Test

Lot Number: AG911506

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	2:49pm
AIR BLK	.00	2:50pm
ACCY CHK	.08	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627 Test Record Number: 2647
Test Date: 11/10/2020 Test Time: 2:57pm EST

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

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. 008652 100 E. 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 10th day of November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 008652
Test Date: 11/10/2020

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG007601

Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	3:01pm
AIR BLK	.00	3:02pm
ACCY CHK	.08	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652 Test Record Number: 3476
Test Date: 11/10/2020 Test Time: 3:08pm EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:08pm
FLO	Pass	3:08pm
FC	Pass	3:09pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm

CRC Tests

Test	Status	Time
COMP	Pass	3:09pm
CAL	Pass	3:09pm

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Yancey Instrument Location Yancey County Jail

Instrument Serial No. 008653 Burnsville, 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 November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653
Test Date: 11/23/2020

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/17/2020-09/17/2022

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

Lot Number: AG018401
Exp Date: 07/02/2022

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

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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 1489
Test Date: 11/23/2020 Test Time: 12:07pm EST

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

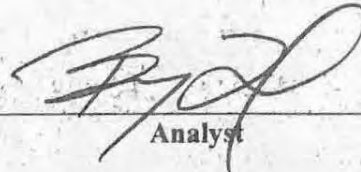
Printer Tests

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

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 Yancey Instrument Location Yancey Co. Jail
Instrument Serial No. 008968 Roseville, 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 November, 2020 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008968
Test Date: 11/19/2020

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

09/17/2020-09/17/2022

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG007601

Exp Date: 03/16/2022

Test	g/210L	Time
DIAG	Pass	8:01am
AIR BLK	.00	8:01am
ACCY CHK	.08	8:02am
AIR BLK	.00	8:03am
SUB TEST	.00	8:03am
AIR BLK	.00	8:04am
SUB TEST	.00	8:06am
AIR BLK	.00	8:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008968 Test Record Number: 314
Test Date: 11/19/2020 Test Time: 8:07am EST

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:07am
FLO	Pass	8:07am
FC	Pass	8:07am

Temperature Tests

Test	Status	Time
FC1	Pass	8:08am
SRC	Pass	8:08am
DET	Pass	8:08am
BAR	Pass	8:08am
BT	Pass	8:08am

Blank Tests

Test	Status	Time
AIR	Pass	8:08am

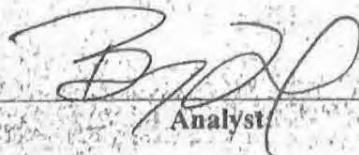
Printer Tests

Test	Status	Time
PRNT	Pass	8:08am

CRC Tests

Test	Status	Time
COMP	Pass	8:08am
CAL	Pass	8:08am

Preventive Maintenance
Status: Pass



Analyst