

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

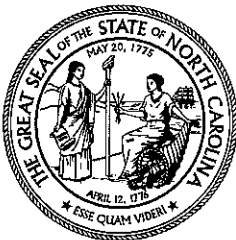
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location BAT MOBILE UNIT #7  
Instrument Serial No. 008973 RALCION

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

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

I certify that on the 20<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph B. Titton  
Signature of Certifying Official

636  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973      Test Record Number: 61  
Test Date: 06/20/2015      Test Time: 1:19am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:20am |
| FLO  | Pass   | 1:20am |
| FC   | Pass   | 1:20am |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:20am |
| SRC  | Pass   | 1:20am |
| DET  | Pass   | 1:20am |
| BAR  | Pass   | 1:20am |
| BT   | Pass   | 1:20am |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:21am |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:21am |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:21am |
| CAL  | Pass   | 1:21am |

Preventive Maintenance  
Status: Pass

  
Analyst

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008973

Test Date: 06/20/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

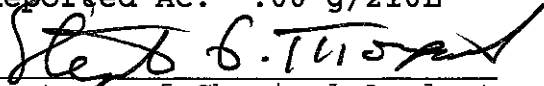
Test Type: Breath Test

Lot Number: AG425303

Exp Date: 10/10/2016

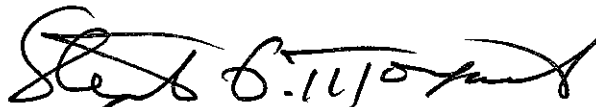
| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:12am |
| AIR BLK  | .00    | 1:12am |
| ACCY CHK | .08    | 1:13am |
| AIR BLK  | .00    | 1:14am |
| SUB TEST | .00    | 1:14am |
| AIR BLK  | .00    | 1:15am |
| SUB TEST | .00    | 1:17am |
| AIR BLK  | .00    | 1:18am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location KNIGHTDALE PS

Instrument Serial No. 008838 979 STEEPLE SQUARE CT. KNIGHTDALE, NC

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

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

I certify that on the 26 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bruce D. Smith  
Signature of Certifying Official

637  
Certificate Number

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



Intox EC/IR-II: Subject Test

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Date: 06/26/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 3937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902

Exp Date: 03/20/2017

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:12pm |
| AIR BLK  | .00    | 9:12pm |
| ACCY CHK | .07    | 9:13pm |
| AIR BLK  | .00    | 9:14pm |
| SUB TEST | .00    | 9:14pm |
| AIR BLK  | .00    | 9:15pm |
| SUB TEST | .00    | 9:17pm |
| AIR BLK  | .00    | 9:18pm |

Reported AC: .00 g/210L

*Brian D Smith*

Signature of Chemical Analyst

Court CVR

*Brian D Smith*

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838      Test Record Number: 1314  
Test Date: 06/26/2015      Test Time: 9:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:20pm |

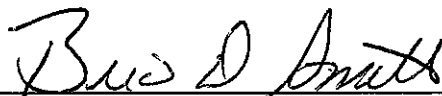
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:20pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:20pm |
| CAL  | Pass   | 9:20pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

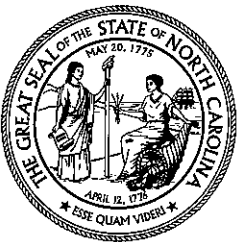
County WAKE Instrument Location APEX P.D.A #4

Instrument Serial No. 008621 1615 E. WILLIAMS ST. APEX, NC

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

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

I certify that on the 26 day of JUNE, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

637  
Certificate Number

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

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

WAKE COUNTY APEX PD

Serial Number: 008621

Test Date: 06/26/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201

Exp Date: 12/08/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:51pm        |
| AIR BLK         | .00        | 4:52pm        |
| ACCY CHK        | .07        | 4:52pm        |
| AIR BLK         | .00        | 4:53pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:54pm</b> |
| AIR BLK         | .00        | 4:55pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:56pm</b> |
| AIR BLK         | .00        | 4:57pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

WAKE COUNTY APEX PD

Serial Number: 008621      Test Record Number: 1865

Test Date: 06/26/2015      Test Time: 4:59pm EDT

System Check: Passed

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:59pm |
| FLO  | Pass   | 4:59pm |
| FC   | Pass   | 4:59pm |

**Temperature Tests**

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

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:00pm |

**Printer Tests**

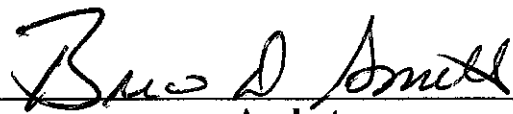
| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 5:00pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 5:00pm |
| CAL  | Pass   | 5:00pm |

**Preventive Maintenance**

Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

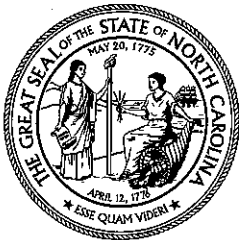
County WARREN Instrument Location WARREN CO. LEC

Instrument Serial No. 008793 128 RAFTERS LN WARRENTON, NC

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

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

I certify that on the 23 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Russ D. Smith  
Signature of Certifying Official

637  
Certificate Number

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

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

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793  
Test Date: 06/23/2015

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

Analyst's Name: SMITH, BRIAN D  
Permit Number: 8937E  
Effective:  
08/01/2013-08/01/2015

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

Lot Number: AG513102  
Exp Date: 05/11/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:30pm        |
| AIR BLK         | .00        | 3:31pm        |
| ACCY CHK        | .08        | 3:31pm        |
| AIR BLK         | .00        | 3:32pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:33pm</b> |
| AIR BLK         | .00        | 3:34pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:35pm</b> |
| AIR BLK         | .00        | 3:36pm        |

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: 864  
Test Date: 06/23/2015      Test Time: 3:37pm EDT

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

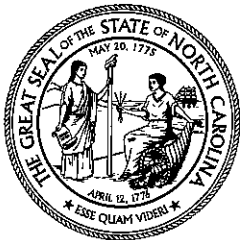
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County WARREN Instrument Location NORLINA PD  
Instrument Serial No. 008945 101 MAIN ST. NORLINA, NC

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

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

I certify that on the 23 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ben D. Smith  
Signature of Certifying Official

637  
Certificate Number

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

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

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945  
Test Date: 06/23/2015

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

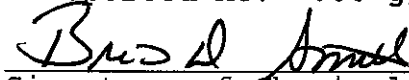
Analyst's Name: SMITH, BRIAN D  
Permit Number: 8937E  
Effective:  
08/01/2013-08/01/2015

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

Lot Number: AG425303  
Exp Date: 09/10/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:17pm        |
| AIR BLK         | .00        | 4:18pm        |
| ACCY CHK        | .08        | 4:19pm        |
| AIR BLK         | .00        | 4:20pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:21pm</b> |
| AIR BLK         | .00        | 4:22pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:23pm</b> |
| AIR BLK         | .00        | 4:24pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945      Test Record Number: 289  
Test Date: 06/23/2015      Test Time: 4:25pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:26pm |

**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:27pm |

**CRC Tests**

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Wake

Instrument Location EST N10 Bile Unit #7

Instrument Serial No. 008969

Garner

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

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

I certify that on the 12<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph O. Tillman

Signature of Certifying Official

636

Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969      Test Record Number: 70  
Test Date: 06/12/2015      Test Time: 10:16pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:17pm |
| FLO  | Pass   | 10:17pm |
| FC   | Pass   | 10:17pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:17pm |
| SRC  | Pass   | 10:17pm |
| DET  | Pass   | 10:17pm |
| BAR  | Pass   | 10:17pm |
| BT   | Pass   | 10:17pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:17pm |

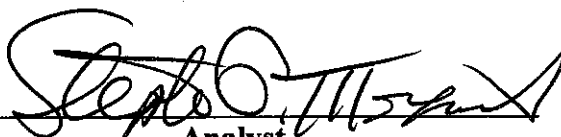
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:17pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:18pm |
| CAL  | Pass   | 10:18pm |

Preventive Maintenance  
Status: Pass

  
Analyst

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969  
Test Date: 06/12/2015

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

Analyst's Name: MORGART, STEPHEN G  
Permit Number: 9372E  
Effective:  
09/01/2013-09/01/2015

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

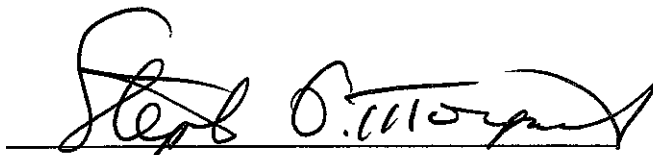
Lot Number: AG425303  
Exp Date: 10/10/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:00pm        |
| AIR BLK         | .00        | 10:00pm        |
| ACCY CHK        | .08        | 10:01pm        |
| AIR BLK         | .00        | 10:02pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:02pm</b> |
| AIR BLK         | .00        | 10:03pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:05pm</b> |
| AIR BLK         | .00        | 10:05pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake

Instrument Location Port Mobile Unit #7

Instrument Serial No. 008972

Calvin

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

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

I certify that on the 12<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph G. Miller  
Signature of Certifying Official

636  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972      Test Record Number: 92  
Test Date: 06/12/2015      Test Time: 10:11pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:12pm |
| FLO  | Pass   | 10:12pm |
| FC   | Pass   | 10:12pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:12pm |
| SRC  | Pass   | 10:12pm |
| DET  | Pass   | 10:12pm |
| BAR  | Pass   | 10:12pm |
| BT   | Pass   | 10:12pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:13pm |

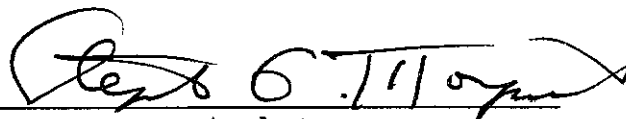
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:13pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:13pm |
| CAL  | Pass   | 10:13pm |

Preventive Maintenance  
Status: Pass



**Analyst**



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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972  
Test Date: 06/12/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303

Exp Date: 10/10/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 9:56pm         |
| AIR BLK         | .00        | 9:57pm         |
| ACCY CHK        | .08        | 9:57pm         |
| AIR BLK         | .00        | 9:58pm         |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:00pm</b> |
| AIR BLK         | .00        | 10:00pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:02pm</b> |
| AIR BLK         | .00        | 10:03pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



**Intox EC/IR-12: Preventive Maintenance**

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968      Test Record Number: 62  
Test Date: 06/12/2015      Test Time: 10:06pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

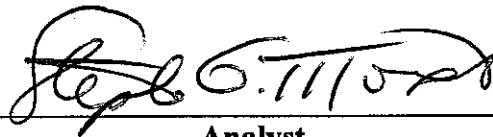
Printer Tests

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

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968  
Test Date: 06/12/2015

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

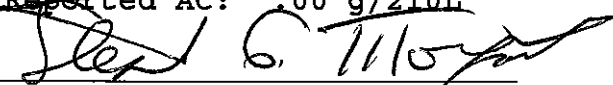
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 9372E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG425303  
Exp Date: 10/10/2016

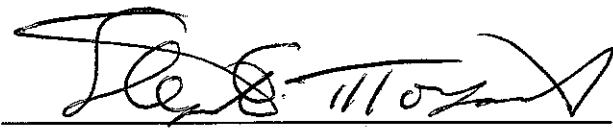
| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 9:57pm  |
| AIR BLK  | .00    | 9:58pm  |
| ACCY CHK | .07    | 9:59pm  |
| AIR BLK  | .00    | 9:59pm  |
| SUB TEST | .00    | 10:00pm |
| AIR BLK  | .00    | 10:01pm |
| SUB TEST | .00    | 10:02pm |
| AIR BLK  | .00    | 10:03pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

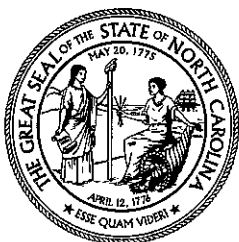
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location BAT MOBILE UNIT # 7  
Instrument Serial No. 008969 Raleigh

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

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

I certify that on the 19<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph C. Tilton  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969      Test Record Number: 76  
Test Date: 06/19/2015      Test Time: 11:59pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:59pm |
| FLO  | Pass   | 11:59pm |
| FC   | Pass   | 11:59pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:00am |
| SRC  | Pass   | 12:00am |
| DET  | Pass   | 12:00am |
| BAR  | Pass   | 12:00am |
| BT   | Pass   | 12:00am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:00am |

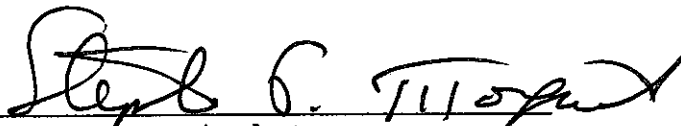
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:00am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:00am |
| CAL  | Pass   | 12:00am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969  
Test Date: 06/19/2015

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

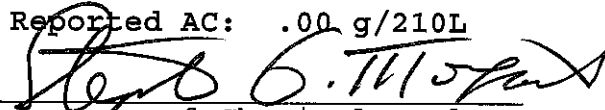
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 9372E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG425303  
Exp Date: 10/10/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:43pm        |
| AIR BLK         | .00        | 11:44pm        |
| ACCY CHK        | .08        | 11:44pm        |
| AIR BLK         | .00        | 11:45pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:45pm</b> |
| AIR BLK         | .00        | 11:46pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:49pm</b> |
| AIR BLK         | .00        | 11:50pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

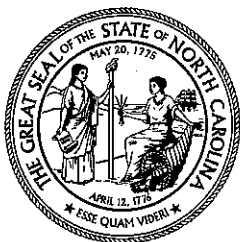
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location BAT Mobile Unit #7  
Instrument Serial No. 008968 Reficient

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

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

I certify that on the 19<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph Stuyvenberg  
Signature of Certifying Official

636  
Certificate Number

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



Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968      Test Record Number: 67  
Test Date: 06/19/2015      Test Time: 11:48pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:48pm |
| FLO  | Pass   | 11:48pm |
| FC   | Pass   | 11:48pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:48pm |
| SRC  | Pass   | 11:48pm |
| DET  | Pass   | 11:48pm |
| BAR  | Pass   | 11:48pm |
| BT   | Pass   | 11:48pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:49pm |

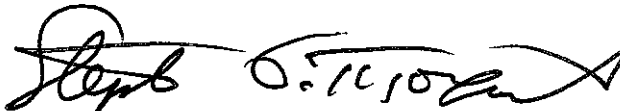
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:49pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:49pm |
| CAL  | Pass   | 11:49pm |

Preventive Maintenance  
Status: Pass



Analyst

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968  
Test Date: 06/19/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303

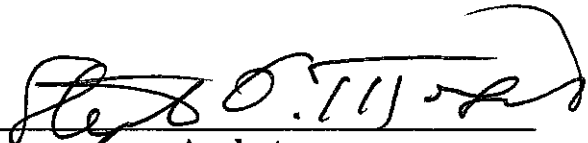
Exp Date: 10/10/2016

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:40pm |
| AIR BLK  | .00    | 11:41pm |
| ACCY CHK | .08    | 11:42pm |
| AIR BLK  | .00    | 11:42pm |
| SUB TEST | .00    | 11:43pm |
| AIR BLK  | .00    | 11:44pm |
| SUB TEST | .00    | 11:45pm |
| AIR BLK  | .00    | 11:46pm |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake Instrument Location PAT MOBILE UNIT #7

Instrument Serial No. 008972 R. Smith

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

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

I certify that on the 19<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 636  
Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972      Test Record Number: 95  
Test Date: 06/19/2015      Test Time: 11:47pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:48pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:48pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972  
Test Date: 06/19/2015

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

Analyst's Name: MORGART, STEPHEN G  
Permit Number: 9372E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG425303  
Exp Date: 10/10/2016

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

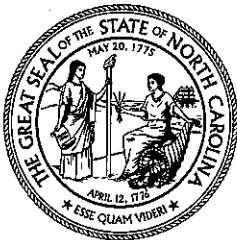
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location BAT MOBILE UNIT #7  
Instrument Serial No. 008971 RALPH

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

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

I certify that on the 20<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph G. Thompson  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971      Test Record Number: 52  
Test Date: 06/20/2015      Test Time: 12:26am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:26am |
| FLO  | Pass   | 12:26am |
| FC   | Pass   | 12:26am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:26am |
| SRC  | Pass   | 12:26am |
| DET  | Pass   | 12:26am |
| BAR  | Pass   | 12:26am |
| BT   | Pass   | 12:26am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:27am |

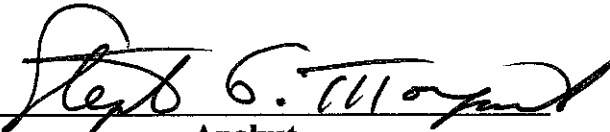
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:27am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:27am |
| CAL  | Pass   | 12:27am |

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971  
Test Date: 06/20/2015

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

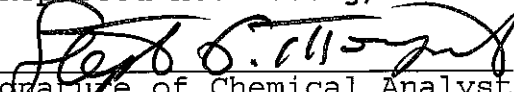
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 9372E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG425303  
Exp Date: 10/10/2016

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:15am |
| AIR BLK  | .00    | 12:16am |
| ACCY CHK | .08    | 12:16am |
| AIR BLK  | .00    | 12:17am |
| SUB TEST | .00    | 12:19am |
| AIR BLK  | .00    | 12:20am |
| SUB TEST | .00    | 12:21am |
| AIR BLK  | .00    | 12:22am |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake

Instrument Location BAT MOBILE UNIT 257

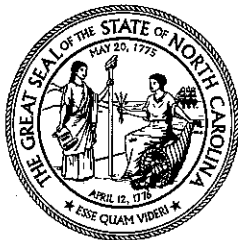
Instrument Serial No. 008970

Ralph

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

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

I certify that on the 20<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph G. Thomas  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-II; Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970      Test Record Number: 60  
Test Date: 06/20/2015      Test Time: 1:27am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:28am |
| FLO  | Pass   | 1:28am |
| FC   | Pass   | 1:28am |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:28am |
| SRC  | Pass   | 1:28am |
| DET  | Pass   | 1:28am |
| BAR  | Pass   | 1:28am |
| BT   | Pass   | 1:28am |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:29am |

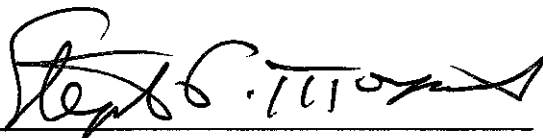
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:29am |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:29am |
| CAL  | Pass   | 1:29am |

Preventive Maintenance  
Status: Pass



Analyst

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970  
Test Date: 06/20/2015

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

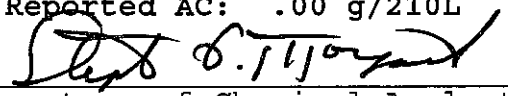
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 9372E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG425303  
Exp Date: 10/10/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:13am        |
| AIR BLK         | .00        | 1:14am        |
| ACCY CHK        | .08        | 1:14am        |
| AIR BLK         | .00        | 1:15am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:16am</b> |
| AIR BLK         | .00        | 1:16am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:18am</b> |
| AIR BLK         | .00        | 1:19am        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

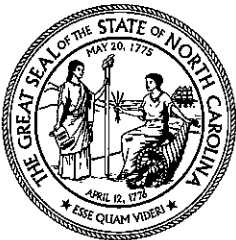
County Guilford Instrument Location GREENSBORO JAIL

Instrument Serial No. 008794

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

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

I certify that on the 18 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Keim Dean  
Signature of Certifying Official

642  
Certificate Number

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

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794  
Test Date: 06/18/2015

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

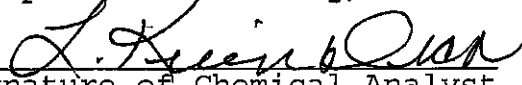
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
05/01/2015-05/01/2017

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

Lot Number: AG434901  
Exp Date: 12/15/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:35pm        |
| AIR BLK         | .00        | 12:35pm        |
| ACCY CHK        | .07        | 12:36pm        |
| AIR BLK         | .00        | 12:37pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:37pm</b> |
| AIR BLK         | .00        | 12:38pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:40pm</b> |
| AIR BLK         | .00        | 12:41pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794      Test Record Number: 4225  
Test Date: 06/18/2015      Test Time: 12:42pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:42pm |
| FLO  | Pass   | 12:42pm |
| FC   | Pass   | 12:42pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:43pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:43pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford Instrument Location Greensboro Jail

Instrument Serial No. 008790

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

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

I certify that on the 18 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

642  
Certificate Number

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

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790  
Test Date: 06/18/2015

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

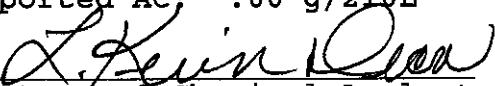
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
05/01/2015-05/01/2017

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

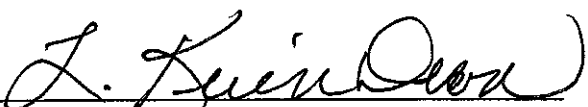
Lot Number: AG411202  
Exp Date: 04/22/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:52am        |
| AIR BLK         | .00        | 11:52am        |
| ACCY CHK        | .07        | 11:53am        |
| AIR BLK         | .00        | 11:54am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:55am</b> |
| AIR BLK         | .00        | 11:56am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:57am</b> |
| AIR BLK         | .00        | 11:58am        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790      Test Record Number: 5021  
Test Date: 06/18/2015      Test Time: 11:59am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:59am |
| FLO  | Pass   | 11:59am |
| 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   | 12:00pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:00pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:00pm |
| CAL  | Pass   | 12:00pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

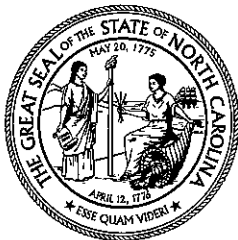
County Guilford Instrument Location Greensboro Jail

Instrument Serial No. 008638

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

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

I certify that on the 18 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Deane  
Signature of Certifying Official

642  
Certificate Number

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

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638  
Test Date: 06/18/2015

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

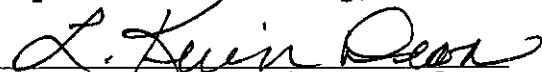
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
05/01/2015-05/01/2017

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

Lot Number: AG409709  
Exp Date: 04/07/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:26am        |
| AIR BLK         | .00        | 11:27am        |
| ACCY CHK        | .07        | 11:28am        |
| AIR BLK         | .00        | 11:28am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:29am</b> |
| AIR BLK         | .00        | 11:30am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:32am</b> |
| AIR BLK         | .00        | 11:33am        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

*GUILFORD COUNTY GREENSBORO JAIL 400*

Serial Number: 008638      Test Record Number: 2136  
Test Date: 06/18/2015      Test Time: 11:33am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

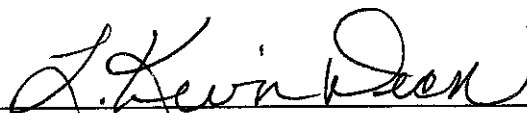
Printer Tests

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

CRC Tests

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

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

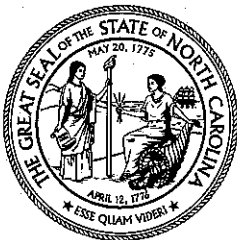
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford Instrument Location High Point Jail  
Instrument Serial No. 008655

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

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

I certify that on the 17 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

644  
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655  
Test Date: 06/17/2015

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

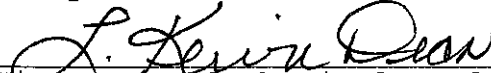
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
05/01/2015-05/01/2017

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

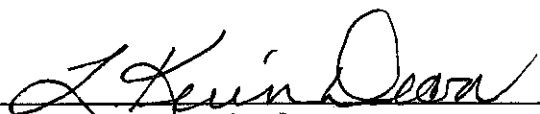
Lot Number: AG409709  
Exp Date: 04/07/2016

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:36pm |
| AIR BLK  | .00    | 1:37pm |
| ACCY CHK | .08    | 1:37pm |
| AIR BLK  | .00    | 1:39pm |
| SUB TEST | .00    | 1:39pm |
| AIR BLK  | .00    | 1:40pm |
| SUB TEST | .00    | 1:42pm |
| AIR BLK  | .00    | 1:43pm |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 2699  
Test Date: 06/17/2015 Test Time: 1:43pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:44pm |
| FLO  | Pass   | 1:44pm |
| FC   | Pass   | 1:44pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:44pm |
| SRC  | Pass   | 1:44pm |
| DET  | Pass   | 1:44pm |
| BAR  | Pass   | 1:44pm |
| BT   | Pass   | 1:44pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:45pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:45pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:45pm |
| CAL  | Pass   | 1:45pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

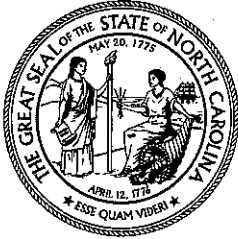
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cherokee Instrument Location Cherokee Co. Jail  
Instrument Serial No. 008711 Murphy, NC

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

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

I certify that on the 25 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Gibson  
Signature of Certifying Official

635  
Certificate Number

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



Intox EC/IR-II: Subject Test

CHEROKEE COUNTY CHEROKEE COUNTY JAIL  
190

Serial Number: 008711  
Test Date: 06/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801

Exp Date: 05/28/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 800  
Test Date: 06/25/2015 Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

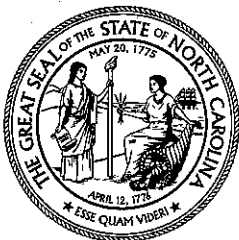
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cherokee Instrument Location Cherokee Co. Jail  
Instrument Serial No. 008622 Murphy, NC

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

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

I certify that on the 25 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Arthur  
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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL  
190

Serial Number: 008622  
Test Date: 06/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801

Exp Date: 05/28/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 902  
Test Date: 06/25/2015 Test Time: 12:29pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:31pm |

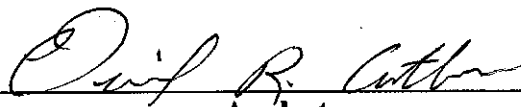
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:31pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

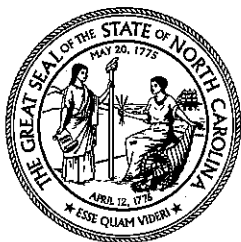
County Swain Instrument Location Swain Co. Jail

Instrument Serial No. 008727 Bryson City, NC

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

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

I certify that on the 24 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Guthrie  
Signature of Certifying Official

635  
Certificate Number

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

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727  
Test Date: 06/24/2015

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

Analyst's Name: CUTLER, DANIEL R  
Permit Number: 8457E  
Effective:  
10/01/2013-10/01/2015

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

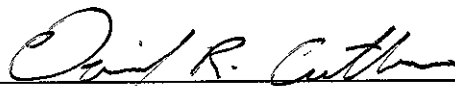
Lot Number: AG411202  
Exp Date: 04/22/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:50am        |
| AIR BLK         | .00        | 10:50am        |
| ACCY CHK        | .07        | 10:51am        |
| AIR BLK         | .00        | 10:52am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:52am</b> |
| AIR BLK         | .00        | 10:53am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:55am</b> |
| AIR BLK         | .00        | 10:56am        |

Reported AC: .00 g/210L

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

Court CVR



\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1006  
Test Date: 06/24/2015 Test Time: 10:56am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:57am |
| FLO  | Pass   | 10:57am |
| FC   | Pass   | 10:57am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:57am |
| SRC  | Pass   | 10:57am |
| DET  | Pass   | 10:57am |
| BAR  | Pass   | 10:57am |
| BT   | Pass   | 10:57am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:58am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:58am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:58am |
| CAL  | Pass   | 10:58am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

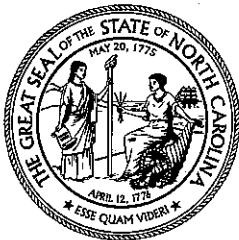
County Swain Instrument Location Swain Co. Jail

Instrument Serial No. 008723 Bryson City, NC

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

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

I certify that on the 24 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Cuth

Signature of Certifying Official

635

Certificate Number

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

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723  
Test Date: 06/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG404101

Exp Date: 02/10/2016

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723      Test Record Number: 575  
Test Date: 06/24/2015      Test Time: 10:55am EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:55am |
| FLO  | Pass   | 10:55am |
| FC   | Pass   | 10:55am |

**Temperature Tests**

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:55am |
| SRC  | Pass   | 10:55am |
| DET  | Pass   | 10:55am |
| BAR  | Pass   | 10:55am |
| BT   | Pass   | 10:55am |

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:56am |

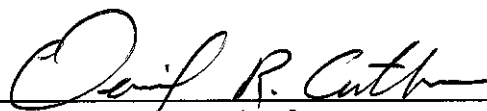
**Printer Tests**

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:56am |

**CRC Tests**

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:56am |
| CAL  | Pass   | 10:56am |

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**

County Transylvania Instrument Location Transylvania Co. Jail

Instrument Serial No. 008820 Brevard, NC

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

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

I certify that on the 9 day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul R. Cuth  
Signature of Certifying Official

635  
Certificate Number

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

Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA CO  
JAIL 870

Serial Number: 008820  
Test Date: 05/09/2015

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

Analyst's Name: CUTLER, DANIEL R  
Permit Number: 8457E  
Effective:  
10/01/2013-10/01/2015

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

Lot Number: AG411202  
Exp Date: 04/22/2016

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:00pm |
| AIR BLK  | .00    | 1:01pm |
| ACCY CHK | .07    | 1:01pm |
| AIR BLK  | .00    | 1:02pm |
| SUB TEST | .00    | 1:03pm |
| AIR BLK  | .00    | 1:04pm |
| SUB TEST | .00    | 1:05pm |
| AIR BLK  | .00    | 1:06pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 888

Test Date: 06/09/2015 Test Time: 1:08pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:08pm |
| FLO  | Pass   | 1:08pm |
| FC   | Pass   | 1:08pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:09pm |
| SRC  | Pass   | 1:09pm |
| DET  | Pass   | 1:09pm |
| BAR  | Pass   | 1:09pm |
| BT   | Pass   | 1:09pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:09pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:09pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:09pm |
| CAL  | Pass   | 1:09pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

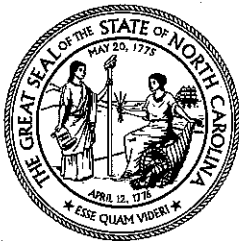
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Transylvania Instrument Location Transylvania Co. Jail  
Instrument Serial No. 008609 Brevard, NC

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

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

I certify that on the 9 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



David R. Cutler  
Signature of Certifying Official

635  
Certificate Number

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

Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA CO  
JAIL 870

Serial Number: 008609  
Test Date: 06/09/2015

Citation Number: M0000000-0.

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801

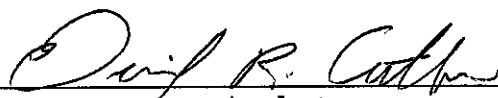
Exp Date: 05/28/2016

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

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

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 650  
Test Date: 06/09/2015 Test Time: 1:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

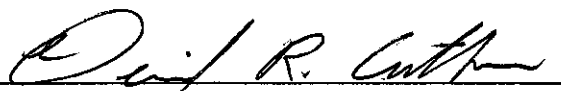
Printer Tests

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

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

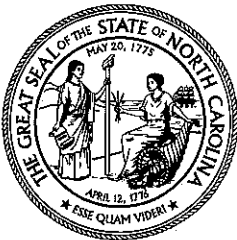
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Haywood Instrument Location Haywood Co. Jail  
Instrument Serial No. 008714 Waynesville, NC

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

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

I certify that on the 3 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul R. Luth  
Signature of Certifying Official

635  
Certificate Number

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

Intox EC/IR-II: Subject Test

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714  
Test Date: 06/03/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201

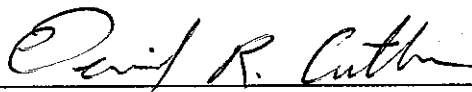
Exp Date: 12/18/2015

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:40am |
| AIR BLK  | .00    | 11:41am |
| ACCY CHK | .07    | 11:42am |
| AIR BLK  | .00    | 11:43am |
| SUB TEST | .00    | 11:43am |
| AIR BLK  | .00    | 11:44am |
| SUB TEST | .00    | 11:46am |
| AIR BLK  | .00    | 11:46am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 1250  
Test Date: 06/03/2015 Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:48am |
| FLO  | Pass   | 11:48am |
| FC   | Pass   | 11:48am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:48am |
| SRC  | Pass   | 11:48am |
| DET  | Pass   | 11:48am |
| BAR  | Pass   | 11:48am |
| BT   | Pass   | 11:48am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:48am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:48am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:49am |
| CAL  | Pass   | 11:49am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Haywood Instrument Location Haywood Co. Jail  
Instrument Serial No. 008712 Waynesville, NC

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

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

I certify that on the 3 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul R. Cuth  
Signature of Certifying Official

635  
Certificate Number

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

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712  
Test Date: 06/03/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG326006

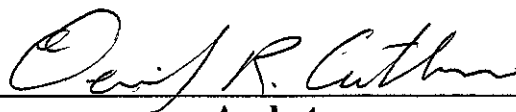
Exp Date: 09/17/2015

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:39am        |
| AIR BLK         | .00        | 11:39am        |
| ACCY CHK        | .08        | 11:40am        |
| AIR BLK         | .00        | 11:41am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:41am</b> |
| AIR BLK         | .00        | 11:42am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:44am</b> |
| AIR BLK         | .00        | 11:45am        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712      Test Record Number: 1538  
Test Date: 06/03/2015      Test Time: 11:46am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:46am |
| FLO  | Pass   | 11:46am |
| FC   | Pass   | 11:47am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:47am |
| SRC  | Pass   | 11:47am |
| DET  | Pass   | 11:47am |
| BAR  | Pass   | 11:47am |
| BT   | Pass   | 11:47am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:47am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:47am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:47am |
| CAL  | Pass   | 11:47am |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

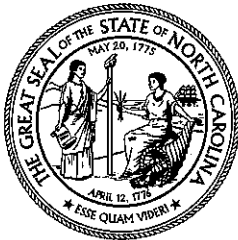
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Randolph Instrument Location Bat mobile Unit 2  
Instrument Serial No 008929 Acchdale PD

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

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

I certify that on the 13 day of June, 2015 the forgoing preventive maintenance procedures were performed on the 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 Skuman  
Signature of Certifying Official

644  
Certificate Number

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



Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008929  
Test Date: 06/13/2015

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:  
10/01/2013-10/01/2015

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

Lot Number: AG414801  
Exp Date: 05/28/2016

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008929      Test Record Number: 864  
Test Date: 06/13/2015      Test Time: 10:14pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:14pm |
| FLO  | Pass   | 10:14pm |
| FC   | Pass   | 10:14pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:14pm |
| SRC  | Pass   | 10:14pm |
| DET  | Pass   | 10:14pm |
| BAR  | Pass   | 10:14pm |
| BT   | Pass   | 10:14pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:15pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:15pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:15pm |
| CAL  | Pass   | 10:15pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Randolph Instrument Location Bat Mobile Unit  
Instrument Serial No 008601 Archdale PD

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

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

I certify that on the 13 day of June, 2015 the forgoing preventive maintenance procedures were performed on the 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: Subject Test**

RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008601  
Test Date: 06/13/2015

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:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG402703

Exp Date: 01/27/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:07pm        |
| AIR BLK         | .00        | 10:08pm        |
| ACCY CHK        | .07        | 10:08pm        |
| AIR BLK         | .00        | 10:09pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:12pm</b> |
| AIR BLK         | .00        | 10:12pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:14pm</b> |
| AIR BLK         | .00        | 10:15pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

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

RANDOLPH COUNTY BATMOBILE UNIT 2 750

Serial Number: 008601      Test Record Number: 1040  
Test Date: 06/13/2015      Test Time: 10:19pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:19pm |
| FLO  | Pass   | 10:19pm |
| FC   | Pass   | 10:19pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:20pm |
| SRC  | Pass   | 10:20pm |
| DET  | Pass   | 10:20pm |
| BAR  | Pass   | 10:20pm |
| BT   | Pass   | 10:20pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:20pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:20pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:20pm |
| CAL  | Pass   | 10:20pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

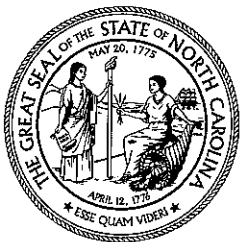
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wayne Instrument Location Seymour Johnson A.F.B.  
Instrument Serial No. 008786 1010 Vermont Garrison Rd., Goldsboro  
N.C.

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

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

I certify that on the 15<sup>th</sup> day of June, 20 15 the forgoing preventive maintenance procedures were performed on the 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. Reese  
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**

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786

Test Date: 06/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG321904

Exp Date: 08/07/2015

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786      Test Record Number: 215  
Test Date: 06/15/2015      Test Time: 4:27pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:28pm |
| FLO  | Pass   | 4:28pm |
| FC   | Pass   | 4:28pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:29pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:29pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:29pm |
| CAL  | Pass   | 4:29pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

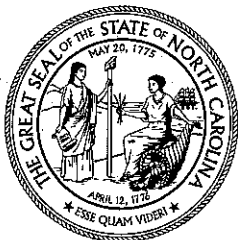
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Orange Co. Instrument Location Hillsborough PD.  
Instrument Serial No. 008924 124 N. Churton St Hillsborough, NC

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

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

I certify that on the 12<sup>th</sup> day of JUNE, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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**

ORANGE COUNTY HILLSBROUGH PD 670

Serial Number: 008924  
Test Date: 06/12/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

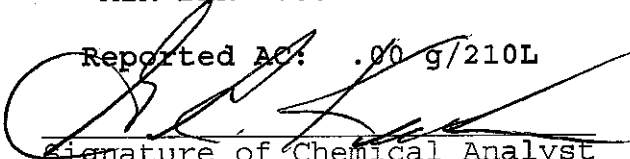
Test Type: Breath Test

Lot Number: AG507902

Exp Date: 03/20/2017

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:47am        |
| AIR BLK         | .00        | 11:48am        |
| ACCY CHK        | .07        | 11:48am        |
| AIR BLK         | .00        | 11:49am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:50am</b> |
| AIR BLK         | .00        | 11:51am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:52am</b> |
| AIR BLK         | .00        | 11:53am        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**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**

ORANGE COUNTY HILLSBROUGH PD 670

Serial Number: 008924    Test Record Number: 1102  
Test Date: 06/12/2015    Test Time: 11:54am EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:55am |

**Printer Tests**

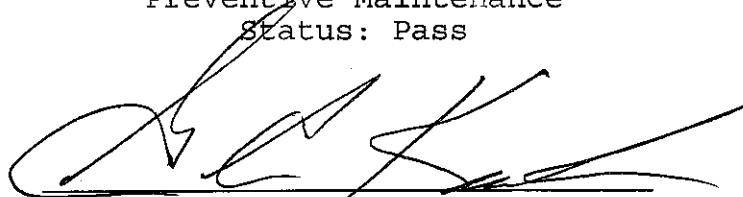
| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:55am |

**CRC Tests**

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

Preventive Maintenance

Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake Co Instrument Location Wake Co Detention Center  
Instrument Serial No. 008458 3301 Hammond Rd. Raleigh NC

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

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

I certify that on the 8th day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

154  
Certificate Number

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

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778  
Test Date: 06/08/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

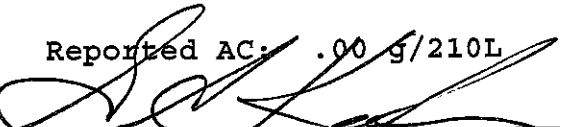
Test Type: Breath Test

Lot Number: AG513102

Exp Date: 05/11/2017

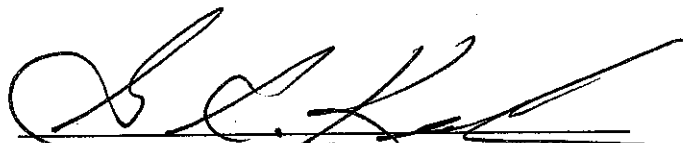
| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:53pm        |
| AIR BLK         | .00        | 4:54pm        |
| ACCY CHK        | .08        | 4:55pm        |
| AIR BLK         | .00        | 4:56pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:57pm</b> |
| AIR BLK         | .00        | 4:58pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:59pm</b> |
| AIR BLK         | .00        | 5:00pm        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778      Test Record Number: 1658  
Test Date: 06/08/2015      Test Time: 5:01pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:02pm |
| FLO  | Pass   | 5:02pm |
| FC   | Pass   | 5:02pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:03pm |

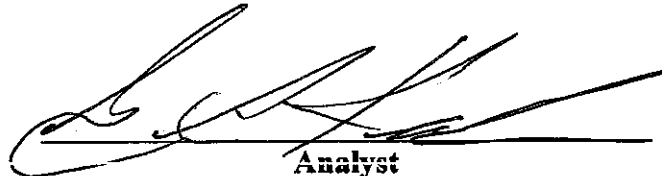
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 5:03pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 5:03pm |
| CAL  | Pass   | 5:03pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake Co. Instrument Location Wake Co. Detention Center  
Instrument Serial No. 008612 3301 Hammond Rd Raleigh NC

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

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

I certify that on the 8th day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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**

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612  
Test Date: 06/08/2015

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

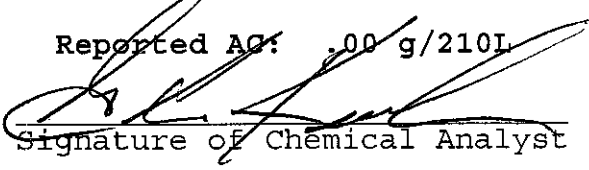
Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2014-02/01/2016

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

Lot Number: AG513102  
Exp Date: 05/11/2017

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 5:04pm |
| AIR BLK  | .00    | 5:04pm |
| ACCY CHK | .07    | 5:05pm |
| AIR BLK  | .00    | 5:06pm |
| SUB TEST | .00    | 5:07pm |
| AIR BLK  | .00    | 5:08pm |
| SUB TEST | .00    | 5:10pm |
| AIR BLK  | .00    | 5:11pm |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612      Test Record Number: 2006  
Test Date: 06/08/2015      Test Time: 5:13pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:14pm |
| FLO  | Pass   | 5:14pm |
| FC   | Pass   | 5:14pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 5:14pm |
| SRC  | Pass   | 5:14pm |
| DET  | Pass   | 5:14pm |
| BAR  | Pass   | 5:14pm |
| BT   | Pass   | 5:14pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:14pm |

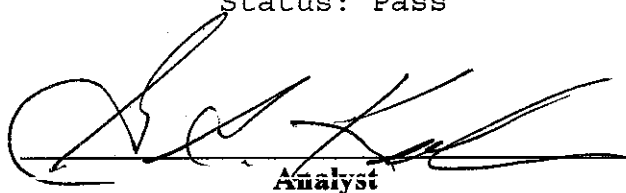
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 5:14pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 5:15pm |
| CAL  | Pass   | 5:15pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

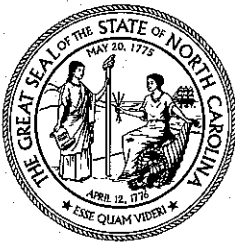
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Co. Instrument Location Wake Co. Detention Center  
Instrument Serial No. 008160 3301 Hammond Rd. Raleigh NC

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

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

I certify that on the 8<sup>th</sup> day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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**

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760  
Test Date: 06/08/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

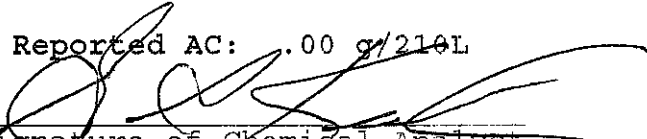
Test Type: Breath Test

Lot Number: AG513102

Exp Date: 05/11/2017

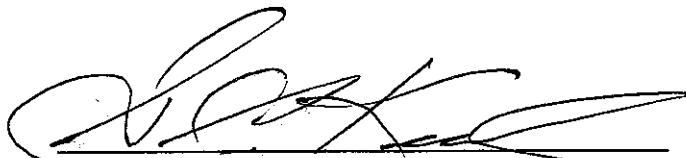
| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 5:07pm        |
| AIR BLK         | .00        | 5:08pm        |
| ACCY CHK        | .08        | 5:09pm        |
| AIR BLK         | .00        | 5:10pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:11pm</b> |
| AIR BLK         | .00        | 5:12pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:13pm</b> |
| AIR BLK         | .00        | 5:14pm        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760      Test Record Number: 914  
Test Date: 06/08/2015      Test Time: 5:16pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:16pm |
| FLO  | Pass   | 5:16pm |
| FC   | Pass   | 5:16pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 5:16pm |
| SRC  | Pass   | 5:16pm |
| DET  | Pass   | 5:16pm |
| BAR  | Pass   | 5:16pm |
| BT   | Pass   | 5:16pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:17pm |

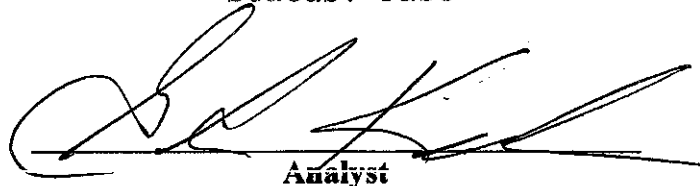
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 5:17pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 5:17pm |
| CAL  | Pass   | 5:17pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

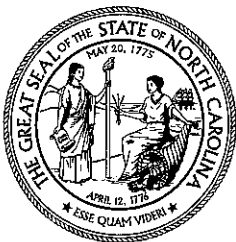
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Union Instrument Location Union County SD  
Instrument Serial No. 008866 3344 Presson Rd, Monroe  
704-283-3770

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 20 15 the forgoing preventive maintenance procedures were performed on the 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. Hef  
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**

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866  
Test Date: 06/12/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

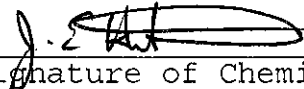
Test Type: Breath Test

Lot Number: AG434201

Exp Date: 12/08/2016

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866      Test Record Number: 2051  
Test Date: 06/12/2015      Test Time: 2:58pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:59pm |

**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:59pm |

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

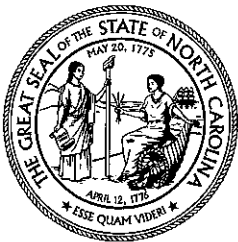
County Union Instrument Location Waxhaw PD

Instrument Serial No. 008598 3620 Providence Rd South, Waxhaw  
704-843-0353

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 June, 20 15 the forgoing preventive maintenance procedures were performed on the 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. Hult  
Signature of Certifying Official

650  
Certificate Number

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



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

UNION COUNTY WAXHAW PD 890

Serial Number: 008598

Test Date: 06/12/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

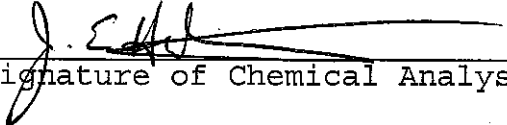
Test Type: Breath Test

Lot Number: AG404101

Exp Date: 02/16/2016

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 01:12pm |
| AIR BLK  | .00    | 01:13pm |
| ACCY CHK | .07    | 01:14pm |
| AIR BLK  | .00    | 01:15pm |
| SUB TEST | .00    | 01:15pm |
| AIR BLK  | .00    | 01:16pm |
| SUB TEST | .00    | 01:18pm |
| AIR BLK  | .00    | 01:18pm |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 583  
Test Date: 06/12/2015 Test Time: 01:19pm

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 01:20pm |
| FLO  | Pass   | 01:20pm |
| FC   | Pass   | 01:20pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 01:20pm |
| SRC  | Pass   | 01:20pm |
| DET  | Pass   | 01:20pm |
| BAR  | Pass   | 01:20pm |
| BT   | Pass   | 01:20pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 01:21pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 01:21pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 01:21pm |
| CAL  | Pass   | 01:21pm |

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 WAKE Instrument Location WAKE FOREST PD

Instrument Serial No. 008700 225 S. TAYLOR ST WAKE FOREST, NC

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

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

I certify that on the 01 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bruce D. Amnell  
Signature of Certifying Official

637  
Certificate Number

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

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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700

Test Date: 06/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102

Exp Date: 05/11/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:22pm        |
| AIR BLK         | .00        | 1:23pm        |
| ACCY CHK        | .08        | 1:23pm        |
| AIR BLK         | .00        | 1:24pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:25pm</b> |
| AIR BLK         | .00        | 1:26pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:28pm</b> |
| AIR BLK         | .00        | 1:28pm        |

Reported AC: .00 g/210L

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

Court CVR

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

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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700      Test Record Number: 926  
Test Date: 06/01/2015      Test Time: 1:29pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:30pm |
| FLO  | Pass   | 1:30pm |
| FC   | Pass   | 1:30pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:30pm |
| SRC  | Pass   | 1:30pm |
| DET  | Pass   | 1:30pm |
| BAR  | Pass   | 1:30pm |
| BT   | Pass   | 1:30pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:31pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:31pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:31pm |
| CAL  | Pass   | 1:31pm |

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

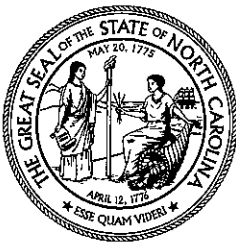
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Perquimans Instrument Location Perquimans Co. S.O.  
Instrument Serial No. 008921 110 N. Church St., Hertford, NC.

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

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

I certify that on the 15<sup>th</sup> day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

643  
Certificate Number

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

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921  
Test Date: 06/15/2015

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


Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
08/01/2013-08/01/2015

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

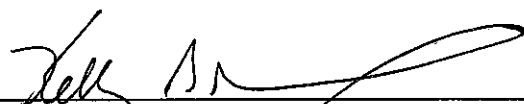
Lot Number: AG326006  
Exp Date: 09/17/2015

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:44am        |
| AIR BLK         | .00        | 11:45am        |
| ACCY CHK        | .08        | 11:46am        |
| AIR BLK         | .00        | 11:47am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:47am</b> |
| AIR BLK         | .00        | 11:48am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:50am</b> |
| AIR BLK         | .00        | 11:51am        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921      Test Record Number: 557  
Test Date: 06/15/2015      Test Time: 11:52am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:53am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:53am |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lenoir Instrument Location Kinston PD

Instrument Serial No. 008674 205 E. King St., Kinston, N.C.

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

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

I certify that on the 12<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly A. P.  
Signature of Certifying Official

643  
Certificate Number

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

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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624  
Test Date: 06/12/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG513103


Exp Date: 05/11/2017

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:58am        |
| AIR BLK         | .00        | 11:59am        |
| ACCY CHK        | .07        | 12:00pm        |
| AIR BLK         | .00        | 12:01pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:01pm</b> |
| AIR BLK         | .00        | 12:02pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:04pm</b> |
| AIR BLK         | .00        | 12:05pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624      Test Record Number: 1455  
Test Date: 06/12/2015      Test Time: 12:06pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:07pm |
| FLO  | Pass   | 12:07pm |
| FC   | Pass   | 12:07pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:07pm |
| SRC  | Pass   | 12:07pm |
| DET  | Pass   | 12:07pm |
| BAR  | Pass   | 12:07pm |
| BT   | Pass   | 12:07pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:07pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:08pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:08pm |
| CAL  | Pass   | 12:08pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Carteret

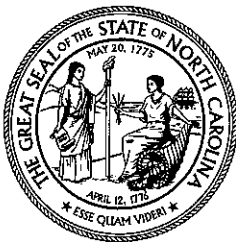
Instrument Location EMERALD Isle PA

Instrument Serial No. 008620

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

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

I certify that on the 1 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Rang E Hall  
Signature of Certifying Official

354  
Certificate Number

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

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

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620  
Test Date: 06/01/2015

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

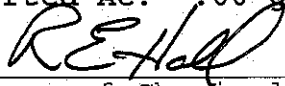
Analyst's Name: HALL, RANDY E  
Permit Number: 3462E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG507902  
Exp Date: 03/20/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:41pm        |
| AIR BLK         | .00        | 3:42pm        |
| ACCY CHK        | .08        | 3:43pm        |
| AIR BLK         | .00        | 3:44pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:44pm</b> |
| AIR BLK         | .00        | 3:45pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:47pm</b> |
| AIR BLK         | .00        | 3:48pm        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR

  
Analyst

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

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620      Test Record Number: 1721  
Test Date: 06/01/2015      Test Time: 3:53pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

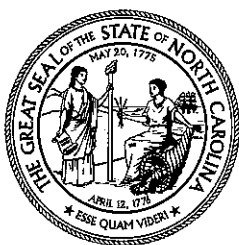
County Carteret Instrument Location Atlantic Beach PD

Instrument Serial No. 008785

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

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

I certify that on the 2 day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

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

Intox EC/IR-II: Subject Test

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785  
Test Date: 06/02/2015

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

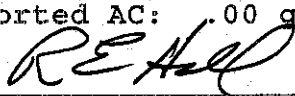
Analyst's Name: HALL, RANDY E  
Permit Number: 3462E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG507902  
Exp Date: 03/20/2017

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:46am |
| AIR BLK  | .00    | 9:47am |
| ACCY CHK | .07    | 9:47am |
| AIR BLK  | .00    | 9:48am |
| SUB TEST | .00    | 9:49am |
| AIR BLK  | .00    | 9:49am |
| SUB TEST | .00    | 9:51am |
| AIR BLK  | .00    | 9:52am |

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

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785      Test Record Number: 826  
Test Date: 06/02/2015      Test Time: 9:52am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:53am |
| FLO  | Pass   | 9:53am |
| FC   | Pass   | 9:53am |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:53am |
| SRC  | Pass   | 9:53am |
| DET  | Pass   | 9:53am |
| BAR  | Pass   | 9:53am |
| BT   | Pass   | 9:53am |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:53am |


Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:54am |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:54am |
| CAL  | Pass   | 9:54am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Carteret

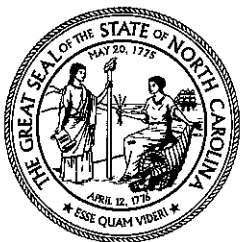
Instrument Location Morehead City PD

Instrument Serial No. 008731

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

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

I certify that on the 2 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

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

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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731  
Test Date: 06/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801

Exp Date: 05/28/2016

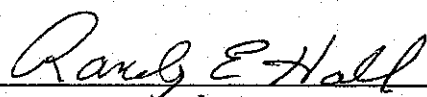
| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:27am        |
| AIR BLK         | .00        | 10:28am        |
| ACCY CHK        | .07        | 10:28am        |
| AIR BLK         | .00        | 10:29am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:30am</b> |
| AIR BLK         | .00        | 10:31am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:32am</b> |
| AIR BLK         | .00        | 10:33am        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

*CARTERET COUNTY MOREHEAD CITY PD 150*

Serial Number: 008731      Test Record Number: 1670  
Test Date: 06/02/2015      Test Time: 10:33am EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:34am |
| FLO  | Pass   | 10:34am |
| FC   | Pass   | 10:34am |

**Temperature Tests**

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:34am |
| SRC  | Pass   | 10:34am |
| DET  | Pass   | 10:34am |
| BAR  | Pass   | 10:34am |
| BT   | Pass   | 10:34am |

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:35am |

**Printer Tests**

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:35am |

**CRC Tests**

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:35am |
| CAL  | Pass   | 10:35am |

Preventive Maintenance  
Status: *Pass*

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Carteret Instrument Location Carteret County  
Instrument Serial No. 008882 Sheriff's Office

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

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

I certify that on the 2 day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy Hall  
Signature of Certifying Official

354  
Certificate Number

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

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

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882  
Test Date: 06/02/2015

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

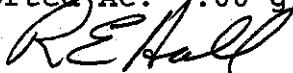
Analyst's Name: HALL, RANDY E  
Permit Number: 3462E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG414801  
Exp Date: 05/28/2016


| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:14am        |
| AIR BLK         | .00        | 11:15am        |
| ACCY CHK        | .08        | 11:16am        |
| AIR BLK         | .00        | 11:17am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:17am</b> |
| AIR BLK         | .00        | 11:18am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:20am</b> |
| AIR BLK         | .00        | 11:21am        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

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

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882      Test Record Number: 1264  
Test Date: 06/02/2015      Test Time: 11:22am EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:22am |
| FLO  | Pass   | 11:22am |
| FC   | Pass   | 11:22am |

**Temperature Tests**

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:22am |
| SRC  | Pass   | 11:22am |
| DET  | Pass   | 11:22am |
| BAR  | Pass   | 11:22am |
| BT   | Pass   | 11:22am |

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:23am |

**Printer Tests**

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:23am |

**CRC Tests**

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:23am |
| CAL  | Pass   | 11:23am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CARTERET Instrument Location CARTERET County  
Instrument Serial No. 0086005 SHERIFF'S OFFICE

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

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

I certify that on the 2 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Russell Hall  
Signature of Certifying Official

354  
Certificate Number

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



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

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605  
Test Date: 06/02/2015

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

Analyst's Name: HALL, RANDY E  
Permit Number: 3462E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG414801  
Exp Date: 05/28/2016

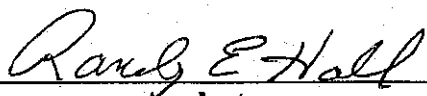
| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:15am        |
| AIR BLK         | .00        | 11:16am        |
| ACCY CHK        | .08        | 11:16am        |
| AIR BLK         | .00        | 11:17am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:18am</b> |
| AIR BLK         | .00        | 11:19am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:20am</b> |
| AIR BLK         | .00        | 11:21am        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605      Test Record Number: 3255  
Test Date: 06/02/2015      Test Time: 11:22am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:22am |
| FLO  | Pass   | 11:22am |
| FC   | Pass   | 11:22am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:22am |
| SRC  | Pass   | 11:22am |
| DET  | Pass   | 11:22am |
| BAR  | Pass   | 11:22am |
| BT   | Pass   | 11:22am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:23am |


Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:23am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:23am |
| CAL  | Pass   | 11:23am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

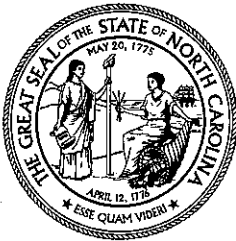
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CRAVEN Instrument Location HAVELOCK A.S.  
Instrument Serial No. 008800

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

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

I certify that on the 2 day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hill  
Signature of Certifying Official

354  
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800  
Test Date: 06/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

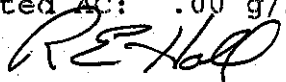
Test Type: Breath Test

Lot Number: AG414801

Exp Date: 05/28/2016

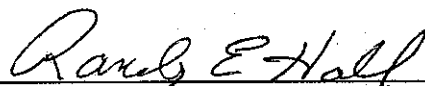
| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:34pm |
| AIR BLK  | .00    | 1:35pm |
| ACCY CHK | .07    | 1:36pm |
| AIR BLK  | .00    | 1:36pm |
| SUB TEST | .00    | 1:37pm |
| AIR BLK  | .00    | 1:38pm |
| SUB TEST | .00    | 1:39pm |
| AIR BLK  | .00    | 1:40pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800      Test Record Number: 951  
Test Date: 06/02/2015      Test Time: 1:41pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:41pm |
| FLO  | Pass   | 1:41pm |
| FC   | Pass   | 1:41pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:41pm |
| SRC  | Pass   | 1:41pm |
| DET  | Pass   | 1:41pm |
| BAR  | Pass   | 1:41pm |
| BT   | Pass   | 1:41pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:42pm |

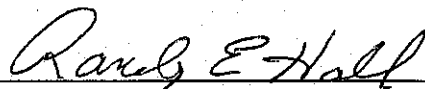
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:42pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:42pm |
| CAL  | Pass   | 1:42pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CRAVEN

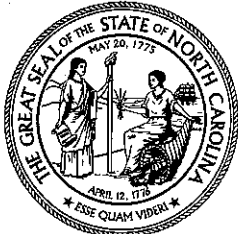
Instrument Location MCAS CHERRY POINT AFB

Instrument Serial No. 010819

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

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

I certify that on the 2 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Roxey E. Hall  
Signature of Certifying Official

354  
Certificate Number

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

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

**CRAVEN COUNTY MCAS CHERRY POINT 240**

Serial Number: 010819  
Test Date: 06/02/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902

Exp Date: 03/20/2017


| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 2:20pm        |
| AIR BLK         | .00        | 2:21pm        |
| ACCY CHK        | .08        | 2:22pm        |
| AIR BLK         | .00        | 2:22pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:23pm</b> |
| AIR BLK         | .00        | 2:24pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:25pm</b> |
| AIR BLK         | .00        | 2:26pm        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

**CRAVEN COUNTY MCAS CHERRY POINT 240**

Serial Number: 010819      Test Record Number: 423  
Test Date: 06/02/2015      Test Time: 2:27pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:28pm |

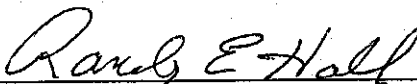
**Printer Tests**

| 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

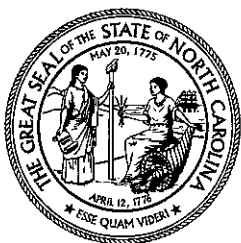
County CRAVEN Instrument Location NEW BERN PD

Instrument Serial No. 008817

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

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

I certify that on the 3 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

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

Intox EC/IR-II: Subject Test

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817  
Test Date: 06/03/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102

Exp Date: 05/11/2017

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

Reported AC: .00 g/210L

*RE Hall*

Signature of Chemical Analyst

Court CVR

*Randy E Hall*

Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817      Test Record Number: 1115  
Test Date: 06/03/2015      Test Time: 10:10am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:11am |
| FLO  | Pass   | 10:11am |
| FC   | Pass   | 10:11am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:11am |
| SRC  | Pass   | 10:11am |
| DET  | Pass   | 10:11am |
| BAR  | Pass   | 10:11am |
| BT   | Pass   | 10:11am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:11am |

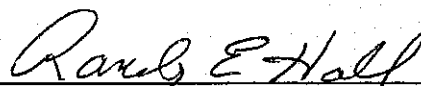
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:12am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:12am |
| CAL  | Pass   | 10:12am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CRAVEN Instrument Location CRAVEN County

Instrument Serial No. 008732 SHERIFF'S OFFICE

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

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

I certify that on the 3 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

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

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

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732  
Test Date: 06/03/2015

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

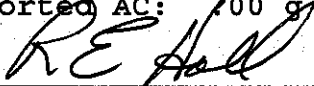
Analyst's Name: HALL, RANDY E  
Permit Number: 3462E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG513102  
Exp Date: 05/11/2017

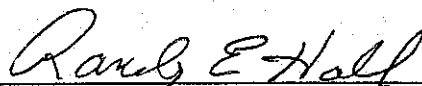
| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:42am        |
| AIR BLK         | .00        | 10:43am        |
| ACCY CHK        | .07        | 10:43am        |
| AIR BLK         | .00        | 10:44am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:44am</b> |
| AIR BLK         | .00        | 10:45am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:47am</b> |
| AIR BLK         | .00        | 10:48am        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732      Test Record Number: 1427  
Test Date: 06/03/2015      Test Time: 10:48am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:48am |
| FLO  | Pass   | 10:48am |
| FC   | Pass   | 10:48am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:49am |
| SRC  | Pass   | 10:49am |
| DET  | Pass   | 10:49am |
| BAR  | Pass   | 10:49am |
| BT   | Pass   | 10:49am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:49am |

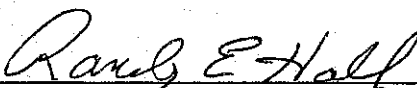
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:49am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:49am |
| CAL  | Pass   | 10:49am |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

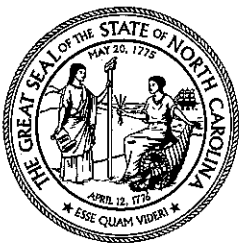
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Jones Instrument Location Jones County  
Instrument Serial No. 008705 SHERIFF'S OFFICE

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

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

I certify that on the 3 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ravage Hall

Signature of Certifying Official

354

Certificate Number

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

Intox EC/IR-II: Subject Test

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705  
Test Date: 06/03/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

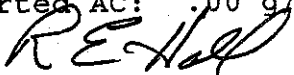
Test Type: Breath Test

Lot Number: AG513102

Exp Date: 05/11/2017

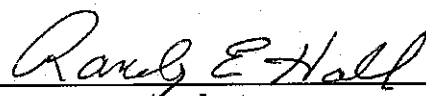
| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:33am        |
| AIR BLK         | .00        | 11:33am        |
| ACCY CHK        | .07        | 11:34am        |
| AIR BLK         | .00        | 11:35am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:36am</b> |
| AIR BLK         | .00        | 11:36am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:38am</b> |
| AIR BLK         | .00        | 11:39am        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst



Intox EC/IR-II: Preventive Maintenance

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705      Test Record Number: 1000  
Test Date: 06/03/2015      Test Time: 11:39am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:40am |
| FLO  | Pass   | 11:40am |
| FC   | Pass   | 11:40am |

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:40am |

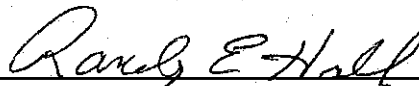
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:40am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:41am |
| CAL  | Pass   | 11:41am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

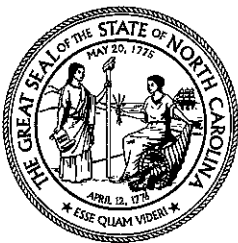
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Panhico Instrument Location Panhico County  
Instrument Serial No. 008640 SHERIFF'S OFFICE

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

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

I certify that on the 3 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Raney E. Hall  
Signature of Certifying Official

354  
Certificate Number

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

Intox EC/IR-II: Subject Test

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640  
Test Date: 06/03/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG404101

Exp Date: 02/10/2016

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:42pm |
| AIR BLK  | .00    | 12:43pm |
| ACCY CHK | .07    | 12:43pm |
| AIR BLK  | .00    | 12:44pm |
| SUB TEST | .00    | 12:45pm |
| AIR BLK  | .00    | 12:46pm |
| SUB TEST | .00    | 12:47pm |
| AIR BLK  | .00    | 12:48pm |

Reported AC: .00 g/210L

*R E Hall*

Signature of Chemical Analyst

Court CVR

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

Intox EC/IR-II: Preventive Maintenance

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 1092  
Test Date: 06/03/2015 Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:51pm |
| FLO  | Pass   | 12:51pm |
| FC   | Pass   | 12:51pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:52pm |
| SRC  | Pass   | 12:52pm |
| DET  | Pass   | 12:52pm |
| BAR  | Pass   | 12:52pm |
| BT   | Pass   | 12:52pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:52pm |

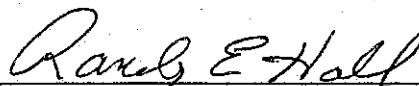
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:52pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:52pm |
| CAL  | Pass   | 12:52pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Duplin Instrument Location Duplin Co.  
Instrument Serial No. 008864 Sheriff Dept

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

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

I certify that on the 12 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

6011  
Certificate Number

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

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

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864  
Test Date: 06/12/2015

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

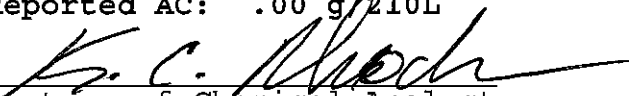
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG425303  
Exp Date: 09/10/2016

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:33am |
| AIR BLK  | .00    | 10:33am |
| ACCY CHK | .08    | 10:34am |
| AIR BLK  | .00    | 10:35am |
| SUB TEST | .00    | 10:35am |
| AIR BLK  | .00    | 10:36am |
| SUB TEST | .00    | 10:37am |
| AIR BLK  | .00    | 10:38am |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864      Test Record Number: 2513  
Test Date: 06/12/2015      Test Time: 10:40am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:41am |

Printer Tests

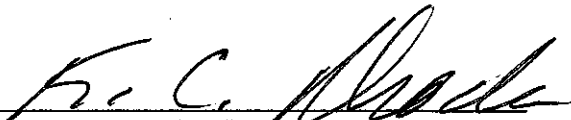
| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:41am |

CRC Tests

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

Preventive Maintenance

Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Pender Instrument Location Pender County  
Instrument Serial No. 008946 Sheriff Dept.

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

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

I certify that on the 12 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. [Signature]  
Signature of Certifying Official

601  
Certificate Number

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



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

PENDER PENDER COUNTY SD 700

Serial Number: 008946  
Test Date: 06/12/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

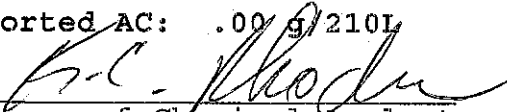
Test Type: Breath Test

Lot Number: AG335201

Exp Date: 12/18/2015

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 9:13am        |
| AIR BLK         | .00        | 9:13am        |
| ACCY CHK        | .07        | 9:14am        |
| AIR BLK         | .00        | 9:15am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:16am</b> |
| AIR BLK         | .00        | 9:17am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:18am</b> |
| AIR BLK         | .00        | 9:19am        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

PENDER PENDER COUNTY SD 700

Serial Number: 008946      Test Record Number: 756  
Test Date: 06/12/2015      Test Time: 9:20am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:20am |
| FLO  | Pass   | 9:20am |
| FC   | Pass   | 9:20am |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:20am |
| SRC  | Pass   | 9:20am |
| DET  | Pass   | 9:20am |
| BAR  | Pass   | 9:20am |
| BT   | Pass   | 9:20am |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:21am |

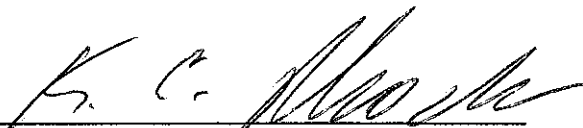
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:21am |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:21am |
| CAL  | Pass   | 9:21am |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

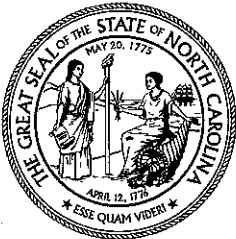
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Pender Instrument Location Pender County  
Instrument Serial No. 008901 Sheriff Dept

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

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

I certify that on the 12 day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K.C. Phoad  
Signature of Certifying Official

401  
Certificate Number

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

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

PENDER COUNTY PENDER CO SD 700

Serial Number: 008901  
Test Date: 06/12/2015

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

Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG404101  
Exp Date: 02/10/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 9:09am        |
| AIR BLK         | .00        | 9:10am        |
| ACCY CHK        | .08        | 9:11am        |
| AIR BLK         | .00        | 9:12am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:13am</b> |
| AIR BLK         | .00        | 9:13am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:15am</b> |
| AIR BLK         | .00        | 9:16am        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

PENDER COUNTY PENDER CO SD 700

Serial Number: 008901      Test Record Number: 976  
Test Date: 06/12/2015      Test Time: 9:17am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:17am |
| FLO  | Pass   | 9:17am |
| FC   | Pass   | 9:17am |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:17am |
| SRC  | Pass   | 9:17am |
| DET  | Pass   | 9:17am |
| BAR  | Pass   | 9:17am |
| BT   | Pass   | 9:17am |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:18am |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:18am |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:18am |
| CAL  | Pass   | 9:18am |

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

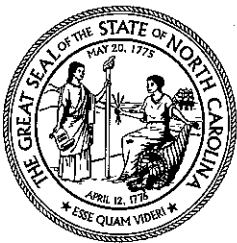
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Duplin Instrument Location Wallace  
Instrument Serial No. 008858 Police Dept

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

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

I certify that on the 12 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858  
Test Date: 06/12/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

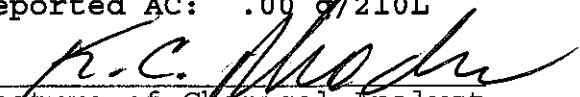
Test Type: Breath Test

Lot Number: AG409709

Exp Date: 04/07/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 8:13am        |
| AIR BLK         | .00        | 8:14am        |
| ACCY CHK        | .07        | 8:14am        |
| AIR BLK         | .00        | 8:15am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:16am</b> |
| AIR BLK         | .00        | 8:17am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:18am</b> |
| AIR BLK         | .00        | 8:19am        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

**DUPLIN COUNTY WALLACE PD 300**

Serial Number: 008858      Test Record Number: 708  
Test Date: 06/12/2015      Test Time: 8:20am EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:20am |
| FLO  | Pass   | 8:20am |
| FC   | Pass   | 8:20am |

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:20am |
| SRC  | Pass   | 8:20am |
| DET  | Pass   | 8:20am |
| BAR  | Pass   | 8:20am |
| BT   | Pass   | 8:20am |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:21am |

**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:21am |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:21am |
| CAL  | Pass   | 8:21am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover Instrument Location New Hanover  
Instrument Serial No. 008617 County Sheriff Dept

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

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

I certify that on the 11 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

NEW HANOVER COUNTY NEW HANOVER CO SD  
640

Serial Number: 008617  
Test Date: 06/11/2015

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

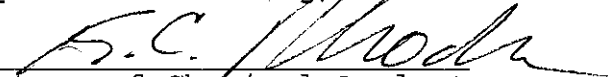
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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

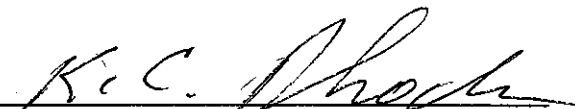
Lot Number: AG409709  
Exp Date: 04/07/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 5:23pm        |
| AIR BLK         | .00        | 5:24pm        |
| ACCY CHK        | .07        | 5:25pm        |
| AIR BLK         | .00        | 5:26pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:26pm</b> |
| AIR BLK         | .00        | 5:27pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:29pm</b> |
| AIR BLK         | .00        | 5:29pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617      Test Record Number: 2487  
Test Date: 06/11/2015      Test Time: 5:32pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:32pm |
| FLO  | Pass   | 5:32pm |
| FC   | Pass   | 5:32pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 5:32pm |
| SRC  | Pass   | 5:32pm |
| DET  | Pass   | 5:32pm |
| BAR  | Pass   | 5:32pm |
| BT   | Pass   | 5:32pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:33pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 5:33pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 5:33pm |
| CAL  | Pass   | 5:33pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

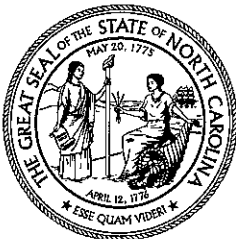
County New Hanover Instrument Location New Hanover

Instrument Serial No. 008626 County Sheriff Dept

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

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

I certify that on the 11 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K.C. [Signature] 601  
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**

NEW HANOVER COUNTY NEW HANOVER CO SD  
640

Serial Number: 008626  
Test Date: 06/11/2015

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

Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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


Lot Number: AG507902  
Exp Date: 03/20/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 5:19pm        |
| AIR BLK         | .00        | 5:20pm        |
| ACCY CHK        | .07        | 5:20pm        |
| AIR BLK         | .00        | 5:21pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:23pm</b> |
| AIR BLK         | .00        | 5:24pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:25pm</b> |
| AIR BLK         | .00        | 5:26pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Record Number: 5885  
Test Date: 06/11/2015 Test Time: 5:27pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:27pm |
| FLO  | Pass   | 5:27pm |
| FC   | Pass   | 5:28pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 5:28pm |
| SRC  | Pass   | 5:28pm |
| DET  | Pass   | 5:28pm |
| BAR  | Pass   | 5:28pm |
| BT   | Pass   | 5:28pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:28pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 5:28pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

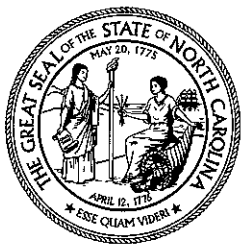
County New Hanover Instrument Location Wilmington

Instrument Serial No. 008628 Police Dept.

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

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

I certify that on the 11 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K.C. [Signature] 601  
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**

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628  
Test Date: 06/11/2015

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

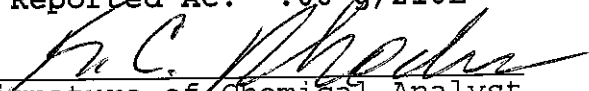
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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

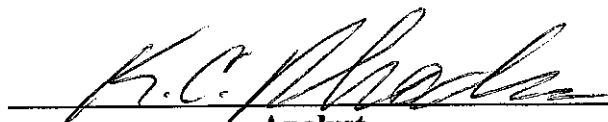
Lot Number: AG507902  
Exp Date: 03/20/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:12pm        |
| AIR BLK         | .00        | 4:13pm        |
| ACCY CHK        | .07        | 4:14pm        |
| AIR BLK         | .00        | 4:15pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:15pm</b> |
| AIR BLK         | .00        | 4:16pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:17pm</b> |
| AIR BLK         | .00        | 4:18pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst



Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628      Test Record Number: 3487  
Test Date: 06/11/2015      Test Time: 4:19pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:19pm |
| FLO  | Pass   | 4:19pm |
| FC   | Pass   | 4:19pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:19pm |
| SRC  | Pass   | 4:19pm |
| DET  | Pass   | 4:19pm |
| BAR  | Pass   | 4:19pm |
| BT   | Pass   | 4:19pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:20pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:20pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:20pm |
| CAL  | Pass   | 4:20pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

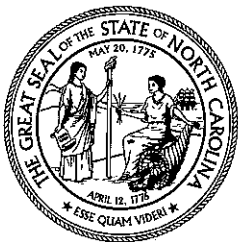
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County New Hanover Instrument Location Wrightsville Beach  
Instrument Serial No. 008467 Police Dept

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

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

I certify that on the 11 day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD  
640

Serial Number: 008667  
Test Date: 06/11/2015

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

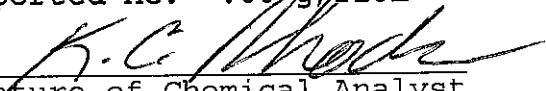
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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


Lot Number: AG513102  
Exp Date: 05/11/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:09pm        |
| AIR BLK         | .00        | 3:09pm        |
| ACCY CHK        | .08        | 3:10pm        |
| AIR BLK         | .00        | 3:11pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:11pm</b> |
| AIR BLK         | .00        | 3:12pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:13pm</b> |
| AIR BLK         | .00        | 3:14pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667      Test Record Number: 1424  
Test Date: 06/11/2015      Test Time: 3:16pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:16pm |
| FLO  | Pass   | 3:16pm |
| FC   | Pass   | 3:16pm |

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:16pm |
| SRC  | Pass   | 3:16pm |
| DET  | Pass   | 3:16pm |
| BAR  | Pass   | 3:16pm |
| BT   | Pass   | 3:16pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:17pm |

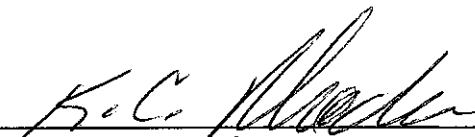
**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:17pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:17pm |
| CAL  | Pass   | 3:17pm |

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

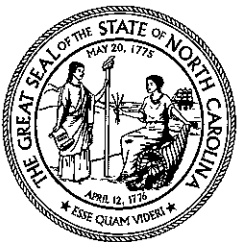
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County New Hanover Instrument Location Carolina Beach  
Instrument Serial No. 008661 Police Dept

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

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

I certify that on the 11 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

NEW HANOVER COUNTY CAROLINA BEACH PD  
640

Serial Number: 008661  
Test Date: 06/11/2015

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

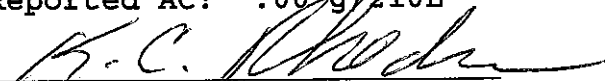
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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

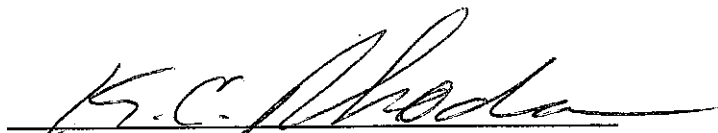
Lot Number: AG434901  
Exp Date: 12/15/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 2:04pm        |
| AIR BLK         | .00        | 2:05pm        |
| ACCY CHK        | .07        | 2:06pm        |
| AIR BLK         | .00        | 2:07pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:07pm</b> |
| AIR BLK         | .00        | 2:08pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:09pm</b> |
| AIR BLK         | .00        | 2:10pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661      Test Record Number: 1969  
Test Date: 06/11/2015      Test Time: 2:11pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:11pm |
| SRC  | Pass   | 2:11pm |
| DET  | Pass   | 2:11pm |
| BAR  | Pass   | 2:11pm |
| BT   | Pass   | 2:11pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:12pm |

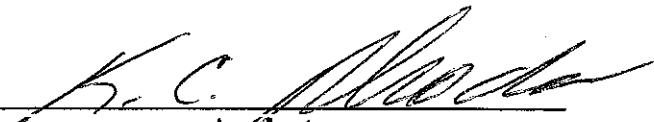
**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:12pm |

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Brunswick Instrument Location Brunswick County  
Instrument Serial No. 008585 Sheriff Dept.

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

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

I certify that on the 11 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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



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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585  
Test Date: 06/11/2015

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

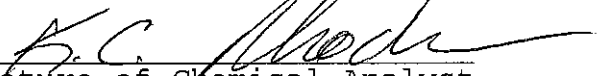
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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

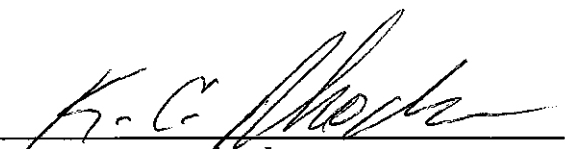
Lot Number: AG425303  
Exp Date: 09/10/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:18pm        |
| AIR BLK         | .00        | 12:19pm        |
| ACCY CHK        | .07        | 12:19pm        |
| AIR BLK         | .00        | 12:21pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:21pm</b> |
| AIR BLK         | .00        | 12:22pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:24pm</b> |
| AIR BLK         | .00        | 12:25pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 3171  
Test Date: 06/11/2015 Test Time: 12:32pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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


Printer Tests

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

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

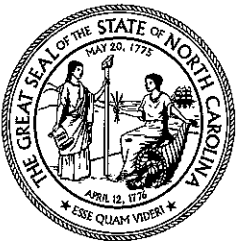
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Brunswick Instrument Location Brunswick Co.  
Instrument Serial No. 008602 Sheriff Dept

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

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

I certify that on the 11 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602  
Test Date: 06/11/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303

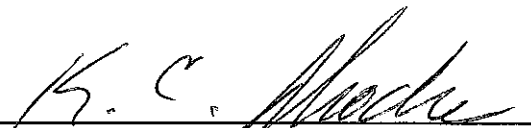
Exp Date: 09/10/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:04pm        |
| AIR BLK         | .00        | 12:04pm        |
| ACCY CHK        | .08        | 12:05pm        |
| AIR BLK         | .00        | 12:06pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:07pm</b> |
| AIR BLK         | .00        | 12:08pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:10pm</b> |
| AIR BLK         | .00        | 12:11pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602      Test Record Number: 3190  
Test Date: 06/11/2015      Test Time: 12:11pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:13pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:13pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:13pm |
| CAL  | Pass   | 12:13pm |

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Brunswick Instrument Location OAK Island  
Instrument Serial No. 008648 Police Dept.

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

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

I certify that on the 11 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648  
Test Date: 06/11/2015

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

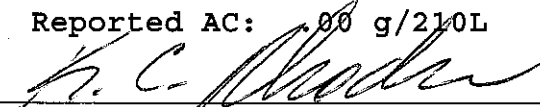
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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

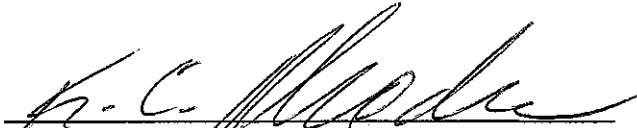
Lot Number: AG404101  
Exp Date: 02/10/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:51am        |
| AIR BLK         | .00        | 10:51am        |
| ACCY CHK        | .07        | 10:52am        |
| AIR BLK         | .00        | 10:53am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:53am</b> |
| AIR BLK         | .00        | 10:54am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:56am</b> |
| AIR BLK         | .00        | 10:57am        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648      Test Record Number: 1327  
Test Date: 06/11/2015      Test Time: 10:58am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:59am |
| FLO  | Pass   | 10:59am |
| FC   | Pass   | 10:59am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:59am |
| SRC  | Pass   | 10:59am |
| DET  | Pass   | 10:59am |
| BAR  | Pass   | 10:59am |
| BT   | Pass   | 10:59am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:00am |

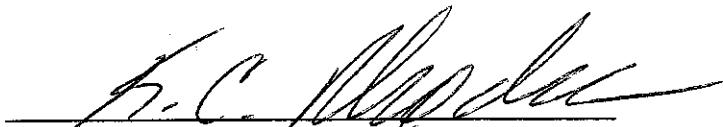
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:00am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:00am |
| CAL  | Pass   | 11:00am |

Preventive Maintenance  
Status: Pass

  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

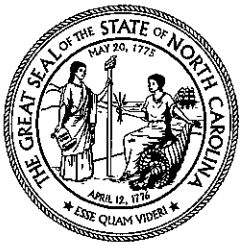
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Brunswick Instrument Location Sunset Beach  
Instrument Serial No. 008874 Police Dept.

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

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

I certify that on the 11 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874  
Test Date: 06/11/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

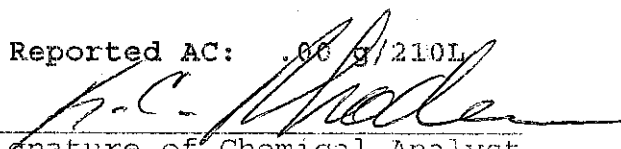
Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:40am |
| AIR BLK  | .00    | 9:41am |
| ACCY CHK | .08    | 9:42am |
| AIR BLK  | .00    | 9:43am |
| SUB TEST | .00    | 9:43am |
| AIR BLK  | .00    | 9:44am |
| SUB TEST | .00    | 9:46am |
| AIR BLK  | .00    | 9:47am |

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

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 439

Test Date: 06/11/2015 Test Time: 9:49am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:49am |
| FLO  | Pass   | 9:49am |
| FC   | Pass   | 9:49am |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:49am |
| SRC  | Pass   | 9:49am |
| DET  | Pass   | 9:49am |
| BAR  | Pass   | 9:49am |
| BT   | Pass   | 9:49am |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:50am |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:50am |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:50am |
| CAL  | Pass   | 9:50am |

Preventive Maintenance

Status: Pass

  
Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

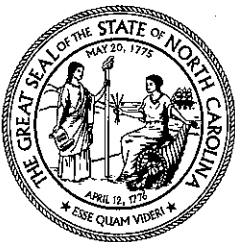
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Columbus Instrument Location Columbus County  
Instrument Serial No. 008875 Sheriff Dept

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

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

I certify that on the 11 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



K. C. [Signature]  
Signature of Certifying Official

601  
Certificate Number

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

Intox EC/IR-II: Subject Test

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875  
Test Date: 06/11/2015

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

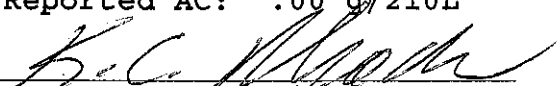
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG513102  
Exp Date: 05/11/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 8:21am        |
| AIR BLK         | .00        | 8:21am        |
| ACCY CHK        | .08        | 8:22am        |
| AIR BLK         | .00        | 8:23am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:24am</b> |
| AIR BLK         | .00        | 8:24am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:26am</b> |
| AIR BLK         | .00        | 8:27am        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Record Number: 1510  
Test Date: 06/11/2015 Test Time: 8:29am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:29am |
| FLO  | Pass   | 8:29am |
| FC   | Pass   | 8:29am |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:29am |
| SRC  | Pass   | 8:29am |
| DET  | Pass   | 8:29am |
| BAR  | Pass   | 8:29am |
| BT   | Pass   | 8:29am |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:30am |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:30am |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:30am |
| CAL  | Pass   | 8:30am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Columbus Instrument Location Columbus County  
Instrument Serial No. 008886 Sheriff Dept

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

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

I certify that on the 11 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 6001  
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**

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886  
Test Date: 06/11/2015

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

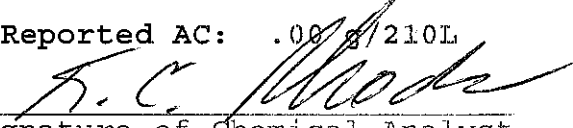
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG405702  
Exp Date: 02/26/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 8:17am        |
| AIR BLK         | .00        | 8:18am        |
| ACCY CHK        | .08        | 8:19am        |
| AIR BLK         | .00        | 8:20am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:20am</b> |
| AIR BLK         | .00        | 8:21am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:23am</b> |
| AIR BLK         | .00        | 8:23am        |

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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 1062  
Test Date: 06/11/2015 Test Time: 8:24am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:24am |
| FLO  | Pass   | 8:24am |
| FC   | Pass   | 8:25am |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:25am |
| SRC  | Pass   | 8:25am |
| DET  | Pass   | 8:25am |
| BAR  | Pass   | 8:25am |
| BT   | Pass   | 8:25am |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:25am |

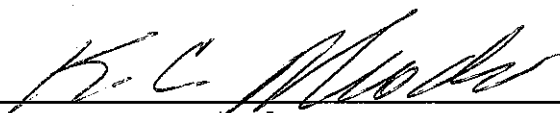
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:25am |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:25am |
| CAL  | Pass   | 8:25am |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

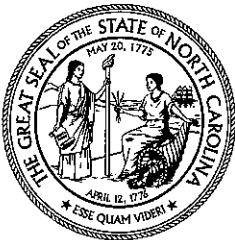
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Bladen Instrument Location Bladen County  
Instrument Serial No. 008818 Sherriff Dept

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

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

I certify that on the 10 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818  
Test Date: 06/10/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

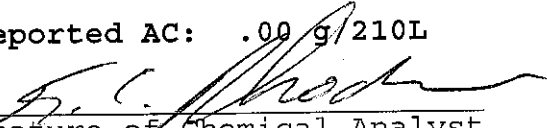
Test Type: Breath Test

Lot Number: AG404101

Exp Date: 02/10/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:29pm        |
| AIR BLK         | .00        | 4:30pm        |
| ACCY CHK        | .07        | 4:31pm        |
| AIR BLK         | .00        | 4:32pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:32pm</b> |
| AIR BLK         | .00        | 4:33pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:35pm</b> |
| AIR BLK         | .00        | 4:35pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 1058  
Test Date: 06/10/2015 Test Time: 4:38pm EDT

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

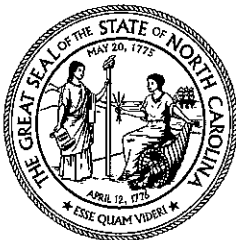
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Sampson Instrument Location Sampson County  
Instrument Serial No. 008825 Sheriff Dept.

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

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

I certify that on the 10 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



B.C. [Signature]  
Signature of Certifying Official

601  
Certificate Number

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

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

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825  
Test Date: 06/10/2015

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

Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG513102  
Exp Date: 05/11/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 2:56pm        |
| AIR BLK         | .00        | 2:57pm        |
| ACCY CHK        | .07        | 2:58pm        |
| AIR BLK         | .00        | 2:59pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:59pm</b> |
| AIR BLK         | .00        | 3:00pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:02pm</b> |
| AIR BLK         | .00        | 3:03pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825      Test Record Number: 1948  
Test Date: 06/10/2015      Test Time: 3:03pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:05pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:05pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

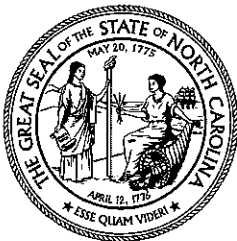
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Sampson Instrument Location Sampson County  
Instrument Serial No. 008877 Sheriff Dept

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

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

I certify that on the 10 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

601  
Certificate Number

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



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

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877  
Test Date: 06/10/2015

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

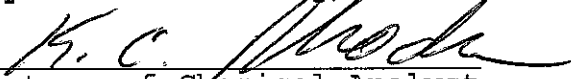
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG405702  
Exp Date: 02/26/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 2:58pm        |
| AIR BLK         | .00        | 2:58pm        |
| ACCY CHK        | .08        | 2:59pm        |
| AIR BLK         | .00        | 3:00pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:00pm</b> |
| AIR BLK         | .00        | 3:01pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:03pm</b> |
| AIR BLK         | .00        | 3:04pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877      Test Record Number: 1966  
Test Date: 06/10/2015      Test Time: 3:05pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:05pm |
| FLO  | Pass   | 3:05pm |
| FC   | Pass   | 3:05pm |

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:05pm |
| SRC  | Pass   | 3:05pm |
| DET  | Pass   | 3:05pm |
| BAR  | Pass   | 3:05pm |
| BT   | Pass   | 3:05pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:06pm |


**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:06pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:06pm |
| CAL  | Pass   | 3:06pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

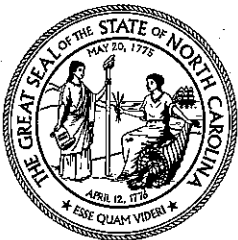
County Lenoir Instrument Location Lenoir Co. S.O.

Instrument Serial No. 008639 130 Queen St., Kinston, N.C.

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

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

I certify that on the 12<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kell M. [Signature]  
Signature of Certifying Official

643  
Certificate Number

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

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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639  
Test Date: 06/12/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

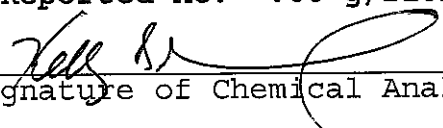
Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901  
Exp Date: 12/15/2016

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639      Test Record Number: 2546  
Test Date: 06/12/2015      Test Time: 11:09am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:10am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:10am |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

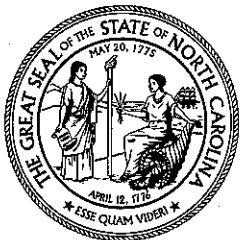
County Caldwell Instrument Location Caldwell Co. Jail

Instrument Serial No. 008803 Lenoir, NC

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

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

I certify that on the 3 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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**

CALDWELL COUNTY CALDWELL COUNTY JAIL  
130

Serial Number: 008803  
Test Date: 06/03/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:38pm        |
| AIR BLK         | .00        | 3:39pm        |
| ACCY CHK        | .07        | 3:39pm        |
| AIR BLK         | .00        | 3:40pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:41pm</b> |
| AIR BLK         | .00        | 3:42pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:43pm</b> |
| AIR BLK         | .00        | 3:44pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

**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**

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803      Test Record Number: 434  
Test Date: 06/03/2015      Test Time: 3:45pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:46pm |


**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:46pm |

**CRC Tests**

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

Preventive Maintenance  
Status: Pass



**Analyst**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

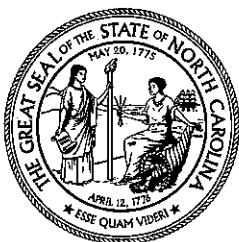
County Caldwell Instrument Location Caldwell Co. Jail

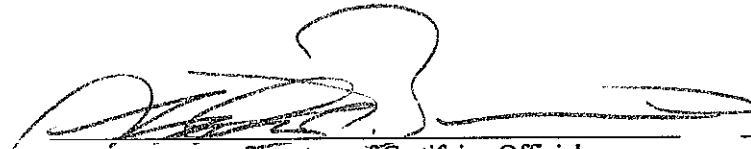
Instrument Serial No. 008719 Lenoir, NC

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

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

I certify that on the 3 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



  
Signature of Certifying Official

649  
Certificate Number

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

Intox EC/IR-II: Subject Test

CALDWELL COUNTY CALDWELL COUNTY JAIL  
130

Serial Number: 008719  
Test Date: 06/03/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201

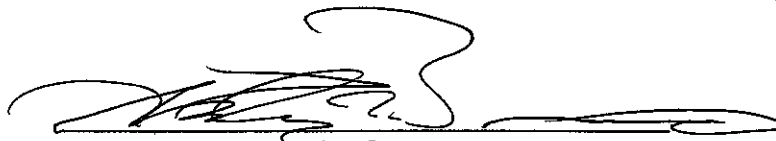
Exp Date: 12/08/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:37pm        |
| AIR BLK         | .00        | 3:38pm        |
| ACCY CHK        | .07        | 3:39pm        |
| AIR BLK         | .00        | 3:40pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:40pm</b> |
| AIR BLK         | .00        | 3:41pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:43pm</b> |
| AIR BLK         | .00        | 3:44pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719      Test Record Number: 1831  
Test Date: 06/03/2015      Test Time: 3:45pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:46pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:46pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

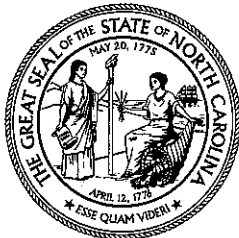
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Madison Instrument Location Madison Co. Jail  
Instrument Serial No. 008599 Marshall, NC

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

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

I certify that on the 9 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

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

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

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599  
Test Date: 06/09/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405702

Exp Date: 02/26/2016

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 6:02pm |
| AIR BLK  | .00    | 6:03pm |
| ACCY CHK | .07    | 6:03pm |
| AIR BLK  | .00    | 6:04pm |
| SUB TEST | .00    | 6:05pm |
| AIR BLK  | .00    | 6:06pm |
| SUB TEST | .00    | 6:07pm |
| AIR BLK  | .00    | 6:08pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

**MADISON COUNTY MADISON COUNTY JAIL 560**

Serial Number: 008599      Test Record Number: 640  
Test Date: 06/09/2015      Test Time: 6:09pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 6:09pm |
| FLO  | Pass   | 6:09pm |
| FC   | Pass   | 6:09pm |

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 6:09pm |
| SRC  | Pass   | 6:09pm |
| DET  | Pass   | 6:09pm |
| BAR  | Pass   | 6:09pm |
| BT   | Pass   | 6:09pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 6:10pm |

**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 6:10pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 6:10pm |
| CAL  | Pass   | 6:10pm |

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

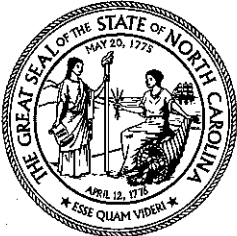
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County McDowell Instrument Location McDowell Co. Jail  
Instrument Serial No. 008888 Marion, NC

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

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

I certify that on the 1 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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**

MCDOWELL COUNTY JAIL 580

Serial Number: 008888  
Test Date: 06/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405702

Exp Date: 02/26/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 5:04pm        |
| AIR BLK         | .00        | 5:05pm        |
| ACCY CHK        | .07        | 5:05pm        |
| AIR BLK         | .00        | 5:06pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:07pm</b> |
| AIR BLK         | .00        | 5:08pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:09pm</b> |
| AIR BLK         | .00        | 5:10pm        |

Reported AC: .00 g/210L

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

Court CVR

  
Analyst



Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY JAIL 580

Serial Number: 008888      Test Record Number: 1248  
Test Date: 06/01/2015      Test Time: 5:11pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:11pm |
| FLO  | Pass   | 5:11pm |
| FC   | Pass   | 5:12pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 5:12pm |
| SRC  | Pass   | 5:12pm |
| DET  | Pass   | 5:12pm |
| BAR  | Pass   | 5:12pm |
| BT   | Pass   | 5:12pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:12pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 5:12pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 5:12pm |
| CAL  | Pass   | 5:12pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

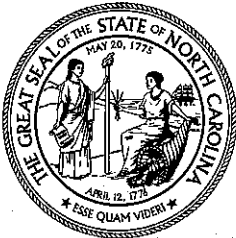
County McDowell Instrument Location McDowell Co. Jail

Instrument Serial No. 007892 Marion, NC

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

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

I certify that on the 1 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature] 649  
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**

MCDOWELL COUNTY JAIL 580

Serial Number: 008892

Test Date: 06/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 5:03pm        |
| AIR BLK         | .00        | 5:04pm        |
| ACCY CHK        | .07        | 5:04pm        |
| AIR BLK         | .00        | 5:05pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:06pm</b> |
| AIR BLK         | .00        | 5:07pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:08pm</b> |
| AIR BLK         | .00        | 5:09pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008892      Test Record Number: 396  
Test Date: 06/01/2015      Test Time: 5:10pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:10pm |
| FLO  | Pass   | 5:10pm |
| FC   | Pass   | 5:10pm |

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 5:11pm |
| SRC  | Pass   | 5:11pm |
| DET  | Pass   | 5:11pm |
| BAR  | Pass   | 5:11pm |
| BT   | Pass   | 5:11pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:11pm |

**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 5:11pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 5:11pm |
| CAL  | Pass   | 5:11pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

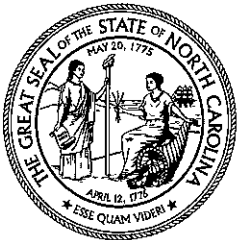
County Cabarrus Instrument Location But mobile Unit 5

Instrument Serial No. 009600

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

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

I certify that on the 5 day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chel V. 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

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008600

Test Date: 06/05/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

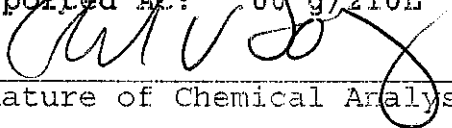
Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

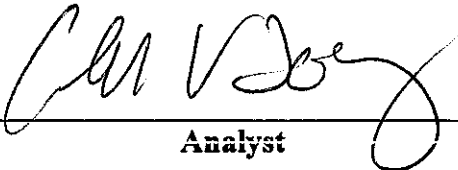
| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:04pm |
| AIR BLK  | .00    | 9:05pm |
| ACCY CHK | .08    | 9:06pm |
| AIR BLK  | .00    | 9:07pm |
| SUB TEST | .00    | 9:08pm |
| AIR BLK  | .00    | 9:08pm |
| SUB TEST | .00    | 9:10pm |
| AIR BLK  | .00    | 9:11pm |

Reported AC: 00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008600 Test Record Number: 1611

Test Date: 06/05/2015 Test Time: 9:15pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:16pm |
| FLO  | Pass   | 9:16pm |
| FC   | Pass   | 9:16pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:16pm |
| SRC  | Pass   | 9:16pm |
| DET  | Pass   | 9:16pm |
| BAR  | Pass   | 9:16pm |
| BT   | Pass   | 9:16pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:17pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:17pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:17pm |
| CAL  | Pass   | 9:17pm |

Preventive Maintenance

Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

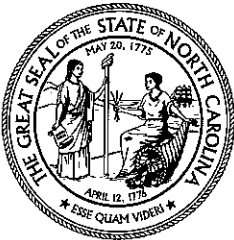
County Cabarrus Instrument Location But mobile Unit 5

Instrument Serial No. 008788

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

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

I certify that on the 5 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chad V. 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**

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008788

Test Date: 06/05/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 9:04pm        |
| AIR BLK         | .00        | 9:05pm        |
| ACCY CHK        | .07        | 9:05pm        |
| AIR BLK         | .00        | 9:06pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:06pm</b> |
| AIR BLK         | .00        | 9:07pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:09pm</b> |
| AIR BLK         | .00        | 9:10pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

CABARRUS BAT MOBILE UNIT 5 120

Serial Number: 008788      Test Record Number: 1223  
Test Date: 06/05/2015      Test Time: 9:14pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:15pm |
| FLO  | Pass   | 9:15pm |
| FC   | Pass   | 9:15pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:15pm |
| SRC  | Pass   | 9:15pm |
| DET  | Pass   | 9:15pm |
| BAR  | Pass   | 9:15pm |
| BT   | Pass   | 9:15pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:15pm |

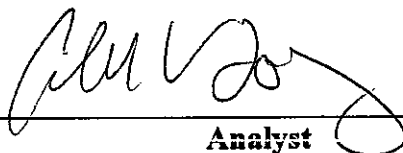
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:15pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:16pm |
| CAL  | Pass   | 9:16pm |

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ANSON

Instrument Location ANSON Co. SHERIFFS OFFICE

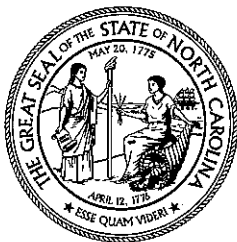
Instrument Serial No. 008597

WADESBORO N.C.

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

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

I certify that on the 10 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

Intox EC/IR-II: Subject Test

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597  
Test Date: 06/10/2015

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


Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
08/01/2013-08/01/2015

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

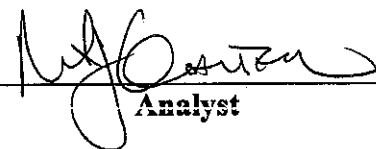
Lot Number: AG409709  
Exp Date: 04/07/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:58am        |
| AIR BLK         | .00        | 10:59am        |
| ACCY CHK        | .07        | 11:00am        |
| AIR BLK         | .00        | 11:01am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:02am</b> |
| AIR BLK         | .00        | 11:02am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:04am</b> |
| AIR BLK         | .00        | 11:05am        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597      Test Record Number: 1346  
Test Date: 06/10/2015      Test Time: 11:06am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:08am |
| FLO  | Pass   | 11:08am |
| FC   | Pass   | 11:08am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:08am |
| SRC  | Pass   | 11:08am |
| DET  | Pass   | 11:08am |
| BAR  | Pass   | 11:08am |
| BT   | Pass   | 11:08am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:09am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:09am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:09am |
| CAL  | Pass   | 11:09am |

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**

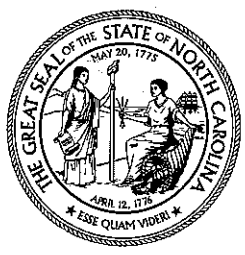
County ANSON Instrument Location ANSON CO. SHERIFFS OFFICE

Instrument Serial No. 008739 WADESBORO N.C.

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

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

I certify that on the 10 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739  
Test Date: 06/10/2015

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

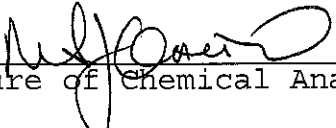
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
08/01/2013-08/01/2015

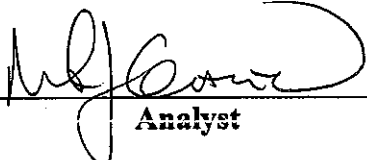
Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG425303  
Exp Date: 09/10/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:59am        |
| AIR BLK         | .00        | 11:00am        |
| ACCY CHK        | .07        | 11:01am        |
| AIR BLK         | .00        | 11:01am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:02am</b> |
| AIR BLK         | .00        | 11:02am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:04am</b> |
| AIR BLK         | .00        | 11:05am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst  
Court CVR

  
\_\_\_\_\_  
Analyst

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

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739      Test Record Number: 221  
Test Date: 06/10/2015      Test Time: 11:08am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:08am |
| FLO  | Pass   | 11:08am |
| FC   | Pass   | 11:08am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:08am |
| SRC  | Pass   | 11:08am |
| DET  | Pass   | 11:08am |
| BAR  | Pass   | 11:08am |
| BT   | Pass   | 11:08am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:09am |

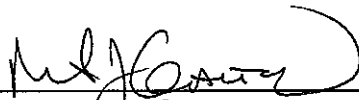
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:09am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:09am |
| CAL  | Pass   | 11:09am |

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**

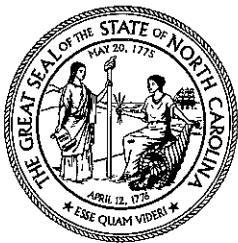
County MOORE Instrument Location MOORE CO. JAIL

Instrument Serial No. 008735 302 McNEILL, CARTWRIGHT N.C.

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

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

I certify that on the 11 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735  
Test Date: 06/11/2015

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

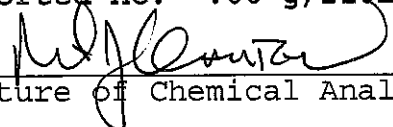
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
08/01/2013-08/01/2015

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

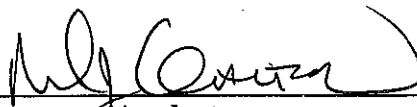
Lot Number: AG434901  
Exp Date: 12/15/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:46am        |
| AIR BLK         | .00        | 11:47am        |
| ACCY CHK        | .07        | 11:48am        |
| AIR BLK         | .00        | 11:48am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:49am</b> |
| AIR BLK         | .00        | 11:50am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:51am</b> |
| AIR BLK         | .00        | 11:52am        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735      Test Record Number: 1640  
Test Date: 06/11/2015      Test Time: 11:53am EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:53am |
| FLO  | Pass   | 11:53am |
| FC   | Pass   | 11:53am |

**Temperature Tests**

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

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:54am |


**Printer Tests**

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:54am |

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County JOHNSTON Instrument Location CLAYTON P.D.  
Instrument Serial No. 008658 CLAYTON N.C.

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

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

I certify that on the 12 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658  
Test Date: 06/12/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG404101


Exp Date: 02/10/2016

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:27am |
| AIR BLK  | .00    | 10:27am |
| ACCY CHK | .08    | 10:28am |
| AIR BLK  | .00    | 10:29am |
| SUB TEST | .00    | 10:29am |
| AIR BLK  | .00    | 10:30am |
| SUB TEST | .00    | 10:32am |
| AIR BLK  | .00    | 10:32am |

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: 1121  
Test Date: 06/12/2015      Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:34am |
| FLO  | Pass   | 10:34am |
| FC   | Pass   | 10:34am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:35am |
| SRC  | Pass   | 10:35am |
| DET  | Pass   | 10:35am |
| EAR  | Pass   | 10:35am |
| BT   | Pass   | 10:35am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:35am |

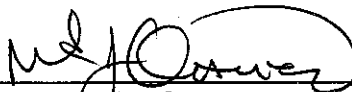
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:35am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:35am |
| CAL  | Pass   | 10:35am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

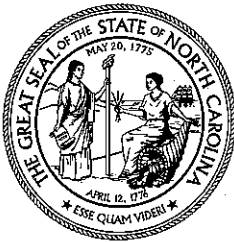
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County JOHNSON Instrument Location JOHNSON CO. JAIL  
Instrument Serial No. 008810 127 S 2<sup>ND</sup> ST SMITHFIELD NC.

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

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

I certify that on the 12 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

682  
Certificate Number

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

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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Date: 06/12/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

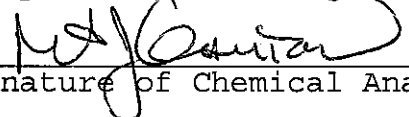
Test Type: Breath Test

Lot Number: AG411202

Exp Date: 04/22/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:03pm        |
| AIR BLK         | .00        | 12:04pm        |
| ACCY CHK        | .08        | 12:05pm        |
| AIR BLK         | .00        | 12:06pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:07pm</b> |
| AIR BLK         | .00        | 12:07pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:09pm</b> |
| AIR BLK         | .00        | 12:10pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810      Test Record Number: 1990  
Test Date: 06/12/2015      Test Time: 12:11pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:11pm |
| FLO  | Pass   | 12:11pm |
| FC   | Pass   | 12:11pm |

**Temperature Tests**

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:11pm |
| SRC  | Pass   | 12:11pm |
| DET  | Pass   | 12:11pm |
| BAR  | Pass   | 12:11pm |
| BT   | Pass   | 12:11pm |

**Blank Tests**

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

**Printer Tests**

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

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

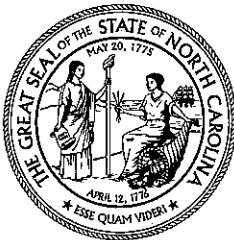
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County JOHNSON Instrument Location JOHNSON CO. JAIL  
Instrument Serial No. 008846 127 S 2<sup>ND</sup> ST SMITHFIELD NC

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

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

I certify that on the 12 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846

Test Date: 06/12/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

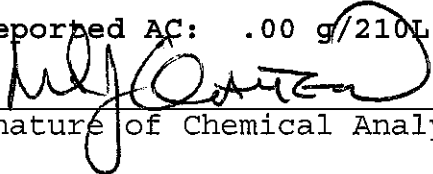
Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 12:08pm |
| AIR BLK  | .00    | 12:09pm |
| ACCY CHK | .07    | 12:09pm |
| AIR BLK  | .00    | 12:11pm |
| SUB TEST | .00    | 12:11pm |
| AIR BLK  | .00    | 12:12pm |
| SUB TEST | .00    | 12:14pm |
| AIR BLK  | .00    | 12:15pm |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500  
Serial Number: 008846 Test Record Number: 3649  
Test Date: 06/12/2015 Test Time: 12:16pm EDT  
System Check: Passed

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:16pm |
| FLO  | Pass   | 12:16pm |
| FC   | Pass   | 12:16pm |

**Temperature Tests**

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:16pm |
| SRC  | Pass   | 12:16pm |
| DET  | Pass   | 12:16pm |
| BAR  | Pass   | 12:16pm |
| BT   | Pass   | 12:16pm |

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:17pm |


**Printer Tests**

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:17pm |

**CRC Tests**

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:17pm |
| CAL  | Pass   | 12:17pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

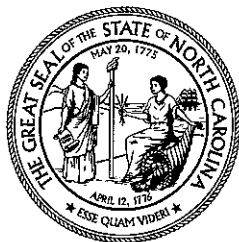
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location BT MOBILE UNIT # 2  
Instrument Serial No. 008972 MORRISVILLE

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

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

I certify that on the 5<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Steph S. Titone  
Signature of Certifying Official

636  
Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972      Test Record Number: 88  
Test Date: 06/05/2015      Test Time: 9:46pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

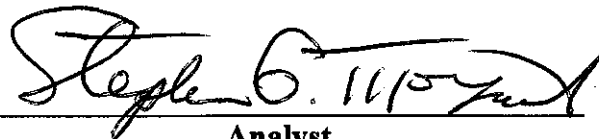
Printer Tests

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

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972  
Test Date: 06/05/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303

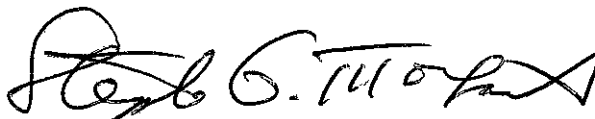
Exp Date: 10/10/2016

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:34pm |
| AIR BLK  | .00    | 9:35pm |
| ACCY CHK | .08    | 9:36pm |
| AIR BLK  | .00    | 9:36pm |
| SUB TEST | .00    | 9:37pm |
| AIR BLK  | .00    | 9:38pm |
| SUB TEST | .00    | 9:40pm |
| AIR BLK  | .00    | 9:41pm |

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

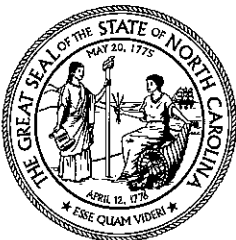
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Dare Instrument Location Kill Devil Hills P.D.  
Instrument Serial No. 008847 102 Town Hall Dr., Kill Devil Hills,  
N.C.

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

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

I certify that on the 2nd day of June, 20 15 the forgoing preventive maintenance procedures were performed on the 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 K. Kessler  
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: 008847  
Test Date: 06/02/2015

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

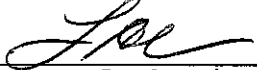
Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
08/01/2013-08/01/2015

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

Lot Number: AG335201  
Exp Date: 12/18/2015

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:39pm        |
| AIR BLK         | .00        | 12:40pm        |
| ACCY CHK        | .08        | 12:41pm        |
| AIR BLK         | .00        | 12:42pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:43pm</b> |
| AIR BLK         | .00        | 12:44pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:46pm</b> |
| AIR BLK         | .00        | 12:47pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008847      Test Record Number: 550  
Test Date: 06/02/2015      Test Time: 1:00pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:01pm |
| FLO  | Pass   | 1:01pm |
| FC   | Pass   | 1:01pm |

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:01pm |
| SRC  | Pass   | 1:01pm |
| DET  | Pass   | 1:01pm |
| BAR  | Pass   | 1:01pm |
| BT   | Pass   | 1:01pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:02pm |

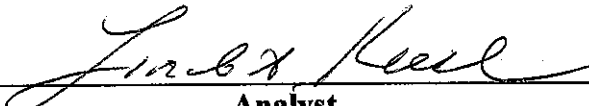
**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:02pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:02pm |
| CAL  | Pass   | 1:02pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

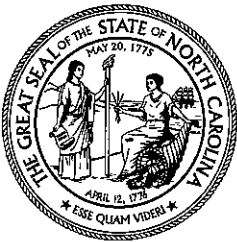
County Greene Instrument Location Greene Co S.O.

Instrument Serial No. 008670 301 N. Greene St., Snow Hill, N.C.

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

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

I certify that on the 1<sup>st</sup> day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

043  
Certificate Number

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

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

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670  
Test Date: 06/01/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103

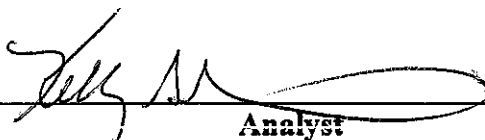
Exp Date: 05/11/2017

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

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670      Test Record Number: 1502  
Test Date: 06/01/2015      Test Time: 10:00am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:00am |
| FLO  | Pass   | 10:00am |
| FC   | Pass   | 10:00am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:00am |
| SRC  | Pass   | 10:00am |
| DET  | Pass   | 10:00am |
| BAR  | Pass   | 10:00am |
| BT   | Pass   | 10:00am |

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   | 10:01am |
| CAL  | Pass   | 10:01am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

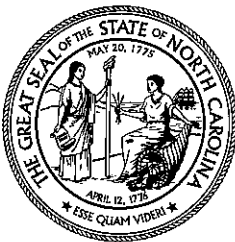
County Hertford Instrument Location Murfreesboro P.D.

Instrument Serial No. 008906 115 E. Broad St., Murfreesboro, NC.

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

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

I certify that on the 2nd day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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**

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906  
Test Date: 06/02/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG513103


Exp Date: 05/11/2017

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:43am        |
| AIR BLK         | .00        | 10:44am        |
| ACCY CHK        | .08        | 10:44am        |
| AIR BLK         | .00        | 10:46am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:46am</b> |
| AIR BLK         | .00        | 10:47am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:49am</b> |
| AIR BLK         | .00        | 10:50am        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906      Test Record Number: 501  
Test Date: 06/02/2015      Test Time: 10:51am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:52am |
| FLO  | Pass   | 10:52am |
| FC   | Pass   | 10:52am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:52am |
| SRC  | Pass   | 10:52am |
| DET  | Pass   | 10:52am |
| BAR  | Pass   | 10:52am |
| BT   | Pass   | 10:52am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:53am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:53am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:53am |
| CAL  | Pass   | 10:53am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

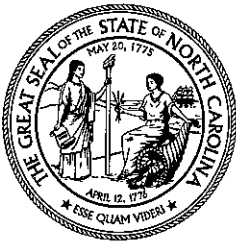
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Dare Instrument Location Dare Co. Detention Center  
Instrument Serial No. 008804 1044 Driftwood Dr, Manteo, NC

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

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

I certify that on the 3rd day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

643  
Certificate Number

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

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804  
Test Date: 06/03/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:24am        |
| AIR BLK         | .00        | 11:24am        |
| ACCY CHK        | .07        | 11:25am        |
| AIR BLK         | .00        | 11:26am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:26am</b> |
| AIR BLK         | .00        | 11:27am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:29am</b> |
| AIR BLK         | .00        | 11:29am        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804      Test Record Number: 1525  
Test Date: 06/03/2015      Test Time: 11:37am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:37am |
| FLO  | Pass   | 11:37am |
| FC   | Pass   | 11:38am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:38am |
| SRC  | Pass   | 11:38am |
| DET  | Pass   | 11:38am |
| BAR  | Pass   | 11:38am |
| BT   | Pass   | 11:38am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:38am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:38am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:38am |
| CAL  | Pass   | 11:38am |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dave Instrument Location Dave Co Detention Center  
Instrument Serial No. 00 8783 1044 Driftwood Dr, Macon, N.C.

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

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

I certify that on the 3rd day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

643  
Certificate Number

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

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783  
Test Date: 06/03/2015

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

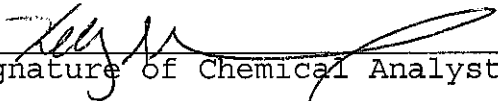
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
08/01/2013-08/01/2015

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

Lot Number: AG513103  
Exp Date: 05/11/2017

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:56am        |
| AIR BLK         | .00        | 11:56am        |
| ACCY CHK        | .08        | 11:57am        |
| AIR BLK         | .00        | 11:58am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:59am</b> |
| AIR BLK         | .00        | 12:00pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:01pm</b> |
| AIR BLK         | .00        | 12:02pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst  
Court CVR

  
\_\_\_\_\_  
Analyst

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783      Test Record Number: 552  
Test Date: 06/03/2015      Test Time: 12:03pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:04pm |
| FLO  | Pass   | 12:04pm |
| FC   | Pass   | 12:04pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:04pm |
| SRC  | Pass   | 12:04pm |
| DET  | Pass   | 12:04pm |
| BAR  | Pass   | 12:04pm |
| BT   | Pass   | 12:04pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:05pm |

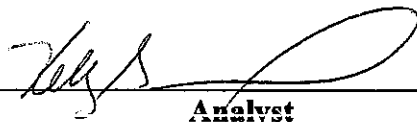
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:05pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:05pm |
| CAL  | Pass   | 12:05pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

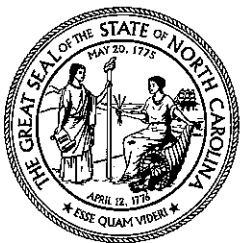
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County CUMBERLAND Instrument Location CUMBERLAND CO. DETENTION CTR.  
Instrument Serial No. 008632 Fayetteville, NC

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

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

I certify that on the 10 day of JUNE, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632  
Test Date: 06/10/2015

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

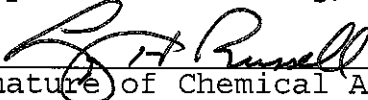
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2013-08/01/2015

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

Lot Number: AG507902  
Exp Date: 03/20/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:03pm        |
| AIR BLK         | .00        | 4:04pm        |
| ACCY CHK        | .08        | 4:04pm        |
| AIR BLK         | .00        | 4:05pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:06pm</b> |
| AIR BLK         | .00        | 4:07pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:09pm</b> |
| AIR BLK         | .00        | 4:09pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst



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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632      Test Record Number: 3249  
Test Date: 06/10/2015      Test Time: 4:13pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:13pm |
| FLO  | Pass   | 4:13pm |
| FC   | Pass   | 4:13pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:13pm |
| SRC  | Pass   | 4:13pm |
| DET  | Pass   | 4:13pm |
| BAR  | Pass   | 4:13pm |
| BT   | Pass   | 4:13pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:14pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:14pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:14pm |
| CAL  | Pass   | 4:14pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

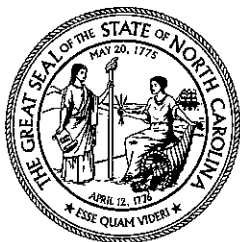
County CUMBERLAND Instrument Location CUMBERLAND Co. Det. Center

Instrument Serial No. 008614 Fayetteville, NC

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

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

I certify that on the 10 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614  
Test Date: 06/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

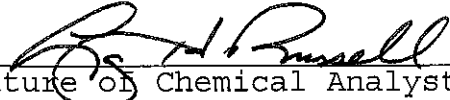
Test Type: Breath Test

Lot Number: AG513103

Exp Date: 05/11/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:37pm        |
| AIR BLK         | .00        | 4:38pm        |
| ACCY CHK        | .07        | 4:38pm        |
| AIR BLK         | .00        | 4:39pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:40pm</b> |
| AIR BLK         | .00        | 4:41pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:42pm</b> |
| AIR BLK         | .00        | 4:43pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

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

*CUMBERLAND COUNTY DETENTION CENTER 250*

Serial Number: 008614      Test Record Number: 3035  
Test Date: 06/10/2015      Test Time: 4:45pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:45pm |
| FLO  | Pass   | 4:45pm |
| FC   | Pass   | 4:45pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:45pm |
| SRC  | Pass   | 4:45pm |
| DET  | Pass   | 4:45pm |
| BAR  | Pass   | 4:45pm |
| BT   | Pass   | 4:45pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:46pm |

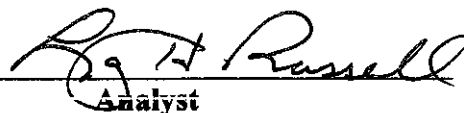
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:46pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:46pm |
| CAL  | Pass   | 4:46pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

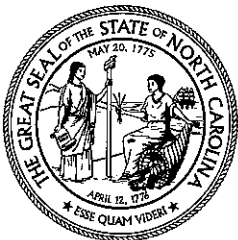
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CUMBERLAND Instrument Location Cumberland Co. DETENTION CTR  
Instrument Serial No. 008633 Fayetteville, NC

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

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

I certify that on the 10 day of JUNE, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633  
Test Date: 06/10/2015

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


Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2013-08/01/2015

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

Lot Number: AG411202  
Exp Date: 04/22/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:55pm        |
| AIR BLK         | .00        | 3:56pm        |
| ACCY CHK        | .07        | 3:57pm        |
| AIR BLK         | .00        | 3:58pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:59pm</b> |
| AIR BLK         | .00        | 4:00pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:01pm</b> |
| AIR BLK         | .00        | 4:02pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 3305  
Test Date: 06/10/2015 Test Time: 4:03pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:04pm |
| FLO  | Pass   | 4:04pm |
| FC   | Pass   | 4:04pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:04pm |
| SRC  | Pass   | 4:04pm |
| DET  | Pass   | 4:04pm |
| BAR  | Pass   | 4:04pm |
| BT   | Pass   | 4:04pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:05pm |

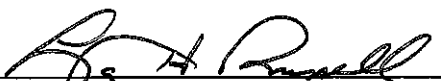
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:05pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:05pm |
| CAL  | Pass   | 4:05pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

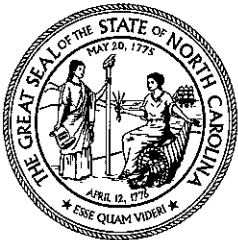
County ROBESON Instrument Location ROBESON CO. JAIL

Instrument Serial No. 008836 LUMBERTON, NC

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

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

I certify that on the 10 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

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



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

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836

Test Date: 06/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

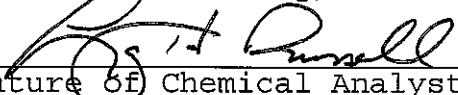
Test Type: Breath Test

Lot Number: AG513103

Exp Date: 05/11/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:41pm        |
| AIR BLK         | .00        | 1:42pm        |
| ACCY CHK        | .07        | 1:42pm        |
| AIR BLK         | .00        | 1:43pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:44pm</b> |
| AIR BLK         | .00        | 1:45pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:46pm</b> |
| AIR BLK         | .00        | 1:47pm        |

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**

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836      Test Record Number: 3438  
Test Date: 06/10/2015      Test Time: 1:52pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:52pm |
| FLO  | Pass   | 1:52pm |
| FC   | Pass   | 1:53pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:53pm |

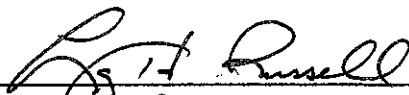
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:53pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

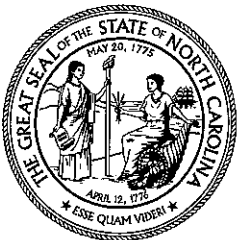
County ROBESON Instrument Location ROBESON Co Jail

Instrument Serial No. 008805 LUMBERTON NC

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

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

I certify that on the 10 day of JUNE, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Russell  
Signature of Certifying Official

371  
Certificate Number

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

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

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805

Test Date: 06/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

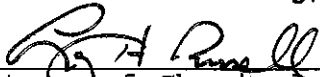
Test Type: Breath Test

Lot Number: AG513103

Exp Date: 05/11/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:18pm        |
| AIR BLK         | .00        | 1:19pm        |
| ACCY CHK        | .07        | 1:19pm        |
| AIR BLK         | .00        | 1:20pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:21pm</b> |
| AIR BLK         | .00        | 1:22pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:24pm</b> |
| AIR BLK         | .00        | 1:25pm        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805      Test Record Number: 3247  
Test Date: 06/10/2015      Test Time: 1:26pm EDT

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   | 1:27pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:27pm |

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**

County Onslow

Instrument Location CAMP Lejeune PMO

Instrument Serial No. 008720

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

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

I certify that on the 1 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall

Signature of Certifying Official

354

Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920  
Test Date: 06/01/2015

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

Analyst's Name: HALL, RANDY E  
Permit Number: 3462E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG507902  
Exp Date: 03/20/2017

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 11:34am |
| AIR BLK  | .00    | 11:35am |
| ACCY CHK | .08    | 11:36am |
| AIR BLK  | .00    | 11:36am |
| SUB TEST | .00    | 11:37am |
| AIR BLK  | .00    | 11:38am |
| SUB TEST | .00    | 11:40am |
| AIR BLK  | .00    | 11:41am |

Reported AC: 00 g/210L

*R E Hall*

Signature of Chemical Analyst

Court CVR

*Randy E Hall*  
Analyst

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920      Test Record Number: 1145  
Test Date: 06/01/2015      Test Time: 11:41am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:41am |
| FLO  | Pass   | 11:41am |
| FC   | Pass   | 11:41am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:42am |
| SRC  | Pass   | 11:42am |
| DET  | Pass   | 11:42am |
| BAR  | Pass   | 11:42am |
| BT   | Pass   | 11:42am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:42am |

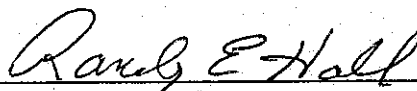
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:42am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:42am |
| CAL  | Pass   | 11:42am |

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**

County Onslow

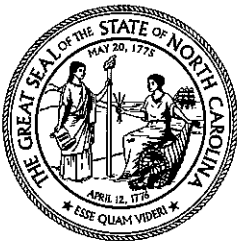
Instrument Location Jacksonville PD

Instrument Serial No. 008930

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

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

I certify that on the 1 day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930  
Test Date: 06/01/2015

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

Analyst's Name: HALL, RANDY E  
Permit Number: 3462E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG404101  
Exp Date: 02/10/2016

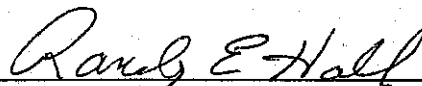
| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:23pm        |
| AIR BLK         | .00        | 12:23pm        |
| ACCY CHK        | .07        | 12:24pm        |
| AIR BLK         | .00        | 12:25pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:25pm</b> |
| AIR BLK         | .00        | 12:26pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:28pm</b> |
| AIR BLK         | .00        | 12:29pm        |

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: 2008  
Test Date: 06/01/2015      Test Time: 12:29pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:29pm |
| FLO  | Pass   | 12:29pm |
| 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   | 12:30pm |


Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:30pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

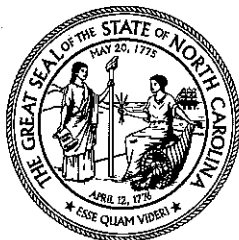
County DANFLOW Instrument Location DANFLOW COUNTY

Instrument Serial No. 008931 Sheriff's Office

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

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

I certify that on the 1 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall

Signature of Certifying Official

354

Certificate Number

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

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

ONslow COUNTY ONslow COUNTY SD 660

Serial Number: 008931  
Test Date: 06/01/2015

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

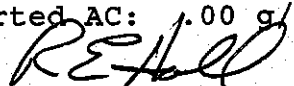
Analyst's Name: HALL, RANDY E  
Permit Number: 3462E  
Effective:  
09/01/2013-09/01/2015

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

Lot Number: AG404101  
Exp Date: 02/10/2016

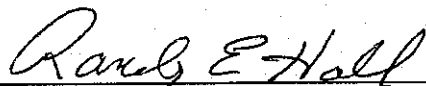
| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:01pm        |
| AIR BLK         | .00        | 1:01pm        |
| ACCY CHK        | .08        | 1:02pm        |
| AIR BLK         | .00        | 1:03pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:04pm</b> |
| AIR BLK         | .00        | 1:05pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:06pm</b> |
| AIR BLK         | .00        | 1:07pm        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 2226  
Test Date: 06/01/2015 Test Time: 1:12pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:13pm |
| FLO  | Pass   | 1:13pm |
| FC   | Pass   | 1:13pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:13pm |
| SRC  | Pass   | 1:13pm |
| DET  | Pass   | 1:13pm |
| BAR  | Pass   | 1:13pm |
| BT   | Pass   | 1:13pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:14pm |

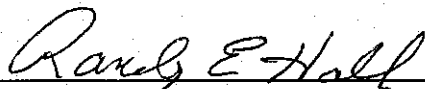
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:14pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:14pm |
| CAL  | Pass   | 1:14pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

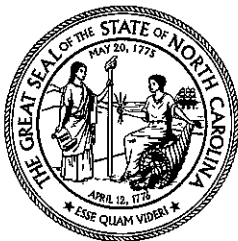
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 1 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall  
Signature of Certifying Official

354  
Certificate Number

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

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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932  
Test Date: 06/01/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:  
09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

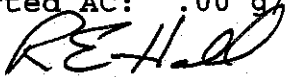
Test Type: Breath Test

Lot Number: AG414801

Exp Date: 05/28/2016

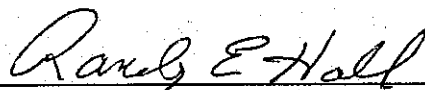
| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:00pm |
| AIR BLK  | .00    | 1:00pm |
| ACCY CHK | .08    | 1:01pm |
| AIR BLK  | .00    | 1:02pm |
| SUB TEST | .00    | 1:03pm |
| AIR BLK  | .00    | 1:03pm |
| SUB TEST | .00    | 1:05pm |
| AIR BLK  | .00    | 1:06pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst



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

ONLOW COUNTY ONLOW COUNTY SD 660

Serial Number: 008932      Test Record Number: 2987  
Test Date: 06/01/2015      Test Time: 1:07pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:07pm |
| FLO  | Pass   | 1:07pm |
| FC   | Pass   | 1:07pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:07pm |
| SRC  | Pass   | 1:07pm |
| DET  | Pass   | 1:07pm |
| BAR  | Pass   | 1:07pm |
| BT   | Pass   | 1:07pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:08pm |

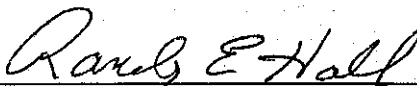
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:08pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:08pm |
| CAL  | Pass   | 1:08pm |

Preventive Maintenance  
Status: Pass

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Onslow

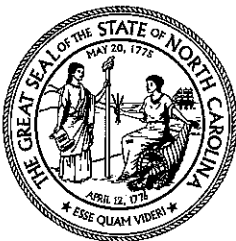
Instrument Location MCA5 New River Pmo

Instrument Serial No. 008919

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

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

I certify that on the 1 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy E. Hall

Signature of Certifying Official

354

Certificate Number

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

Intox EC/IR-II: Subject Test

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919  
Test Date: 06/01/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902

Exp Date: 03/20/2017

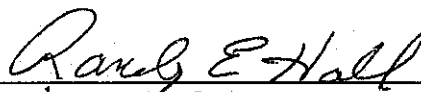
| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 2:05pm        |
| AIR BLK         | .00        | 2:06pm        |
| ACCY CHK        | .08        | 2:06pm        |
| AIR BLK         | .00        | 2:07pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:08pm</b> |
| AIR BLK         | .00        | 2:08pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:10pm</b> |
| AIR BLK         | .00        | 2:11pm        |

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: 482  
Test Date: 06/01/2015      Test Time: 2:11pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:12pm |
| FLO  | Pass   | 2:12pm |
| FC   | Pass   | 2:12pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:13pm |

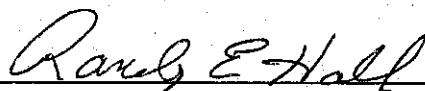
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:13pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:13pm |
| CAL  | Pass   | 2:13pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

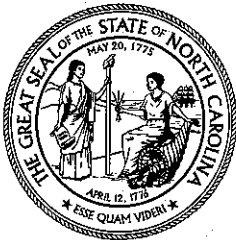
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County HEARTFORD Instrument Location ANDOSKIE P.O.  
Instrument Serial No. 008848 705 W. MAIN ST., ANDOSKIE, N.C.

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

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

I certify that on the 25<sup>th</sup> day of June, 20 15 the forgoing preventive maintenance procedures were performed on the 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 Reese  
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**

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848  
Test Date: 06/25/2015

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


Analyst's Name: KEESLER, LINDA A  
Permit Number: 11646E  
Effective:  
08/01/2013-08/01/2015

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

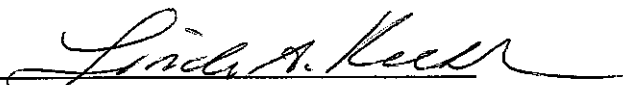
Lot Number: AG335201  
Exp Date: 12/18/2015

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 5:54pm        |
| AIR BLK         | .00        | 5:55pm        |
| ACCY CHK        | .08        | 5:55pm        |
| AIR BLK         | .00        | 5:56pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:57pm</b> |
| AIR BLK         | .00        | 5:57pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:59pm</b> |
| AIR BLK         | .00        | 6:00pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848      Test Record Number: 1093  
Test Date: 06/25/2015      Test Time: 6:01pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 6:01pm |
| FLO  | Pass   | 6:01pm |
| FC   | Pass   | 6:01pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 6:01pm |
| SRC  | Pass   | 6:01pm |
| DET  | Pass   | 6:01pm |
| BAR  | Pass   | 6:01pm |
| BT   | Pass   | 6:01pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 6:02pm |

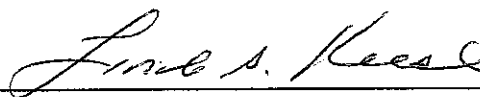
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 6:02pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 6:02pm |
| CAL  | Pass   | 6:02pm |

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

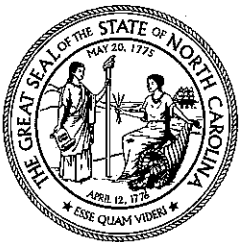
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County Pasquotank Instrument Location Pasquotank Co. Public Safety  
Instrument Serial No. 008950 Bldg., 200 E. Colonial St., Elizabeth  
City, N.C.

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

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

I certify that on the 25<sup>th</sup> day of June, 20 15 the forgoing preventive maintenance procedures were performed on the 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 Keel  
Signature of Certifying Official

647  
Certificate Number

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



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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG  
690

Serial Number: 008950  
Test Date: 06/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

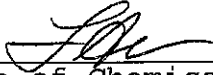
Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:59pm        |
| AIR BLK         | .00        | 4:00pm        |
| ACCY CHK        | .08        | 4:01pm        |
| AIR BLK         | .00        | 4:02pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:02pm</b> |
| AIR BLK         | .00        | 4:03pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:05pm</b> |
| AIR BLK         | .00        | 4:06pm        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

**PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690**

Serial Number: 008950      Test Record Number: 1164  
Test Date: 06/25/2015      Test Time: 4:07pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:07pm |
| FLO  | Pass   | 4:07pm |
| FC   | Pass   | 4:08pm |

**Temperature Tests**

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

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:08pm |

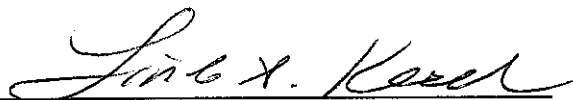
**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:08pm |

**CRC Tests**

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

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

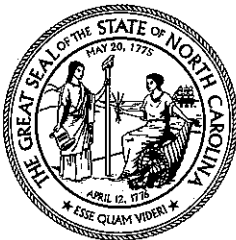
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pasquotank Instrument Location Pasquotank Co. Public Safety  
Instrument Serial No. 008941 Bldg, 200 E. Colonial AVE.  
Elizabeth City, N.C.

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

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

I certify that on the 25<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the 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. Kuehl  
Signature of Certifying Official

647  
Certificate Number

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

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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG  
690

Serial Number: 008941  
Test Date: 06/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

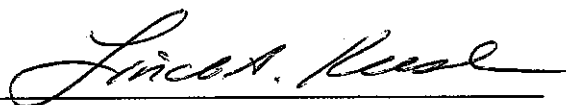
| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:48pm |
| AIR BLK  | .00    | 3:49pm |
| ACCY CHK | .08    | 3:50pm |
| AIR BLK  | .00    | 3:51pm |
| SUB TEST | .00    | 3:53pm |
| AIR BLK  | .00    | 3:54pm |
| SUB TEST | .00    | 3:55pm |
| AIR BLK  | .00    | 3:56pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941      Test Record Number: 1125  
Test Date: 06/25/2015      Test Time: 3:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:59pm |
| FLO  | Pass   | 3:59pm |
| FC   | Pass   | 3:59pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:59pm |
| SRC  | Pass   | 3:59pm |
| DET  | Pass   | 3:59pm |
| BAR  | Pass   | 3:59pm |
| BT   | Pass   | 3:59pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:00pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:00pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:00pm |
| CAL  | Pass   | 4:00pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

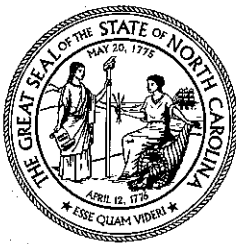
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County HARNETT Instrument Location HARNETT CO. DET. CRT  
Instrument Serial No. 008730 LILLINGSTON N.C.

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

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

I certify that on the 15 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730  
Test Date: 06/15/2015

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


Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
08/01/2013-08/01/2015


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

Lot Number: AG411202  
Exp Date: 04/22/2016

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

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst  
Court CVR

  
\_\_\_\_\_  
Analyst

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

**HARNETT COUNTY DETENTION CENTER 420**

Serial Number: 008730      Test Record Number: 2291  
Test Date: 06/15/2015      Test Time: 10:50am EDT

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   | 10:52am |

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County HARNETT

Instrument Location HARNETT Co. DET CTR

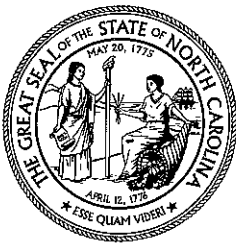
Instrument Serial No. 008729

LILLINGTON N.C.

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

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

I certify that on the 15 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Date: 06/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG404101

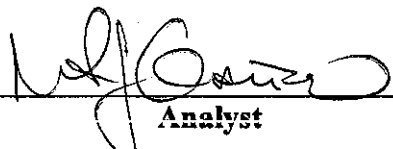
Exp Date: 02/10/2016

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729      Test Record Number: 1938  
Test Date: 06/15/2015      Test Time: 10:47am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:47am |
| SRC  | Pass   | 10:47am |
| DET  | Pass   | 10:47am |
| BAR  | Pass   | 10:47am |
| BT   | Pass   | 10:47am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:48am |

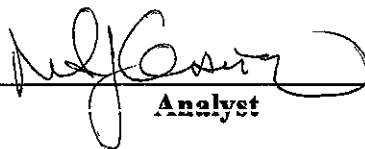
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:48am |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

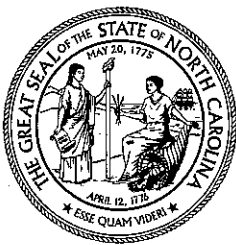
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County RICHMOND Instrument Location RICHMOND CO. MAGISTRATE OFFICE  
Instrument Serial No. 008840 RICHMOND N.C.

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

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

I certify that on the 17 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

Intox EC/IR-II: Subject Test

RICHMOND COUNTY RICHMOND CO. MAG OFF  
760

Serial Number: 008840  
Test Date: 06/17/2015

Citation Number: M0000000-0

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

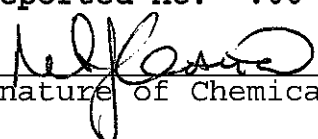
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
08/01/2013-08/01/2015

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

Lot Number: AG425303  
Exp Date: 09/10/2016

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:57am |
| AIR BLK  | .00    | 10:57am |
| ACCY CHK | .07    | 10:58am |
| AIR BLK  | .00    | 10:59am |
| SUB TEST | .00    | 11:00am |
| AIR BLK  | .00    | 11:00am |
| SUB TEST | .00    | 11:03am |
| AIR BLK  | .00    | 11:03am |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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

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

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840      Test Record Number: 1655  
Test Date: 06/17/2015      Test Time: 11:05am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:06am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:06am |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

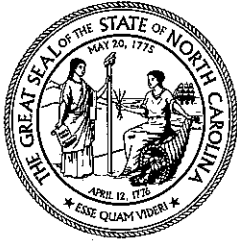
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Forsyth Instrument Location Forsyth Co MAGISTRATE  
Instrument Serial No. 008701 FORSYTH N.C. OFFICE

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

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

I certify that on the 17 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

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

RICHMOND COUNTY RICHMOND CO. MAG OFF  
760

Serial Number: 008701  
Test Date: 06/17/2015

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

Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
08/01/2013-08/01/2015

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

Lot Number: AG425303  
Exp Date: 09/10/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:52am        |
| AIR BLK         | .00        | 10:52am        |
| ACCY CHK        | .08        | 10:53am        |
| AIR BLK         | .00        | 10:54am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:54am</b> |
| AIR BLK         | .00        | 10:55am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:57am</b> |
| AIR BLK         | .00        | 10:58am        |

Reported AC: .00 g/210L

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

Court CVR

  
\_\_\_\_\_  
Analyst

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



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

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701      Test Record Number: 1061  
Test Date: 06/17/2015      Test Time: 10:59am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:59am |
| FLO  | Pass   | 10:59am |
| FC   | Pass   | 10:59am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:59am |
| SRC  | Pass   | 10:59am |
| DET  | Pass   | 10:59am |
| BAR  | Pass   | 10:59am |
| BT   | Pass   | 10:59am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:00am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:00am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:00am |
| CAL  | Pass   | 11:00am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

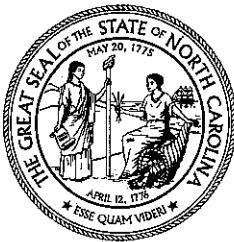
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CHATHAM Instrument Location PITTSBORO P.D.  
Instrument Serial No. 008591 PITTSBORO N.C.

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

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

I certify that on the 19 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

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

Intox EC/IR-II: Subject Test

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591

Test Date: 06/19/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:28am |
| AIR BLK  | .00    | 9:29am |
| ACCY CHK | .07    | 9:29am |
| AIR BLK  | .00    | 9:30am |
| SUB TEST | .00    | 9:31am |
| AIR BLK  | .00    | 9:32am |
| SUB TEST | .00    | 9:33am |
| AIR BLK  | .00    | 9:34am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591      Test Record Number: 1583  
Test Date: 06/19/2015      Test Time: 9:36am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:37am |

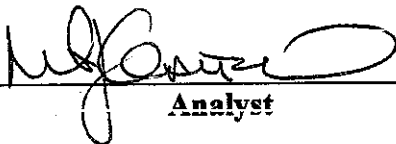
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:37am |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County ROBESON

Instrument Location PEMBROKE POLICE DEPT

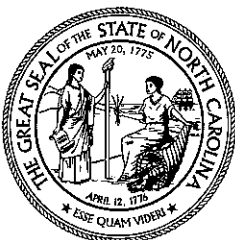
Instrument Serial No. 008837

PEMBROKE N.C.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

ROBESON COUNTY PEMBROKE POLICE DEPT  
770

Serial Number: 008837  
Test Date: 06/23/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

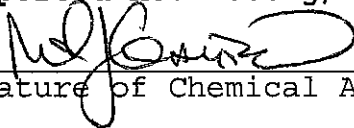
Test Type: Breath Test

Lot Number: AG513101

Exp Date: 05/11/2017

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:48am        |
| AIR BLK         | .00        | 10:48am        |
| ACCY CHK        | .07        | 10:49am        |
| AIR BLK         | .00        | 10:50am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:51am</b> |
| AIR BLK         | .00        | 10:51am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:53am</b> |
| AIR BLK         | .00        | 10:53am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837      Test Record Number: 661  
Test Date: 06/23/2015      Test Time: 10:54am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:55am |
| FLO  | Pass   | 10:55am |
| FC   | Pass   | 10:55am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:55am |
| SRC  | Pass   | 10:55am |
| DET  | Pass   | 10:55am |
| BAR  | Pass   | 10:55am |
| BT   | Pass   | 10:55am |

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   | 10:56am |
| CAL  | Pass   | 10:56am |

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**

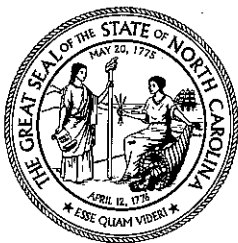
County ROBESON Instrument Location RED SPRINGS POLICE DEPT.

Instrument Serial No. 008857 RED SPRINGS N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.



**Intox EC/IR-II: Subject Test**

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857  
Test Date: 06/23/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

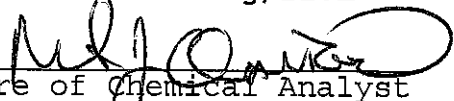
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
08/01/2013-08/01/2015

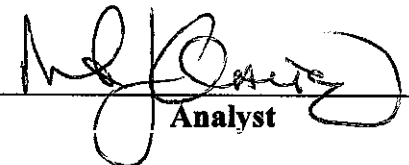
Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG425303  
Exp Date: 09/10/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:51am        |
| AIR BLK         | .00        | 11:51am        |
| ACCY CHK        | .07        | 11:52am        |
| AIR BLK         | .00        | 11:53am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:54am</b> |
| AIR BLK         | .00        | 11:54am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:56am</b> |
| AIR BLK         | .00        | 11:57am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst  
Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857      Test Record Number: 449  
Test Date: 06/23/2015      Test Time: 11:58am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:59am |
| FLO  | Pass   | 11:59am |
| 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   | 12:00pm |

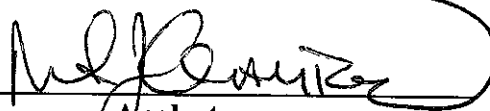
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:00pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:00pm |
| CAL  | Pass   | 12:00pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

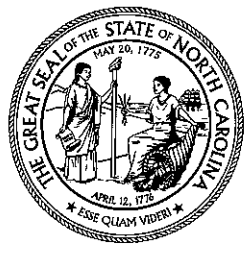
County ROBESON Instrument Location ST. PAULS Police DEPT

Instrument Serial No. 008814 ST. PAULS N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

652  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814  
Test Date: 06/23/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

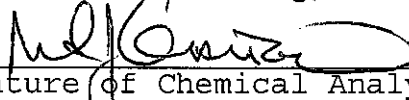
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
08/01/2013-08/01/2015

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

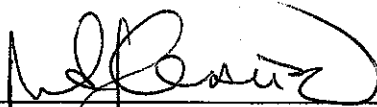
Lot Number: AG513101  
Exp Date: 05/11/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:40pm        |
| AIR BLK         | .00        | 1:41pm        |
| ACCY CHK        | .07        | 1:42pm        |
| AIR BLK         | .00        | 1:43pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:44pm</b> |
| AIR BLK         | .00        | 1:45pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:48pm</b> |
| AIR BLK         | .00        | 1:49pm        |

Reported AC<sub>1</sub> .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814      Test Record Number: 533  
Test Date: 06/23/2015      Test Time: 1:49pm EDT

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   | 1:51pm |

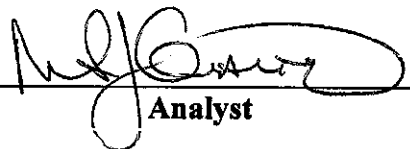
**Printer Tests**

| 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

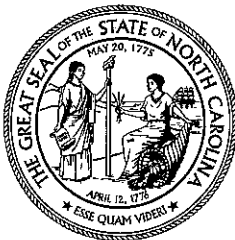
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County ONslow Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008707 RICHLANDS, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alvin R. Bann  
Signature of Certifying Official

648  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

ONslow COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707  
Test Date: 06/13/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
09/01/2013-09/01/2015

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG507902  
Exp Date: 03/20/2017

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:19pm        |
| AIR BLK         | .00        | 11:20pm        |
| ACCY CHK        | .08        | 11:20pm        |
| AIR BLK         | .00        | 11:21pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:22pm</b> |
| AIR BLK         | .00        | 11:23pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:24pm</b> |
| AIR BLK         | .00        | 11:25pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

**Intox EC/IR-II: Preventive Maintenance**

ONslow COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707      Test Record Number: 2166  
Test Date: 06/13/2015      Test Time: 11:26pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:26pm |
| FLO  | Pass   | 11:26pm |
| FC   | Pass   | 11:26pm |

**Temperature Tests**

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:26pm |
| SRC  | Pass   | 11:26pm |
| DET  | Pass   | 11:26pm |
| BAR  | Pass   | 11:26pm |
| BT   | Pass   | 11:26pm |

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:27pm |

**Printer Tests**

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:27pm |

**CRC Tests**

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:27pm |
| CAL  | Pass   | 11:27pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

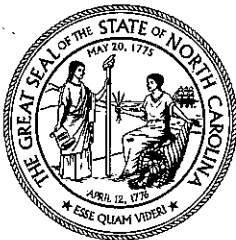
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County BRUNSWICK Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008616 SHALLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ally B

Signature of Certifying Official

648

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008616  
Test Date: 06/26/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602

Exp Date: 07/25/2015

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:12pm        |
| AIR BLK         | .00        | 11:14pm        |
| ACCY CHK        | .08        | 11:14pm        |
| AIR BLK         | .00        | 11:15pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:16pm</b> |
| AIR BLK         | .00        | 11:17pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:19pm</b> |
| AIR BLK         | .00        | 11:20pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008616      Test Record Number: 2084  
Test Date: 06/26/2015      Test Time: 11:22pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:22pm |
| FLO  | Pass   | 11:22pm |
| FC   | Pass   | 11:22pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:22pm |
| SRC  | Pass   | 11:22pm |
| DET  | Pass   | 11:22pm |
| BAR  | Pass   | 11:22pm |
| BT   | Pass   | 11:22pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:23pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:23pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:23pm |
| CAL  | Pass   | 11:23pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

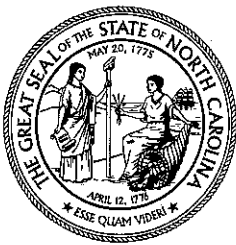
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County BRUNSWICK Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008707 SHALLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan R. B...

Signature of Certifying Official

648

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707  
Test Date: 06/26/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902


Exp Date: 03/20/2017

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:33pm        |
| AIR BLK         | .00        | 11:34pm        |
| ACCY CHK        | .08        | 11:34pm        |
| AIR BLK         | .00        | 11:35pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:37pm</b> |
| AIR BLK         | .00        | 11:38pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:39pm</b> |
| AIR BLK         | .00        | 11:40pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707      Test Record Number: 2171  
Test Date: 06/26/2015      Test Time: 11:41pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:41pm |
| FLO  | Pass   | 11:41pm |
| FC   | Pass   | 11:41pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:41pm |
| SRC  | Pass   | 11:41pm |
| DET  | Pass   | 11:41pm |
| BAR  | Pass   | 11:41pm |
| BT   | Pass   | 11:41pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:42pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:42pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:42pm |
| CAL  | Pass   | 11:42pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

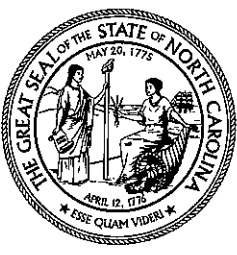
County WAKE Instrument Location CARY PD

Instrument Serial No. 008587 120 WILKINSON AVE CARY, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of JUNE, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Brian D Smith  
Signature of Certifying Official

637  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

WAKE COUNTY CARY PD 910

Serial Number: 008587

Test Date: 06/30/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902

Exp Date: 04/20/2017

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:26pm |
| AIR BLK  | .00    | 2:27pm |
| ACCY CHK | .08    | 2:27pm |
| AIR BLK  | .00    | 2:28pm |
| SUB TEST | .00    | 2:29pm |
| AIR BLK  | .00    | 2:30pm |
| SUB TEST | .00    | 2:31pm |
| AIR BLK  | .00    | 2:32pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures**

**Forensic Tests for Alcohol Branch**

**Department of Health and Human Services**

**Rev. 12/2007**



**Intox EC/IR-II: Preventive Maintenance**

WAKE COUNTY CARY PD 910

Serial Number: 008587      Test Record Number: 3004  
Test Date: 06/30/2015      Test Time: 2:36pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:36pm |
| FLO  | Pass   | 2:36pm |
| FC   | Pass   | 2:36pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:36pm |
| SRC  | Pass   | 2:36pm |
| DET  | Pass   | 2:36pm |
| BAR  | Pass   | 2:36pm |
| BT   | Pass   | 2:36pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:37pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:37pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:37pm |
| CAL  | Pass   | 2:37pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

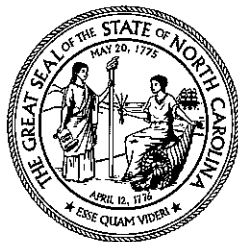
County LEE Instrument Location SANFORD POLICE DEPT.

Instrument Serial No. 00 8867 SANFORD, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of JUNE, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

371  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867  
Test Date: 06/23/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE


Analyst's Name: RUSSELL, LARRY H  
Permit Number: 6108E  
Effective:  
08/01/2013-08/01/2015

Officer's Name: NONE], NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG513103  
Exp Date: 05/11/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:59pm        |
| AIR BLK         | .00        | 5:00pm        |
| ACCY CHK        | .07        | 5:00pm        |
| AIR BLK         | .00        | 5:01pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:02pm</b> |
| AIR BLK         | .00        | 5:03pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:04pm</b> |
| AIR BLK         | .00        | 5:05pm        |

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: 879  
Test Date: 06/23/2015      Test Time: 5:06pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:06pm |
| FLO  | Pass   | 5:06pm |
| FC   | Pass   | 5:06pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 5:06pm |
| SRC  | Pass   | 5:06pm |
| DET  | Pass   | 5:06pm |
| BAR  | Pass   | 5:06pm |
| BT   | Pass   | 5:06pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 5:07pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 5:07pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 5:07pm |
| CAL  | Pass   | 5:07pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Guilford Instrument Location Greensboro Jail

Instrument Serial No. 008896

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean  
Signature of Certifying Official

642  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896  
Test Date: 06/25/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

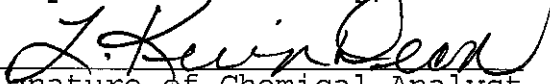
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
05/01/2015-05/01/2017

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG409709  
Exp Date: 04/07/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:00pm        |
| AIR BLK         | .00        | 4:01pm        |
| ACCY CHK        | .07        | 4:01pm        |
| AIR BLK         | .00        | 4:03pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:03pm</b> |
| AIR BLK         | .00        | 4:04pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:06pm</b> |
| AIR BLK         | .00        | 4:07pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

*GUILFORD COUNTY GREENSBORO JAIL 400*

Serial Number: 008896      Test Record Number: 709  
Test Date: 06/25/2015      Test Time: 4:08pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:08pm |
| FLO  | Pass   | 4:09pm |
| FC   | Pass   | 4:09pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:09pm |
| SRC  | Pass   | 4:09pm |
| DET  | Pass   | 4:09pm |
| BAR  | Pass   | 4:09pm |
| BT   | Pass   | 4:09pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:10pm |

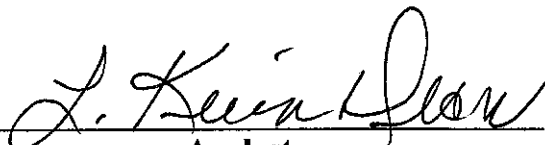
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:10pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:10pm |
| CAL  | Pass   | 4:10pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County DAVIDSON Instrument Location DAVIDSON CO JAIL  
Instrument Serial No. 008845 LEXINGTON, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



L. Kevin Dean  
Signature of Certifying Official

640  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.



**Intox EC/IR-II: Subject Test**

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845  
Test Date: 06/25/2015

Citation Number: M0000000-0  
Subject's Name:  
*PREVENTIVE, MAINTENANCE*  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

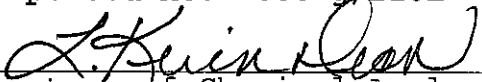
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
05/01/2015-05/01/2017

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

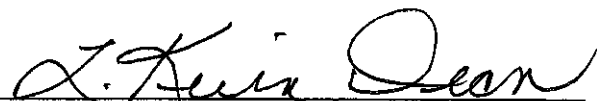
Lot Number: AG513102  
Exp Date: 05/11/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:40pm        |
| AIR BLK         | .00        | 1:41pm        |
| ACCY CHK        | .07        | 1:41pm        |
| AIR BLK         | .00        | 1:42pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:43pm</b> |
| AIR BLK         | .00        | 1:44pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:46pm</b> |
| AIR BLK         | .00        | 1:47pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845      Test Record Number: 1988  
Test Date: 06/25/2015      Test Time: 1:47pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:48pm |
| FLO  | Pass   | 1:48pm |
| 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 |

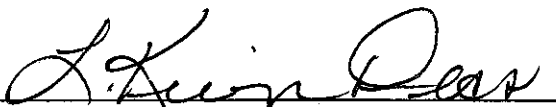
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:48pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:49pm |
| CAL  | Pass   | 1:49pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

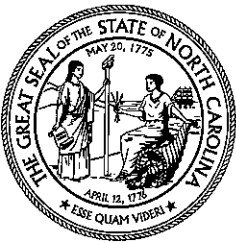
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County DAVIDSON Instrument Location Lexington Police  
Department  
Instrument Serial No. 008883

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

642  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883  
Test Date: 06/25/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

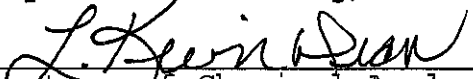
Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
05/01/2015-05/01/2017

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

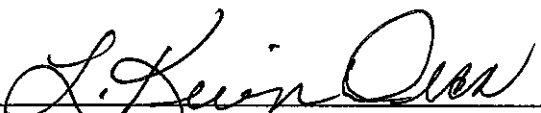
Lot Number: AG513102  
Exp Date: 05/11/2017

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:50pm        |
| AIR BLK         | .00        | 12:50pm        |
| ACCY CHK        | .08        | 12:51pm        |
| AIR BLK         | .00        | 12:52pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:53pm</b> |
| AIR BLK         | .00        | 12:54pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:56pm</b> |
| AIR BLK         | .00        | 12:57pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883      Test Record Number: 1447  
Test Date: 06/25/2015      Test Time: 12:57pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:58pm |
| FLO  | Pass   | 12:58pm |
| FC   | Pass   | 12:58pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:58pm |
| SRC  | Pass   | 12:58pm |
| DET  | Pass   | 12:58pm |
| BAR  | Pass   | 12:58pm |
| BT   | Pass   | 12:58pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:58pm |

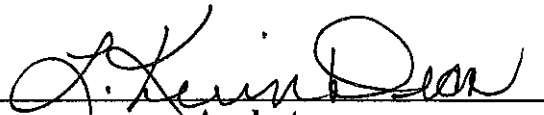
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:59pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:59pm |
| CAL  | Pass   | 12:59pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

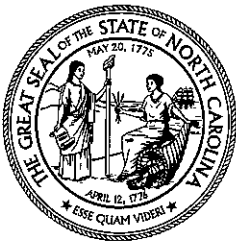
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County DAVIDSON Instrument Location THOMASVILLE  
Instrument Serial No. 008872 POLICE DEPARTMENT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

642  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872  
Test Date: 06/25/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

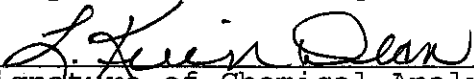
Test Type: Breath Test

Lot Number: AG513102

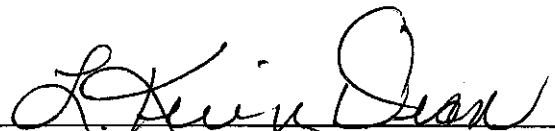
Exp Date: 05/11/2017

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:57am        |
| AIR BLK         | .00        | 11:58am        |
| ACCY CHK        | .07        | 11:59am        |
| AIR BLK         | .00        | 12:00pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:00pm</b> |
| AIR BLK         | .00        | 12:01pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:02pm</b> |
| AIR BLK         | .00        | 12:03pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872      Test Record Number: 1175  
Test Date: 06/25/2015      Test Time: 12:05pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:05pm |
| FLO  | Pass   | 12:05pm |
| FC   | Pass   | 12:05pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:05pm |
| SRC  | Pass   | 12:05pm |
| DET  | Pass   | 12:05pm |
| BAR  | Pass   | 12:05pm |
| BT   | Pass   | 12:05pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:06pm |

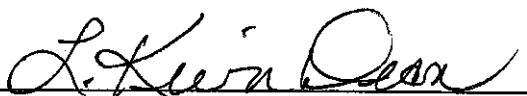
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:06pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:06pm |
| CAL  | Pass   | 12:06pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Ashe Instrument Location Ashe County Jail  
Instrument Serial No. 008849 Jefferson, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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**

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849  
Test Date: 06/25/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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: 22067E  
Effective:  
09/01/2014-09/01/2016

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG335201  
Exp Date: 12/18/2015

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:44am |
| AIR BLK  | .00    | 9:45am |
| ACCY CHK | .07    | 9:45am |
| AIR BLK  | .00    | 9:46am |
| SUB TEST | .00    | 9:47am |
| AIR BLK  | .00    | 9:48am |
| SUB TEST | .00    | 9:49am |
| AIR BLK  | .00    | 9:50am |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849      Test Record Number: 925  
Test Date: 06/25/2015      Test Time: 9:51am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:51am |
| FLO  | Pass   | 9:51am |
| FC   | Pass   | 9:52am |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:52am |
| SRC  | Pass   | 9:52am |
| DET  | Pass   | 9:52am |
| BAR  | Pass   | 9:52am |
| BT   | Pass   | 9:52am |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:52am |


Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:52am |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:52am |
| CAL  | Pass   | 9:52am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

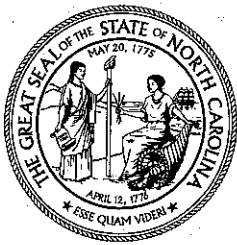
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Alleghany Instrument Location Alleghany County Jail  
Instrument Serial No. 008890 Sparta, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of JUNE, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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**

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890  
Test Date: 06/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101

Exp Date: 05/11/2017

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:09am        |
| AIR BLK         | .00        | 11:10am        |
| ACCY CHK        | .07        | 11:11am        |
| AIR BLK         | .00        | 11:11am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:12am</b> |
| AIR BLK         | .00        | 11:13am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:14am</b> |
| AIR BLK         | .00        | 11:15am        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890      Test Record Number: 540  
Test Date: 06/25/2015      Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:16am |
| FLO  | Pass   | 11:16am |
| FC   | Pass   | 11:17am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:17am |
| SRC  | Pass   | 11:17am |
| DET  | Pass   | 11:17am |
| BAR  | Pass   | 11:17am |
| BT   | Pass   | 11:17am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:17am |

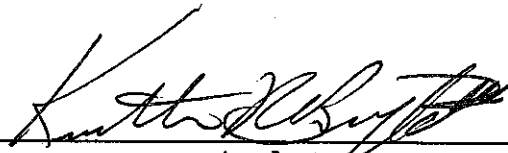
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:17am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:18am |
| CAL  | Pass   | 11:18am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

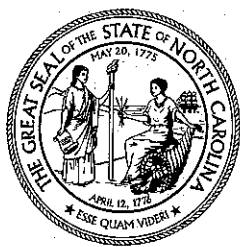
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Surry Instrument Location Mount Airy  
Instrument Serial No. 008943 Police Department

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of JUNE, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 06/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101

Exp Date: 05/11/2017

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:39am        |
| AIR BLK         | .00        | 10:40am        |
| ACCY CHK        | .08        | 10:40am        |
| AIR BLK         | .00        | 10:41am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:42am</b> |
| AIR BLK         | .00        | 10:42am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:44am</b> |
| AIR BLK         | .00        | 10:45am        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007**



**Intox EC/IR-II: Preventive Maintenance**

*SURRY COUNTY MOUNT AIRY PD 850*

Serial Number: 008943      Test Record Number: 1732  
Test Date: 06/18/2015      Test Time: 10:48am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:48am |
| FLO  | Pass   | 10:48am |
| FC   | Pass   | 10:49am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:49am |
| SRC  | Pass   | 10:49am |
| DET  | Pass   | 10:49am |
| BAR  | Pass   | 10:49am |
| BT   | Pass   | 10:49am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:49am |


Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:49am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:49am |
| CAL  | Pass   | 10:49am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

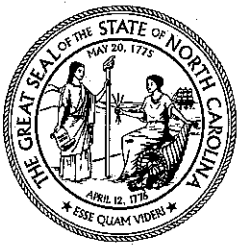
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Surry Instrument Location Pilot Mountain  
Instrument Serial No. 008938 Police Department

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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 PILOT MOUNTAIN PD 850

Serial Number: 008938  
Test Date: 06/18/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

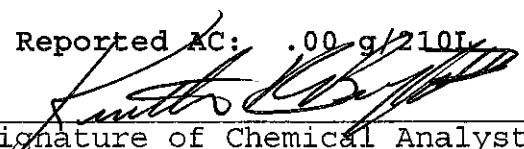
Test Type: Breath Test

Lot Number: AG434201

Exp Date: 12/08/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:30am        |
| AIR BLK         | .00        | 11:31am        |
| ACCY CHK        | .07        | 11:32am        |
| AIR BLK         | .00        | 11:33am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:33am</b> |
| AIR BLK         | .00        | 11:34am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:36am</b> |
| AIR BLK         | .00        | 11:37am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

*SURRY COUNTY PILOT MOUNTAIN PD 850*

Serial Number: 008938      Test Record Number: 519  
Test Date: 06/18/2015      Test Time: 11:37am EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:38am |
| FLO  | Pass   | 11:38am |
| FC   | Pass   | 11:38am |

**Temperature Tests**

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:38am |
| SRC  | Pass   | 11:38am |
| DET  | Pass   | 11:38am |
| BAR  | Pass   | 11:38am |
| BT   | Pass   | 11:38am |

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:39am |

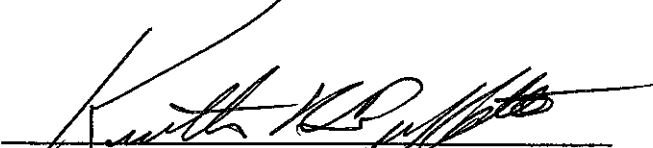
**Printer Tests**

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:39am |

**CRC Tests**

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:39am |
| CAL  | Pass   | 11:39am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

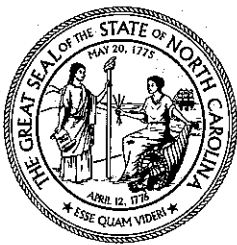
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Surry Instrument Location Surry County Jail  
Dobson, N.C.  
Instrument Serial No. 008934

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of JUNE, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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 SURRY CO JAIL 850**

Serial Number: 008934  
Test Date: 06/18/2015

Citation Number: M0000000-0  
Subject's Name:

*PREVENTIVE, MAINTENANCE*

Subject'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: 22067E

Effective:

*09/01/2014-09/01/2016*

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: *Breath Test*

Lot Number: AG513101

Exp Date: 05/11/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:02pm        |
| AIR BLK         | .00        | 3:02pm        |
| ACCY CHK        | .07        | 3:03pm        |
| AIR BLK         | .00        | 3:04pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:04pm</b> |
| AIR BLK         | .00        | 3:05pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:07pm</b> |
| AIR BLK         | .00        | 3:08pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

*SURRY COUNTY SURRY CO JAIL 850*

Serial Number: 008934      Test Record Number: 1484  
Test Date: 06/18/2015      Test Time: 3:08pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:09pm |
| FLO  | Pass   | 3:09pm |
| FC   | Pass   | 3:09pm |

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:09pm |
| SRC  | Pass   | 3:09pm |
| DET  | Pass   | 3:09pm |
| BAR  | Pass   | 3:09pm |
| BT   | Pass   | 3:09pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:10pm |

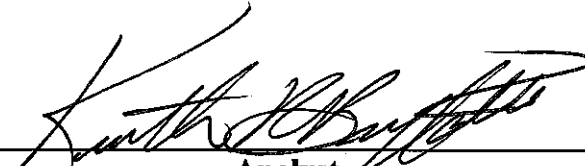
**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:10pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:10pm |
| CAL  | Pass   | 3:10pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

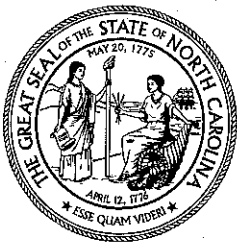
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rockingham Instrument Location Madison Police  
Instrument Serial No. 008802 Department

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of JUNE, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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**

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802  
Test Date: 06/05/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG335201

Exp Date: 12/18/2015

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:12pm        |
| AIR BLK         | .00        | 12:13pm        |
| ACCY CHK        | .07        | 12:14pm        |
| AIR BLK         | .00        | 12:15pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:16pm</b> |
| AIR BLK         | .00        | 12:17pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:18pm</b> |
| AIR BLK         | .00        | 12:19pm        |

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802      Test Record Number: 646  
Test Date: 06/05/2015      Test Time: 12:20pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:20pm |
| FLO  | Pass   | 12:20pm |
| FC   | Pass   | 12:20pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:20pm |
| SRC  | Pass   | 12:20pm |
| DET  | Pass   | 12:20pm |
| BAR  | Pass   | 12:20pm |
| BT   | Pass   | 12:20pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:21pm |

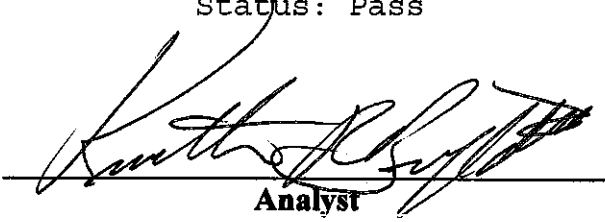
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:21pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:21pm |
| CAL  | Pass   | 12:21pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

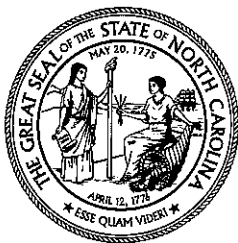
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County BLADEN Instrument Location BLADEN COUNTY  
Instrument Serial No. 008894 SHERIFF'S OFFICE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Randy Hill

Signature of Certifying Official

354

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894  
Test Date: 06/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

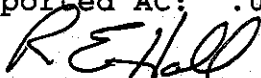
Test Type: Breath Test

Lot Number: AG404101

Exp Date: 02/10/2016

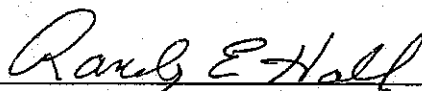
| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:52pm        |
| AIR BLK         | .00        | 12:53pm        |
| ACCY CHK        | .08        | 12:54pm        |
| AIR BLK         | .00        | 12:55pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:56pm</b> |
| AIR BLK         | .00        | 12:57pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:58pm</b> |
| AIR BLK         | .00        | 12:59pm        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894      Test Record Number: 720  
Test Date: 06/29/2015      Test Time: 1:00pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:00pm |
| FLO  | Pass   | 1:00pm |
| FC   | Pass   | 1:00pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:01pm |
| SRC  | Pass   | 1:01pm |
| DET  | Pass   | 1:01pm |
| BAR  | Pass   | 1:01pm |
| BT   | Pass   | 1:01pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:01pm |

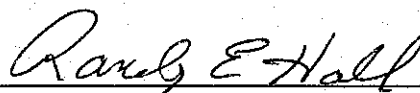
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:01pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:01pm |
| CAL  | Pass   | 1:01pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

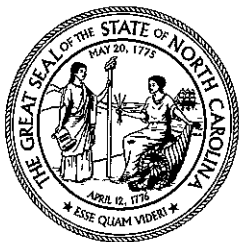
County Caston Instrument Location Best Mobile Unit 5

Instrument Serial No. 008780

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chad J. Day

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**

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008788  
Test Date: 06/20/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

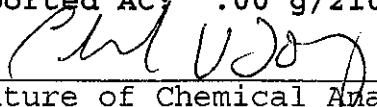
Analyst's Name: TOWERY, CHAD V  
Permit Number: 26632E  
Effective:  
10/18/2013-10/01/2015

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG434901  
Exp Date: 12/15/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 9:26pm        |
| AIR BLK         | .00        | 9:27pm        |
| ACCY CHK        | .07        | 9:28pm        |
| AIR BLK         | .00        | 9:28pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:29pm</b> |
| AIR BLK         | .00        | 9:30pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:32pm</b> |
| AIR BLK         | .00        | 9:32pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008788      Test Record Number: 1232  
Test Date: 06/20/2015      Test Time: 9:37pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:38pm |
| FLO  | Pass   | 9:38pm |
| FC   | Pass   | 9:38pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:38pm |
| SRC  | Pass   | 9:38pm |
| DET  | Pass   | 9:38pm |
| BAR  | Pass   | 9:38pm |
| BT   | Pass   | 9:38pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:39pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:39pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:39pm |
| CAL  | Pass   | 9:39pm |

Preventive Maintenance  
Status: Pass



Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

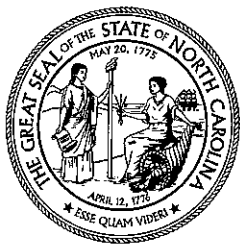
County Gaston Instrument Location B-t mobile Unit 5

Instrument Serial No. 008600

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chad D. 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

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008600  
Test Date: 06/20/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

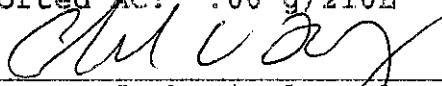
Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:28pm |
| AIR BLK  | .00    | 9:29pm |
| ACCY CHK | .08    | 9:30pm |
| AIR BLK  | .00    | 9:31pm |
| SUB TEST | .00    | 9:31pm |
| AIR BLK  | .00    | 9:32pm |
| SUB TEST | .00    | 9:34pm |
| AIR BLK  | .00    | 9:35pm |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008600      Test Record Number: 1620  
Test Date: 06/20/2015      Test Time: 9:41pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:41pm |
| FLO  | Pass   | 9:41pm |
| FC   | Pass   | 9:41pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:41pm |
| SRC  | Pass   | 9:41pm |
| DET  | Pass   | 9:41pm |
| BAR  | Pass   | 9:41pm |
| BT   | Pass   | 9:41pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:42pm |

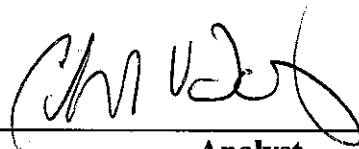
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:42pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:42pm |
| CAL  | Pass   | 9:42pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

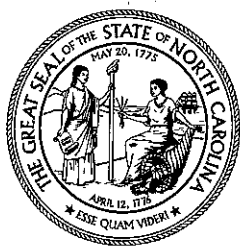
County Mecklenburg Instrument Location But mobile unit 5

Instrument Serial No. 008698

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Clay V. Day

Signature of Certifying Official

658

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698      Test Record Number: 1262  
Test Date: 05/25/2015      Test Time: 6:50pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 6:50pm |
| FLO  | Pass   | 6:50pm |
| FC   | Pass   | 6:51pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 6:51pm |
| SFC  | Pass   | 6:51pm |
| DET  | Pass   | 6:51pm |
| BAR  | Pass   | 6:51pm |
| BT   | Pass   | 6:51pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 6:51pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 6:51pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 6:52pm |
| CAL  | Pass   | 6:52pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698  
Test Date: 06/25/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE


Analyst's Name: TOWERY, CHAD V  
Permit Number: 26632E  
Effective:  
10/18/2013-10/01/2015

Officer's Name: NONE, NONE  
Type of Agency: PTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG434901  
Exp Date: 12/15/2016

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 6:40pm |
| AIR BLK  | .00    | 6:41pm |
| ACCY CHK | .07    | 6:41pm |
| AIR BLK  | .00    | 6:42pm |
| SUB TEST | .00    | 6:42pm |
| AIR BLK  | .00    | 6:43pm |
| SUB TEST | .00    | 6:45pm |
| AIR BLK  | .00    | 6:46pm |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

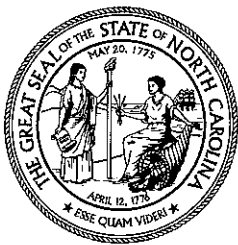
County Mecklenburg Instrument Location But mobile Unit 5

Instrument Serial No. 008788

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

688  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788  
Test Date: 06/25/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

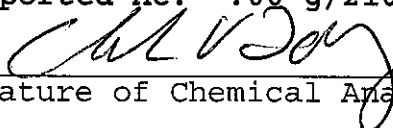
Analyst's Name: TOWERY, CHAD V  
Permit Number: 26632E  
Effective:  
10/18/2013-10/01/2015

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG434901  
Exp Date: 12/15/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:29pm        |
| AIR BLK         | .00        | 10:30pm        |
| ACCY CHK        | .07        | 10:31pm        |
| AIR BLK         | .00        | 10:32pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:32pm</b> |
| AIR BLK         | .00        | 10:33pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:35pm</b> |
| AIR BLK         | .00        | 10:36pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



**Intox EC/IR-II: Preventive Maintenance**

**MECKLENBURG BAT MOBILE UNIT 5 590**

Serial Number: 008788      Test Record Number: 1237  
Test Date: 06/25/2015      Test Time: 10:40pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:41pm |
| FLO  | Pass   | 10:41pm |
| FC   | Pass   | 10:41pm |

**Temperature Tests**

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:41pm |
| SRC  | Pass   | 10:41pm |
| DET  | Pass   | 10:41pm |
| BAR  | Pass   | 10:41pm |
| BT   | Pass   | 10:41pm |

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:42pm |

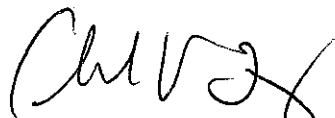
**Printer Tests**

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:42pm |

**CRC Tests**

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:42pm |
| CAL  | Pass   | 10:42pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

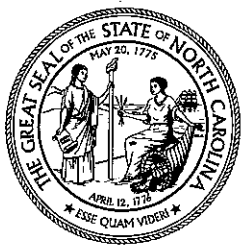
County MCCLENNAN Instrument Location Best Mobile Unit 5

Instrument Serial No. 008600

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 July, 2015 the forgoing preventive maintenance procedures were performed on the 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 V. Song  
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

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600  
Test Date: 06/25/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE


Analyst's Name: TOWERY, CHAD V  
Permit Number: 26632E  
Effective:  
10/18/2013-10/01/2015

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG434901  
Exp Date: 12/15/2016

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:30pm |
| AIR BLK  | .00    | 10:31pm |
| ACCY CHK | .08    | 10:32pm |
| AIR BLK  | .00    | 10:33pm |
| SUB TEST | .00    | 10:33pm |
| AIR BLK  | .00    | 10:34pm |
| SUB TEST | .00    | 10:36pm |
| AIR BLK  | .00    | 10:37pm |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007**

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Record Number: 1627  
Test Date: 06/25/2015 Test Time: 10:43pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:43pm |
| FLO  | Pass   | 10:43pm |
| FC   | Pass   | 10:44pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:44pm |
| SRC  | Pass   | 10:44pm |
| DET  | Pass   | 10:44pm |
| BAR  | Pass   | 10:44pm |
| BT   | Pass   | 10:44pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:44pm |

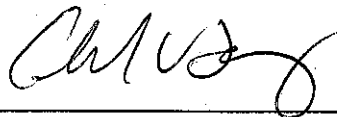
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:44pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:44pm |
| CAL  | Pass   | 10:44pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

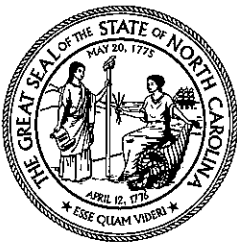
County Martin Instrument Location Martin Co. S.O.

Instrument Serial No. 008912 305 E. Main St., Williamston, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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**

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912  
Test Date: 06/18/2015

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901


Exp Date: 12/15/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:13am        |
| AIR BLK         | .00        | 10:14am        |
| ACCY CHK        | .08        | 10:14am        |
| AIR BLK         | .00        | 10:15am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:16am</b> |
| AIR BLK         | .00        | 10:17am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:19am</b> |
| AIR BLK         | .00        | 10:20am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

**MARTIN COUNTY SHERIFF'S OFFICE 570**

Serial Number: 008912      Test Record Number: 995  
Test Date: 06/18/2015      Test Time: 10:21am EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:21am |
| FLO  | Pass   | 10:21am |
| FC   | Pass   | 10:21am |

**Temperature Tests**

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:21am |
| SRC  | Pass   | 10:21am |
| DET  | Pass   | 10:21am |
| BAR  | Pass   | 10:21am |
| BT   | Pass   | 10:21am |

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:22am |

**Printer Tests**

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:22am |

**CRC Tests**

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:22am |
| CAL  | Pass   | 10:22am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

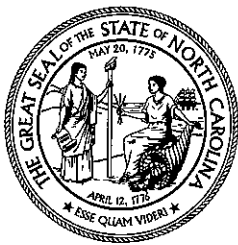
County Hyde Instrument Location Hyde Co. S.O.

Instrument Serial No. 008801 1233 Main St., Swan Quarter, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23<sup>rd</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. O.  
Signature of Certifying Official

643  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.



**Intox EC/IR-II: Subject Test**

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801  
Test Date: 06/23/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

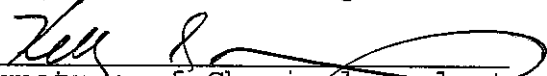
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
08/01/2013-08/01/2015

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

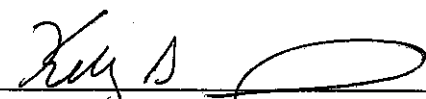
Lot Number: AG321904  
Exp Date: 08/07/2015

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:01am        |
| AIR BLK         | .00        | 11:01am        |
| ACCY CHK        | .07        | 11:02am        |
| AIR BLK         | .00        | 11:03am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:03am</b> |
| AIR BLK         | .00        | 11:04am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:06am</b> |
| AIR BLK         | .00        | 11:07am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

*HYDE COUNTY HYDE CO SO SWAN QUAR 470*

Serial Number: 008801      Test Record Number: 356  
Test Date: 06/23/2015      Test Time: 11:10am EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:10am |
| FLO  | Pass   | 11:10am |
| FC   | Pass   | 11:10am |

**Temperature Tests**

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:10am |
| SRC  | Pass   | 11:10am |
| DET  | Pass   | 11:10am |
| BAR  | Pass   | 11:10am |
| BT   | Pass   | 11:10am |

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:11am |

**Printer Tests**

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:11am |

**CRC Tests**

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:11am |
| CAL  | Pass   | 11:11am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

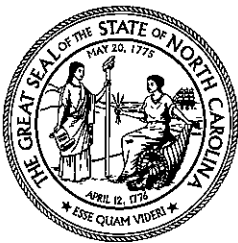
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Beaufort Instrument Location Belhaven Police Dept.  
Instrument Serial No. 008928 Belhaven, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23<sup>rd</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 06/23/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE


Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
08/01/2013-08/01/2015

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

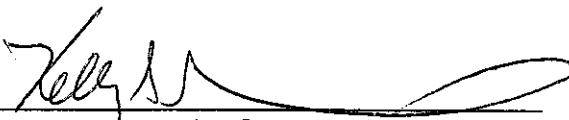
Lot Number: AG400603  
Exp Date: 01/06/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:08pm        |
| AIR BLK         | .00        | 12:09pm        |
| ACCY CHK        | .08        | 12:10pm        |
| AIR BLK         | .00        | 12:11pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:11pm</b> |
| AIR BLK         | .00        | 12:12pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:14pm</b> |
| AIR BLK         | .00        | 12:14pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928      Test Record Number: 270  
Test Date: 06/23/2015      Test Time: 12:18pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:18pm |
| FLO  | Pass   | 12:18pm |
| FC   | Pass   | 12:18pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:18pm |
| SRC  | Pass   | 12:18pm |
| DET  | Pass   | 12:18pm |
| BAR  | Pass   | 12:18pm |
| BT   | Pass   | 12:18pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:19pm |


Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:19pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:19pm |
| CAL  | Pass   | 12:19pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

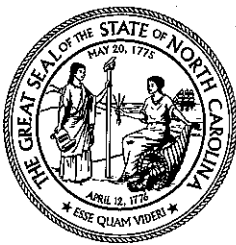
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Hyde Instrument Location Hyde Co. S.O. - Ocracoke  
Instrument Serial No. 008797 N.C. 12, Ocracoke, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24<sup>th</sup> day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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**

HYDE COUNTY HYDE CO SO OCRACOCKE 470

Serial Number: 008797  
Test Date: 06/24/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

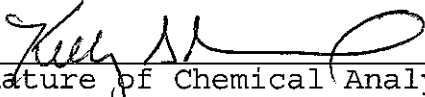
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
08/01/2013-08/01/2015

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG414801  
Exp Date: 05/28/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:05am        |
| AIR BLK         | .00        | 11:06am        |
| ACCY CHK        | .07        | 11:06am        |
| AIR BLK         | .00        | 11:07am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:08am</b> |
| AIR BLK         | .00        | 11:09am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:10am</b> |
| AIR BLK         | .00        | 11:11am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

HYDE COUNTY HYDE CO SO OCRACOCKE 470

Serial Number: 008797      Test Record Number: 412  
Test Date: 06/24/2015      Test Time: 11:13am EDT

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   | 11:14am |

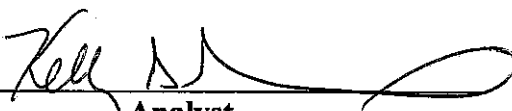
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:14am |

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**

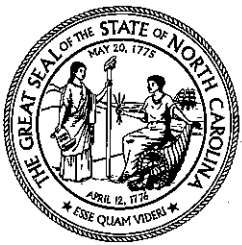
County Dare Instrument Location Dare Co. S.O. - Hatteras

Instrument Serial No. 008807 50346 NC Hwy 12, Frisco, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 06/24/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

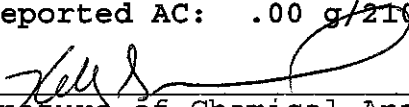
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
08/01/2013-08/01/2015

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

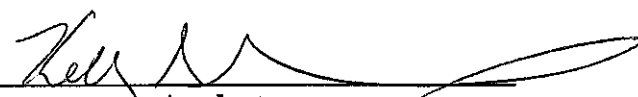
Lot Number: AG513103  
Exp Date: 05/11/2017

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:42pm |
| AIR BLK  | .00    | 1:43pm |
| ACCY CHK | .08    | 1:43pm |
| AIR BLK  | .00    | 1:44pm |
| SUB TEST | .00    | 1:45pm |
| AIR BLK  | .00    | 1:46pm |
| SUB TEST | .00    | 1:48pm |
| AIR BLK  | .00    | 1:49pm |

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: 664  
Test Date: 06/24/2015 Test Time: 1:50pm EDT

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   | 1:51pm |

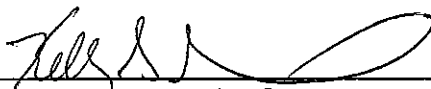
**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:51pm |

**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**

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 to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly M. O.  
Signature of Certifying Official

643  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627  
Test Date: 06/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

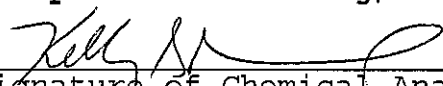
Test Type: Breath Test

Lot Number: AG434901

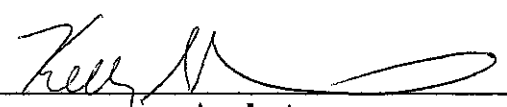
Exp Date: 12/15/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:23pm        |
| AIR BLK         | .00        | 1:23pm        |
| ACCY CHK        | .08        | 1:24pm        |
| AIR BLK         | .00        | 1:25pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:25pm</b> |
| AIR BLK         | .00        | 1:26pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:28pm</b> |
| AIR BLK         | .00        | 1:29pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627      Test Record Number: 1803  
Test Date: 06/25/2015      Test Time: 1:31pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:31pm |
| FLO  | Pass   | 1:31pm |
| FC   | Pass   | 1:32pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:32pm |
| SRC  | Pass   | 1:32pm |
| DET  | Pass   | 1:32pm |
| BAR  | Pass   | 1:32pm |
| BT   | Pass   | 1:32pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:32pm |

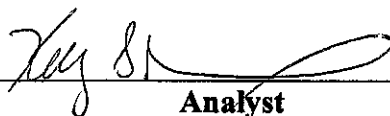
Printer Tests

| 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**

County Wilson Instrument Location Wilson Co. Detention Center

Instrument Serial No. 008652 100 E. Green St., Wilson, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

643  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652

Test Date: 06/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

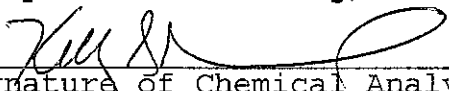
Test Type: Breath Test

Lot Number: AG414801

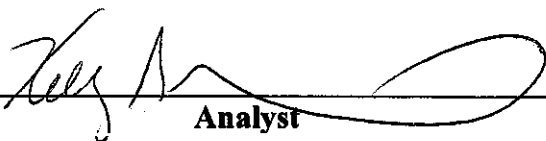
Exp Date: 05/28/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:29pm        |
| AIR BLK         | .00        | 1:30pm        |
| ACCY CHK        | .07        | 1:31pm        |
| AIR BLK         | .00        | 1:32pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:33pm</b> |
| AIR BLK         | .00        | 1:34pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:35pm</b> |
| AIR BLK         | .00        | 1:36pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652      Test Record Number: 2714  
Test Date: 06/25/2015      Test Time: 1:37pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:37pm |
| FLO  | Pass   | 1:37pm |
| FC   | Pass   | 1:37pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:37pm |
| SRC  | Pass   | 1:37pm |
| DET  | Pass   | 1:37pm |
| BAR  | Pass   | 1:37pm |
| BT   | Pass   | 1:37pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:38pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:38pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:38pm |
| CAL  | Pass   | 1:38pm |

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**

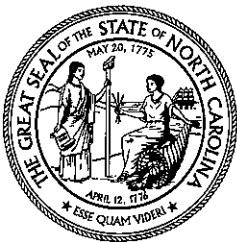
County Camden Instrument Location Camden Co. S.O.

Instrument Serial No. 008940 113 Hwy 343, Camden, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly A. [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**

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940  
Test Date: 06/29/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

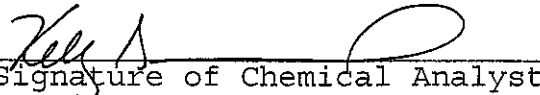
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
08/01/2013-08/01/2015

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

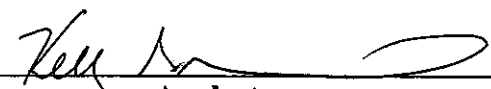
Lot Number: AG335201  
Exp Date: 12/18/2015

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:13pm        |
| AIR BLK         | .00        | 12:14pm        |
| ACCY CHK        | .07        | 12:15pm        |
| AIR BLK         | .00        | 12:16pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:16pm</b> |
| AIR BLK         | .00        | 12:17pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:19pm</b> |
| AIR BLK         | .00        | 12:20pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940      Test Record Number: 726  
Test Date: 06/29/2015      Test Time: 12:21pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:21pm |
| FLO  | Pass   | 12:21pm |
| FC   | Pass   | 12:21pm |

**Temperature Tests**

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:21pm |
| SRC  | Pass   | 12:21pm |
| DET  | Pass   | 12:21pm |
| BAR  | Pass   | 12:21pm |
| BT   | Pass   | 12:21pm |

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:22pm |

**Printer Tests**

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:22pm |

**CRC Tests**

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:22pm |
| CAL  | Pass   | 12:22pm |

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**

County Scotland

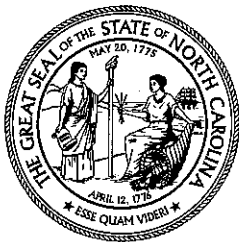
Instrument Location Bat mobile Unit 2

Instrument Serial No. 008736

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Donna B Skinner  
Signature of Certifying Official

644  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008736  
Test Date: 06/20/2015

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:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG409709

Exp Date: 04/07/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 9:54pm         |
| AIR BLK         | .00        | 9:56pm         |
| ACCY CHK        | .08        | 9:56pm         |
| AIR BLK         | .00        | 9:57pm         |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:58pm</b>  |
| AIR BLK         | .00        | 9:59pm         |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:00pm</b> |
| AIR BLK         | .00        | 10:01pm        |

Reported AC: .00 g/210L

\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

SCOTLAND COUNTY BATMOBILE UNIT 2 820

Serial Number: 008601      Test Record Number: 1044  
Test Date: 06/20/2015      Test Time: 10:02pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:02pm |
| FLO  | Pass   | 10:02pm |
| FC   | Pass   | 10:02pm |

**Temperature Tests**

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:02pm |
| SRC  | Pass   | 10:02pm |
| DET  | Pass   | 10:02pm |
| BAR  | Pass   | 10:02pm |
| BT   | Pass   | 10:02pm |

**Blank Tests**

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:03pm |

**Printer Tests**

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:03pm |

**CRC Tests**

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:03pm |
| CAL  | Pass   | 10:03pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Watauga Instrument Location Boone Police Dept.  
Instrument Serial No. 008716 Boone, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

649  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.



**Intox EC/IR-II: Subject Test**

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716  
Test Date: 06/26/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG411202

Exp Date: 04/22/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:26pm        |
| AIR BLK         | .00        | 4:27pm        |
| ACCY CHK        | .08        | 4:27pm        |
| AIR BLK         | .00        | 4:28pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:29pm</b> |
| AIR BLK         | .00        | 4:29pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:31pm</b> |
| AIR BLK         | .00        | 4:32pm        |

Reported AC: .00 g/210L

\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR



Analyst

**This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716      Test Record Number: 1762  
Test Date: 06/26/2015      Test Time: 4:33pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:33pm |
| FLO  | Pass   | 4:33pm |
| FC   | Pass   | 4:33pm |

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:33pm |
| SRC  | Pass   | 4:33pm |
| DET  | Pass   | 4:33pm |
| BAR  | Pass   | 4:33pm |
| BT   | Pass   | 4:33pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:34pm |


**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:34pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:34pm |
| CAL  | Pass   | 4:34pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Henderson Instrument Location Henderson Co. Detention

Instrument Serial No. 008911 Hendersonville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19 day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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**

HENDERSON COUNTY DETENTION 440

Serial Number: 008911  
Test Date: 06/19/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J  
Permit Number: 11304E  
Effective:  
05/01/2015-05/01/2017

Officer's Name: NONE,  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG326006  
Exp Date: 09/17/2015

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:19pm        |
| AIR BLK         | .00        | 3:20pm        |
| ACCY CHK        | .07        | 3:21pm        |
| AIR BLK         | .00        | 3:22pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:23pm</b> |
| AIR BLK         | .00        | 3:24pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:25pm</b> |
| AIR BLK         | .00        | 3:26pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

**Intox EC/IR-II: Preventive Maintenance**

HENDERSON COUNTY DETENTION 440

Serial Number: 008911      Test Record Number: 314  
Test Date: 06/19/2015      Test Time: 3:27pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:27pm |
| FLO  | Pass   | 3:27pm |
| FC   | Pass   | 3:27pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:27pm |
| SRC  | Pass   | 3:27pm |
| DET  | Pass   | 3:27pm |
| BAR  | Pass   | 3:27pm |
| BT   | Pass   | 3:27pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:28pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:28pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:28pm |
| CAL  | Pass   | 3:28pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

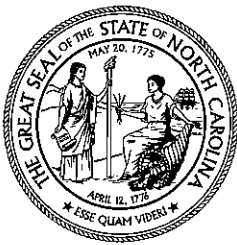
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cabarrus Instrument Location Cabarrus County SD  
Instrument Serial No. 008792 30 Corban Ave, Concord

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Maria J. Ray  
Signature of Certifying Official

656  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792      Test Record Number: 1845  
Test Date: 06/24/2015      Test Time: 10:52am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:52am |
| FLO  | Pass   | 10:52am |
| FC   | Pass   | 10:52am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:52am |
| SRC  | Pass   | 10:52am |
| DET  | Pass   | 10:52am |
| BAR  | Pass   | 10:52am |
| BT   | Pass   | 10:52am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:53am |


Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:53am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:53am |
| CAL  | Pass   | 10:53am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Subject Test**

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792

Test Date: 06/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

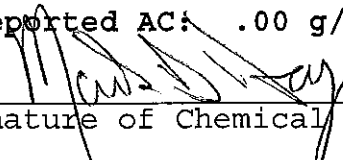
Test Type: Breath Test

Lot Number: AG434201

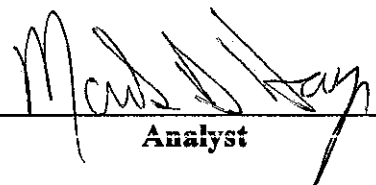
Exp Date: 12/08/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:57am        |
| AIR BLK         | .00        | 10:57am        |
| ACCY CHK        | .08        | 10:58am        |
| AIR BLK         | .00        | 10:59am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:00am</b> |
| AIR BLK         | .00        | 11:01am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:02am</b> |
| AIR BLK         | .00        | 11:03am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

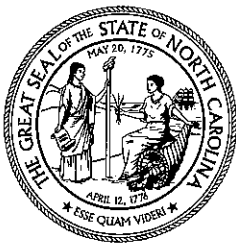
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Stanly Instrument Location Stanly County S.D.  
Instrument Serial No. 008910 126 S. 3<sup>rd</sup> St., Albemarle

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M. J. [Signature]  
Signature of Certifying Official

656  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Intox EC/IR-II: Preventive Maintenance

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008910 Test Record Number: 462  
Test Date: 06/24/2015 Test Time: 1:19pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:20pm |
| FLO  | Pass   | 1:20pm |
| FC   | Pass   | 1:20pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:20pm |
| SRC  | Pass   | 1:20pm |
| DET  | Pass   | 1:20pm |
| BAR  | Pass   | 1:20pm |
| BT   | Pass   | 1:20pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:21pm |


Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:21pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:21pm |
| CAL  | Pass   | 1:21pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Subject Test**

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008910  
Test Date: 06/24/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

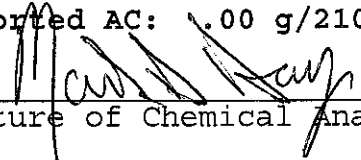
Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
01/01/2014-01/01/2016

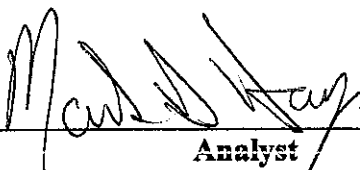
Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG434201  
Exp Date: 12/08/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:23pm        |
| AIR BLK         | .00        | 1:24pm        |
| ACCY CHK        | .08        | 1:24pm        |
| AIR BLK         | .00        | 1:25pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:26pm</b> |
| AIR BLK         | .00        | 1:27pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:28pm</b> |
| AIR BLK         | .00        | 1:29pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst  
Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

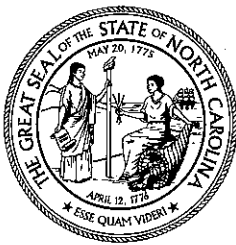
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Stanly Instrument Location Stanly County SD  
Instrument Serial No. 008842 126 S. 3<sup>rd</sup> St., Albemarle

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M. David Acen  
Signature of Certifying Official

656  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Preventive Maintenance**

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842      Test Record Number: 1556  
Test Date: 06/24/2015      Test Time: 12:54pm EDT

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

**Intox EC/IR-II: Subject Test**

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842  
Test Date: 06/24/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

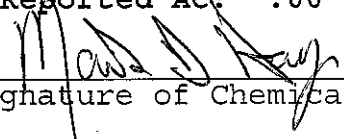
Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
01/01/2014-01/01/2016

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG507902  
Exp Date: 03/20/2017

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 12:59pm       |
| AIR BLK         | .00        | 1:00pm        |
| ACCY CHK        | .07        | 1:00pm        |
| AIR BLK         | .00        | 1:01pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:02pm</b> |
| AIR BLK         | .00        | 1:03pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:05pm</b> |
| AIR BLK         | .00        | 1:06pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst  
Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

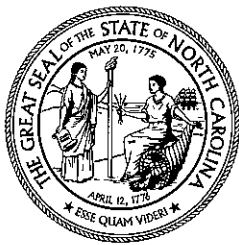
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cabarrus Instrument Location Cabarrus County SO  
Instrument Serial No. 009625 30 Corban Ave, Concord

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24<sup>th</sup> day of June, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M. Curtis D. King  
Signature of Certifying Official

656  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Preventive Maintenance**

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 4013  
Test Date: 06/24/2015 Test Time: 3:33pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:34pm |
| FLO  | Pass   | 3:34pm |
| FC   | Pass   | 3:34pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:34pm |
| SRC  | Pass   | 3:34pm |
| DET  | Pass   | 3:34pm |
| BAR  | Pass   | 3:34pm |
| BT   | Pass   | 3:34pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:35pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:35pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:35pm |
| CAL  | Pass   | 3:35pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst



Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625

Test Date: 06/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG418903

Exp Date: 07/08/2016

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:37pm        |
| AIR BLK         | .00        | 3:38pm        |
| ACCY CHK        | .08        | 3:39pm        |
| AIR BLK         | .00        | 3:39pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:40pm</b> |
| AIR BLK         | .00        | 3:41pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:42pm</b> |
| AIR BLK         | .00        | 3:43pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

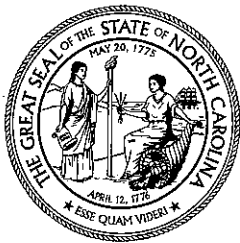
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cleveland Instrument Location Kings Mountain P.D.  
Instrument Serial No. 008900 112 S. Piedmont Ave., Kings Mountain

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25<sup>th</sup> day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



M. J. King  
Signature of Certifying Official

656  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Preventive Maintenance**

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900      Test Record Number: 529  
Test Date: 06/25/2015      Test Time: 3:50pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:51pm |
| FLO  | Pass   | 3:51pm |
| FC   | Pass   | 3:51pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:51pm |
| SRC  | Pass   | 3:51pm |
| DET  | Pass   | 3:51pm |
| BAR  | Pass   | 3:51pm |
| BT   | Pass   | 3:51pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:51pm |

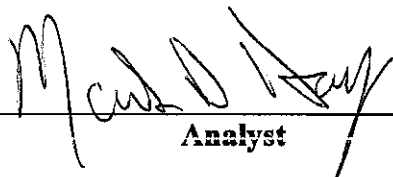
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:51pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:51pm |
| CAL  | Pass   | 3:51pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Subject Test**

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900  
Test Date: 06/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

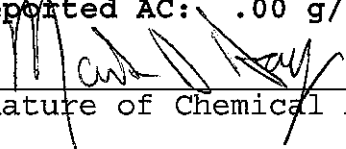
Test Type: Breath Test

Lot Number: AG320602

Exp Date: 07/25/2015

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:54pm        |
| AIR BLK         | .00        | 3:54pm        |
| ACCY CHK        | .08        | 3:55pm        |
| AIR BLK         | .00        | 3:56pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:56pm</b> |
| AIR BLK         | .00        | 3:57pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:59pm</b> |
| AIR BLK         | .00        | 4:00pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Orange Co. Instrument Location Hillborough PD.  
Instrument Serial No. 008799 124 Churston St Hillborough, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18<sup>th</sup> day of JUNE, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]  
Signature of Certifying Official

634  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

**Intox EC/IR-II: Subject Test**

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799  
Test Date: 06/18/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

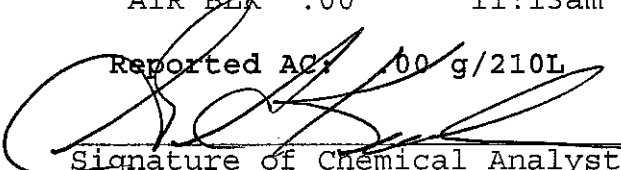
Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective:  
02/01/2014-02/01/2016

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG507902  
Exp Date: 03/20/2017

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:06am        |
| AIR BLK         | .00        | 11:07am        |
| ACCY CHK        | .07        | 11:08am        |
| AIR BLK         | .00        | 11:09am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:09am</b> |
| AIR BLK         | .00        | 11:10am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:12am</b> |
| AIR BLK         | .00        | 11:13am        |

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**

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799      Test Record Number: 1870  
Test Date: 06/18/2015      Test Time: 11:14am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:14am |
| FLO  | Pass   | 11:14am |
| FC   | Pass   | 11:14am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:14am |
| SRC  | Pass   | 11:14am |
| DET  | Pass   | 11:14am |
| BAR  | Pass   | 11:14am |
| BT   | Pass   | 11:14am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:15am |

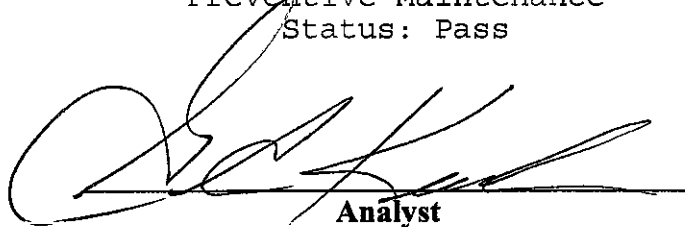
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:15am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:15am |
| CAL  | Pass   | 11:15am |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

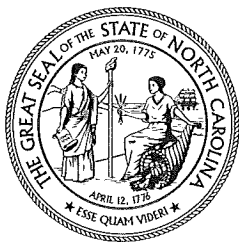
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location CMPD-LEC  
Instrument Serial No. 008691 601 E. Trade St., Charlotte

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17<sup>th</sup> day of June, 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Handwritten Signature]  
Signature of Certifying Official

656  
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.



Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691      Test Record Number: 5485  
Test Date: 06/17/2015      Test Time: 11:22am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:22am |
| FLO  | Pass   | 11:22am |
| FC   | Pass   | 11:23am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:23am |
| SRC  | Pass   | 11:23am |
| DET  | Pass   | 11:23am |
| BAR  | Pass   | 11:23am |
| BT   | Pass   | 11:23am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:23am |

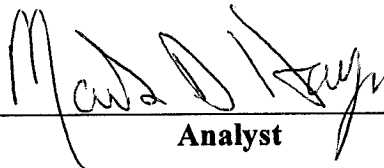
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:23am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:24am |
| CAL  | Pass   | 11:24am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

**Intox EC/IR-II: Subject Test**

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008691  
Test Date: 06/17/2015

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

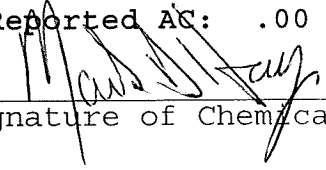
Analyst's Name: HAYS, MARK D  
Permit Number: 15924E  
Effective:  
01/01/2014-01/01/2016

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG434201  
Exp Date: 12/08/2016

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:30am        |
| AIR BLK         | .00        | 11:31am        |
| ACCY CHK        | .08        | 11:31am        |
| AIR BLK         | .00        | 11:32am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:34am</b> |
| AIR BLK         | .00        | 11:35am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:36am</b> |
| AIR BLK         | .00        | 11:37am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst