

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

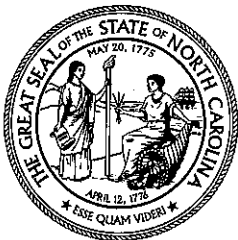
County MONTGOMERY Instrument Location MONTGOMERY Co. Jail

Instrument Serial No. 008863 T204 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 30 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL
610

Serial Number: 008863
Test Date: 04/30/2014

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

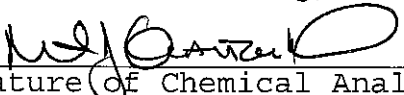
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

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

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:42am |
| AIR BLK | .00 | 9:43am |
| ACCY CHK | .08 | 9:43am |
| AIR BLK | .00 | 9:45am |
| SUB TEST | .00 | 9:45am |
| AIR BLK | .00 | 9:46am |
| SUB TEST | .00 | 9:47am |
| AIR BLK | .00 | 9:48am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008863 Test Record Number: 198
Test Date: 04/30/2014 Test Time: 9:49am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:49am |
| FLO | Pass | 9:49am |
| FC | Pass | 9:50am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:50am |
| SRC | Pass | 9:50am |
| DET | Pass | 9:50am |
| BAR | Pass | 9:50am |
| BT | Pass | 9:50am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:50am |

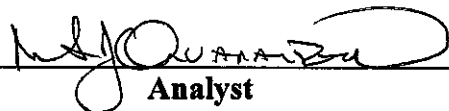
Printer Tests

| 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

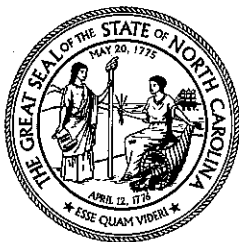
County MONTGOMERY Instrument Location MONTGOMERY CO. JAIL

Instrument Serial No. 008721 TROY 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 30 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL
610

Serial Number: 008721
Test Date: 04/30/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

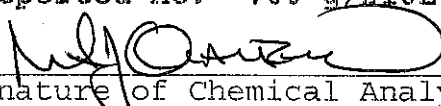
Test Type: Breath Test

Lot Number: AG409709

Exp Date: 04/07/2016

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Record Number: 906
Test Date: 04/30/2014 Test Time: 9:59am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:59am |
| FLO | Pass | 9:59am |
| FC | Pass | 9:59am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 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 | 10:00am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:00am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:00am |
| CAL | Pass | 10:00am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE

Instrument Location EST Mobile Unit #7

Instrument Serial No. 008778

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 17th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stephen C. III
Signature of Certifying Official

636
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Record Number: 1135
Test Date: 04/11/2014 Test Time: 10:03pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

Steph C. Miller

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778
Test Date: 04/11/2014

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

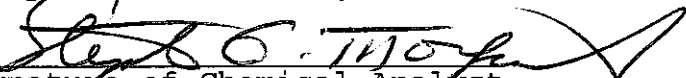
Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG404101
Exp Date: 02/10/2016

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 9:54pm |
| AIR BLK | .00 | 9:55pm |
| ACCY CHK | .07 | 9:56pm |
| AIR BLK | .00 | 9:57pm |
| SUB TEST | .00 | 9:58pm |
| AIR BLK | .00 | 9:58pm |
| SUB TEST | .00 | 10:01pm |
| AIR BLK | .00 | 10:02pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR

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 MOBILICLIT #

Instrument Serial No. 008577

RALIX

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

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

I certify that on the 11th day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577 Test Record Number: 997
Test Date: 04/11/2014 Test Time: 10:11pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:12pm |

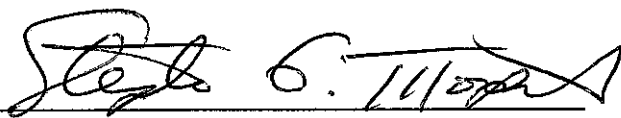
Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577
Test Date: 04/11/2014

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

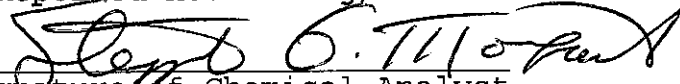
Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG305202
Exp Date: 02/21/2015

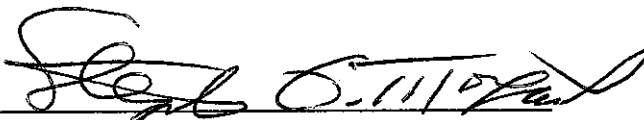
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 9:59pm |
| AIR BLK | .00 | 10:00pm |
| ACCY CHK | .07 | 10:00pm |
| AIR BLK | .00 | 10:01pm |
| SUB TEST | .00 | 10:02pm |
| AIR BLK | .00 | 10:03pm |
| SUB TEST | .00 | 10:05pm |
| AIR BLK | .00 | 10:06pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

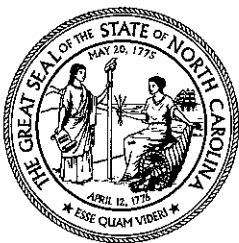
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location BAT MOBILE UNIT #7
Instrument Serial No. 008704 ROLCEBH

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

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

I certify that on the 12th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. Thomas Signature of Certifying Official 67 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: 008704 Test Record Number: 247
Test Date: 04/12/2014 Test Time: 1:12am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:13am |
| FLO | Pass | 1:13am |
| FC | Pass | 1:13am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:13am |
| SRC | Pass | 1:13am |
| DET | Pass | 1:13am |
| BAR | Pass | 1:13am |
| BT | Pass | 1:13am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:14am |

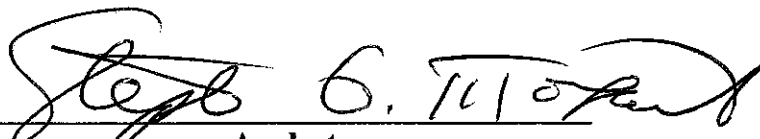
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:14am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:14am |
| CAL | Pass | 1:14am |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704
Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG308002

Exp Date: 03/21/2015

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:02am |
| AIR BLK | .00 | 1:04am |
| ACCY CHK | .08 | 1:04am |
| AIR BLK | .00 | 1:05am |
| SUB TEST | .00 | 1:06am |
| AIR BLK | .00 | 1:07am |
| SUB TEST | .00 | 1:09am |
| AIR BLK | .00 | 1:10am |

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. 008623 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 12th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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: 008623 Test Record Number: 2861
Test Date: 04/12/2014 Test Time: 1:13am EDT
System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:14am |
| FLO | Pass | 1:14am |
| FC | Pass | 1:14am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:14am |
| SRC | Pass | 1:14am |
| DET | Pass | 1:14am |
| BAR | Pass | 1:14am |
| BT | Pass | 1:14am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:15am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:15am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:15am |
| CAL | Pass | 1:15am |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008623

Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

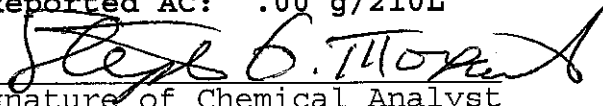
Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:05am |
| AIR BLK | .00 | 1:06am |
| ACCY CHK | .07 | 1:07am |
| AIR BLK | .00 | 1:08am |
| SUB TEST | .00 | 1:08am |
| AIR BLK | .00 | 1:09am |
| SUB TEST | .00 | 1:11am |
| AIR BLK | .00 | 1:12am |

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 Randolph

Instrument Location BST Mobile Unit #7

Instrument Serial No. 008623

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

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

I certify that on the 13th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph B. 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

RANDOLPH COUNTY BAT MOBILE UNIT 7 750
Serial Number: 008623 Test Record Number: 2865
Test Date: 04/13/2014 Test Time: 12:41am EDT
System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:41am |
| FLO | Pass | 12:41am |
| FC | Pass | 12:41am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:42am |

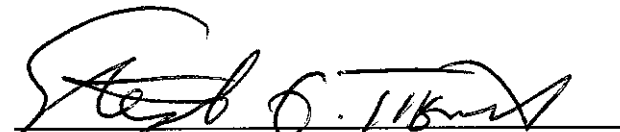
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:42am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:43am |
| CAL | Pass | 12:43am |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008623

Test Date: 04/13/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

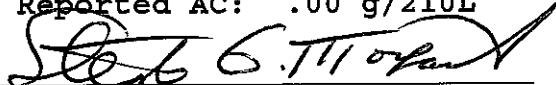
Test Type: Breath Test

Lot Number: AG305202


Exp Date: 02/21/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:28am |
| AIR BLK | .00 | 12:29am |
| ACCY CHK | .07 | 12:30am |
| AIR BLK | .00 | 12:31am |
| SUB TEST | .00 | 12:33am |
| AIR BLK | .00 | 12:34am |
| SUB TEST | .00 | 12:35am |
| AIR BLK | .00 | 12:36am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

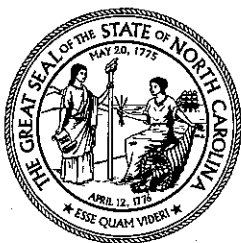
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Randolph Instrument Location BAT MOBILE UNIT #7
Instrument Serial No. 008704

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

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

I certify that on the 12TH day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. Tilgner 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

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008704 Test Record Number: 251
Test Date: 04/12/2014 Test Time: 10:25pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:26pm |
| FLO | Pass | 10:26pm |
| FC | Pass | 10:26pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:26pm |
| SRC | Pass | 10:26pm |
| DET | Pass | 10:26pm |
| BAR | Pass | 10:26pm |
| BT | Pass | 10:26pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:26pm |

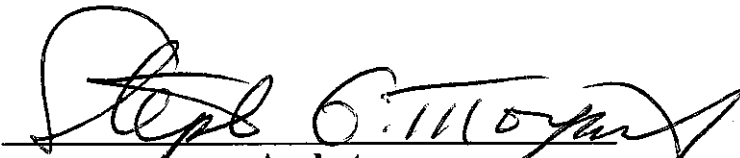
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:27pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:27pm |
| CAL | Pass | 10:27pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008704
Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

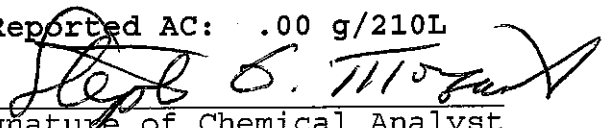
Test Type: Breath Test

Lot Number: AG308002

Exp Date: 03/21/2015

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:14pm |
| AIR BLK | .00 | 10:15pm |
| ACCY CHK | .08 | 10:15pm |
| AIR BLK | .00 | 10:16pm |
| SUB TEST | .00 | 10:17pm |
| AIR BLK | .00 | 10:18pm |
| SUB TEST | .00 | 10:19pm |
| AIR BLK | .00 | 10:20pm |

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

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 #7

Instrument Serial No. 008612

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

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

I certify that on the 12th day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the 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. J. H. [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

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008612 Test Record Number: 1484
Test Date: 04/12/2014 Test Time: 9:50pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:51pm |
| FLO | Pass | 9:51pm |
| FC | Pass | 9:51pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:51pm |
| SRC | Pass | 9:51pm |
| DET | Pass | 9:51pm |
| BAR | Pass | 9:51pm |
| BT | Pass | 9:51pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:52pm |

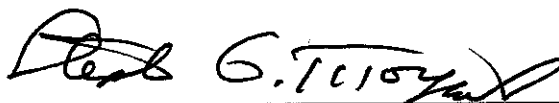
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:52pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:52pm |
| CAL | Pass | 9:52pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008612
Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG303502

Exp Date: 02/04/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:37pm |
| AIR BLK | .00 | 9:38pm |
| ACCY CHK | .07 | 9:38pm |
| AIR BLK | .00 | 9:39pm |
| SUB TEST | .00 | 9:41pm |
| AIR BLK | .00 | 9:42pm |
| SUB TEST | .00 | 9:43pm |
| AIR BLK | .00 | 9:44pm |

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 RANDOLPH

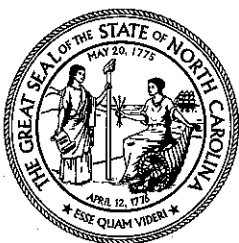
Instrument Location BAT MOBILE UNIT #7

Instrument Serial No. 008778

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

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

I certify that on the 12 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph C. 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

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008778 Test Record Number: 1140
Test Date: 04/12/2014 Test Time: 9:49pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:49pm |
| FLO | Pass | 9:49pm |
| FC | Pass | 9:49pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:49pm |
| SRC | Pass | 9:49pm |
| DET | Pass | 9:49pm |
| BAR | Pass | 9:49pm |
| BT | Pass | 9:49pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:50pm |

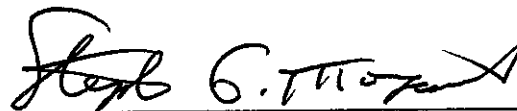
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:50pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:50pm |
| CAL | Pass | 9:50pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008778
Test Date: 04/12/2014

Citation Number: M0000000-0
Subject's Name: PREVENTIVE MAIN,
Subject'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

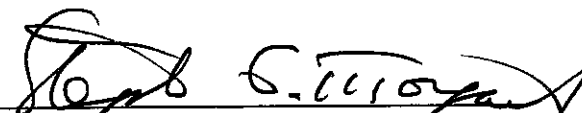
Lot Number: AG404101
Exp Date: 02/10/2016

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:34pm |
| AIR BLK | .00 | 9:35pm |
| ACCY CHK | .07 | 9:35pm |
| AIR BLK | .00 | 9:37pm |
| SUB TEST | .00 | 9:38pm |
| AIR BLK | .00 | 9:39pm |
| SUB TEST | .00 | 9:41pm |
| AIR BLK | .00 | 9:42pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County RANDOLPH

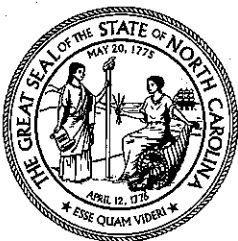
Instrument Location BAT MOBILE UNIT #7

Instrument Serial No. 008577

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

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

I certify that on the 12TH day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. 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

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008577 Test Record Number: 1002
Test Date: 04/12/2014 Test Time: 9:53pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:54pm |
| FLO | Pass | 9:54pm |
| FC | Pass | 9:54pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:54pm |
| SRC | Pass | 9:54pm |
| DET | Pass | 9:54pm |
| BAR | Pass | 9:54pm |
| BT | Pass | 9:54pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:55pm |

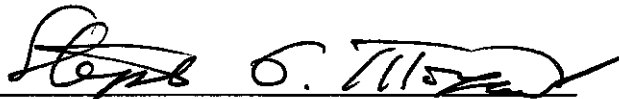
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:55pm |
| CAL | Pass | 9:55pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 7 750

Serial Number: 008577
Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

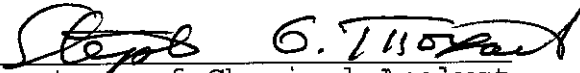
Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:40pm |
| AIR BLK | .00 | 9:41pm |
| ACCY CHK | .07 | 9:41pm |
| AIR BLK | .00 | 9:42pm |
| SUB TEST | .00 | 9:43pm |
| AIR BLK | .00 | 9:44pm |
| SUB TEST | .00 | 9:46pm |
| AIR BLK | .00 | 9:47pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

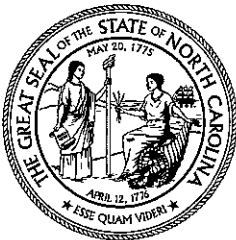
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County WAKE Instrument Location Port Mobile Unit
Instrument Serial No. 008778 COPY

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

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

I certify that on the 4th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Stephen L. Tilton
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Record Number: 1129
Test Date: 04/04/2014 Test Time: 11:20pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:21pm |
| FLO | Pass | 11:21pm |
| FC | Pass | 11:21pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:21pm |
| SRC | Pass | 11:21pm |
| DET | Pass | 11:21pm |
| BAR | Pass | 11:21pm |
| BT | Pass | 11:21pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:21pm |

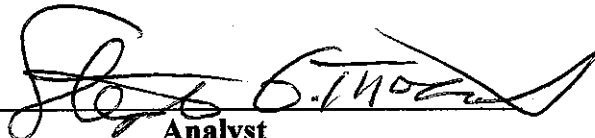
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:22pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:22pm |
| CAL | Pass | 11:22pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778
Test Date: 04/04/2014

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

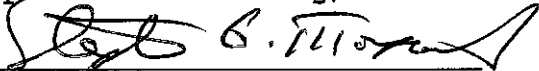
Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG404101
Exp Date: 02/10/2016

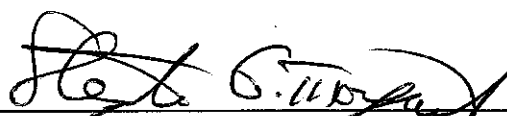
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:03pm |
| AIR BLK | .00 | 11:04pm |
| ACCY CHK | .07 | 11:04pm |
| AIR BLK | .00 | 11:05pm |
| SUB TEST | .00 | 11:06pm |
| AIR BLK | .00 | 11:07pm |
| SUB TEST | .00 | 11:09pm |
| AIR BLK | .00 | 11:10pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

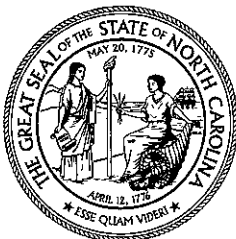
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location BAT MOBILE UNIT #7
Instrument Serial No. 008612 CAM

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

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

I certify that on the 4th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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 S. Tillotson 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: 008612 Test Record Number: 1478
Test Date: 04/04/2014 Test Time: 11:35pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:35pm |
| FLO | Pass | 11:35pm |
| FC | Pass | 11:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:35pm |
| SRC | Pass | 11:35pm |
| DET | Pass | 11:35pm |
| BAR | Pass | 11:35pm |
| BT | Pass | 11:35pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:36pm |


Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:36pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:36pm |
| CAL | Pass | 11:36pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612
Test Date: 04/04/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

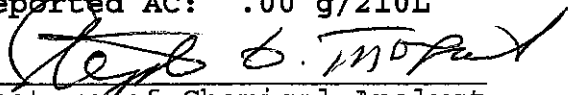
Test Type: Breath Test

Lot Number: AG303502

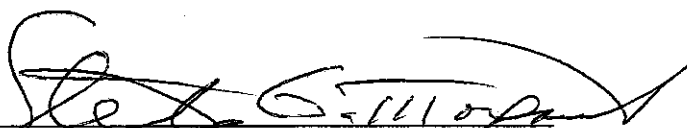
Exp Date: 02/04/2015

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:22pm |
| AIR BLK | .00 | 11:23pm |
| ACCY CHK | .07 | 11:23pm |
| AIR BLK | .00 | 11:24pm |
| SUB TEST | .00 | 11:25pm |
| AIR BLK | .00 | 11:26pm |
| SUB TEST | .00 | 11:27pm |
| AIR BLK | .00 | 11:28pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

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
Instrument Serial No. 008577 COPY

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

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

I certify that on the 4th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. III 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: 008577 Test Record Number: 992
Test Date: 04/04/2014 Test Time: 11:36pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:37pm |
| FLO | Pass | 11:37pm |
| FC | Pass | 11:37pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:37pm |
| SRC | Pass | 11:37pm |
| DET | Pass | 11:37pm |
| BAR | Pass | 11:37pm |
| BT | Pass | 11:37pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:38pm |

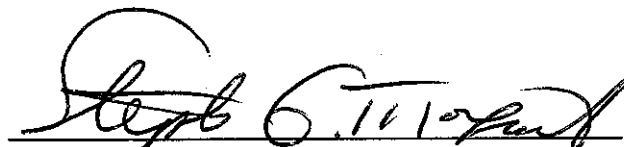
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:38pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:38pm |
| CAL | Pass | 11:38pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577
Test Date: 04/04/2014

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

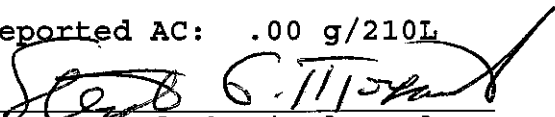
Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG305202
Exp Date: 02/21/2015

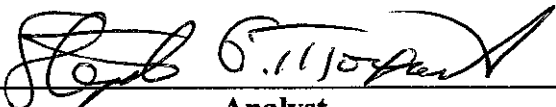
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:23pm |
| AIR BLK | .00 | 11:24pm |
| ACCY CHK | .07 | 11:25pm |
| AIR BLK | .00 | 11:26pm |
| SUB TEST | .00 | 11:27pm |
| AIR BLK | .00 | 11:28pm |
| SUB TEST | .00 | 11:29pm |
| AIR BLK | .00 | 11:30pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

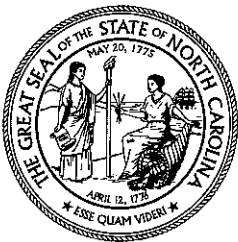
County Carolina Instrument Location BAT mobile Unit 5

Instrument Serial No. 008600 Hockory wa

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chl Vow

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

CATAWBA BAT MOBILE UNIT 5 170

Serial Number: 008600 Test Record Number: 1379
Test Date: 04/05/2014 Test Time: 8:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:58pm |
| FLO | Pass | 8:58pm |
| FC | Pass | 8:58pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:58pm |
| SRC | Pass | 8:58pm |
| DET | Pass | 8:58pm |
| BAR | Pass | 8:58pm |
| BT | Pass | 8:58pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:59pm |

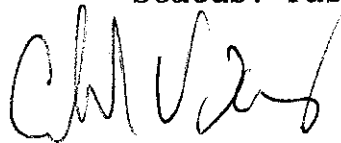
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:59pm |
| CAL | Pass | 8:59pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

CATAWBA BAT MOBILE UNIT 5 170

Serial Number: 008600
Test Date: 04/05/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG322601

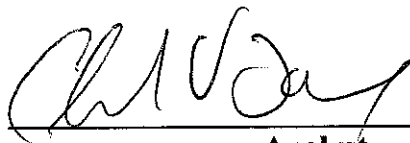
Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:49pm |
| AIR BLK | .00 | 8:51pm |
| ACCY CHK | .07 | 8:51pm |
| AIR BLK | .00 | 8:52pm |
| SUB TEST | .00 | 8:53pm |
| AIR BLK | .00 | 8:54pm |
| SUB TEST | .00 | 8:55pm |
| AIR BLK | .00 | 8:56pm |

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**

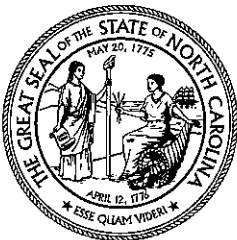
County Catawba Instrument Location BAT Mobile Unit #

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 April, 20 14 the forgoing preventive maintenance procedures were performed on the 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 J. [Signature]

Signature of Certifying Official

658

Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

CATAWBA BAT MOBILE UNIT 5 170

Serial Number: 008788 Test Record Number: 938
Test Date: 04/05/2014 Test Time: 8:56pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:56pm |
| FLO | Pass | 8:56pm |
| FC | Pass | 8:56pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:56pm |
| SRC | Pass | 8:56pm |
| DET | Pass | 8:56pm |
| BAR | Pass | 8:56pm |
| BT | Pass | 8:56pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:57pm |

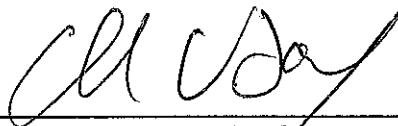
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:57pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:57pm |
| CAL | Pass | 8:57pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

CATAWBA BAT MOBILE UNIT 5 170

Serial Number: 008788

Test Date: 04/05/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG309101

Exp Date: 04/01/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:48pm |
| AIR BLK | .00 | 8:49pm |
| ACCY CHK | .07 | 8:50pm |
| AIR BLK | .00 | 8:51pm |
| SUB TEST | .00 | 8:51pm |
| AIR BLK | .00 | 8:52pm |
| SUB TEST | .00 | 8:54pm |
| AIR BLK | .00 | 8:55pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

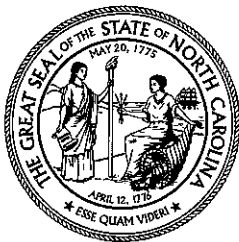
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location But Mobile Unit 5
Instrument Serial No. 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 24 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Cheryl 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: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Record Number: 1088
Test Date: 04/24/2014 Test Time: 5:37pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:38pm |
| FLO | Pass | 5:38pm |
| FC | Pass | 5:38pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:38pm |
| SRC | Pass | 5:38pm |
| DET | Pass | 5:38pm |
| BAR | Pass | 5:38pm |
| BT | Pass | 5:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:39pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:39pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698
Test Date: 04/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG405702

Exp Date: 02/26/2016

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:25pm |
| AIR BLK | .00 | 5:26pm |
| ACCY CHK | .07 | 5:27pm |
| AIR BLK | .00 | 5:28pm |
| SUB TEST | .00 | 5:28pm |
| AIR BLK | .00 | 5:29pm |
| SUB TEST | .00 | 5:31pm |
| AIR BLK | .00 | 5:32pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

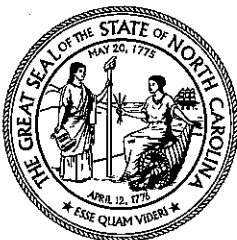
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location B-1 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 24 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ch 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: 008600 Test Record Number: 1405
Test Date: 04/24/2014 Test Time: 6:31pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

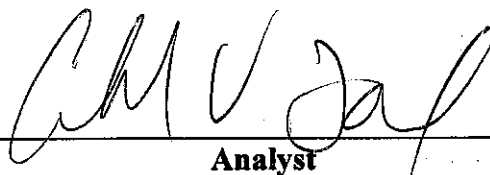
Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600

Test Date: 04/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG322601

Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:22pm |
| AIR BLK | .00 | 6:23pm |
| ACCY CHK | .07 | 6:24pm |
| AIR BLK | .00 | 6:25pm |
| SUB TEST | .00 | 6:26pm |
| AIR BLK | .00 | 6:27pm |
| SUB TEST | .00 | 6:28pm |
| AIR BLK | .00 | 6:29pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

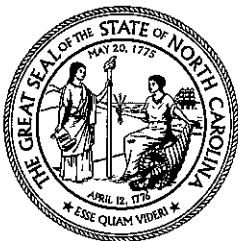
County Mecklenburg Instrument Location But mobile Unit 5

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 24 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Record Number: 950
Test Date: 04/24/2014 Test Time: 5:36pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:36pm |
| FLO | Pass | 5:36pm |
| FC | Pass | 5:36pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:37pm |
| SRC | Pass | 5:37pm |
| DET | Pass | 5:37pm |
| BAR | Pass | 5:37pm |
| BT | Pass | 5:37pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:37pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:37pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:37pm |
| CAL | Pass | 5:37pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788
Test Date: 04/24/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG309101
Exp Date: 04/01/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 5:24pm |
| AIR BLK | .00 | 5:25pm |
| ACCY CHK | .07 | 5:26pm |
| AIR BLK | .00 | 5:27pm |
| SUB TEST | .00 | 5:27pm |
| AIR BLK | .00 | 5:28pm |
| SUB TEST | .00 | 5:29pm |
| AIR BLK | .00 | 5:30pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Vance Instrument Location Bat Mobile Unit 2
Instrument Serial No. 008601 Henderson 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 25 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Jonya 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

VANCE COUNTY BATMOBILE UNIT 2 900

Serial Number: 008601

Test Date: 04/25/2014

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 | 11:04pm |
| AIR BLK | .00 | 11:05pm |
| ACCY CHK | .07 | 11:06pm |
| AIR BLK | .00 | 11:07pm |
| SUB TEST | .00 | 11:07pm |
| AIR BLK | .00 | 11:08pm |
| SUB TEST | .00 | 11:10pm |
| AIR BLK | .00 | 11:11pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY BATMOBILE UNIT 2 900

Serial Number: 008601 Test Record Number: 887
Test Date: 04/25/2014 Test Time: 11:12pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:12pm |
| FLO | Pass | 11:12pm |
| FC | Pass | 11:13pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:13pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:13pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

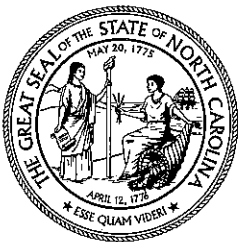
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Watauga Instrument Location Boone PD
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 11 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 04/11/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG404101

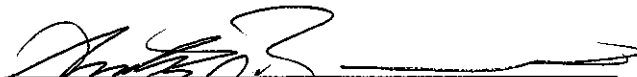
Exp Date: 02/10/2016

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:25pm |
| AIR BLK | .00 | 3:25pm |
| ACCY CHK | .08 | 3:26pm |
| AIR BLK | .00 | 3:27pm |
| SUB TEST | .00 | 3:28pm |
| AIR BLK | .00 | 3:28pm |
| SUB TEST | .00 | 3:30pm |
| AIR BLK | .00 | 3:31pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Record Number: 1559
Test Date: 04/11/2014 Test Time: 3:31pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:32pm |
| FLO | Pass | 3:32pm |
| FC | Pass | 3:32pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:32pm |
| SRC | Pass | 3:32pm |
| DET | Pass | 3:32pm |
| BAR | Pass | 3:32pm |
| BT | Pass | 3:32pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:33pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:33pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:33pm |
| CAL | Pass | 3:33pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

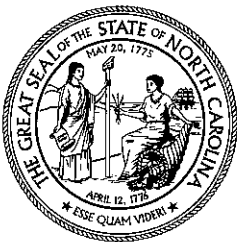
County Caldwell Instrument Location Caldwell Co. Jail

Instrument Serial No. 8719 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 16 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 008719
Test Date: 04/16/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:41pm |
| AIR BLK | .00 | 2:42pm |
| ACCY CHK | .07 | 2:43pm |
| AIR BLK | .00 | 2:44pm |
| SUB TEST | .00 | 2:44pm |
| AIR BLK | .00 | 2:45pm |
| SUB TEST | .00 | 2:47pm |
| AIR BLK | .00 | 2:48pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 1586
Test Date: 04/16/2014 Test Time: 2:49pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:50pm |
| FLO | Pass | 2:50pm |
| FC | Pass | 2:50pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:50pm |
| SRC | Pass | 2:50pm |
| DET | Pass | 2:50pm |
| BAR | Pass | 2:50pm |
| BT | Pass | 2:50pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:51pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:51pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:51pm |
| CAL | Pass | 2:51pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

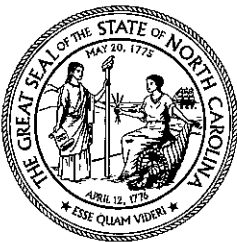
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Caldwell Instrument Location Caldwell Co Jail
Instrument Serial No. 8803 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 16 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 04/16/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2013-06/01/2015

Officer's Name: 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 | 2:42pm |
| AIR BLK | .00 | 2:42pm |
| ACCY CHK | .07 | 2:43pm |
| AIR BLK | .00 | 2:44pm |
| SUB TEST | .00 | 2:45pm |
| AIR BLK | .00 | 2:46pm |
| SUB TEST | .00 | 2:48pm |
| AIR BLK | .00 | 2:49pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 333
Test Date: 04/16/2014 Test Time: 2:50pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:50pm |
| FLO | Pass | 2:50pm |
| FC | Pass | 2:50pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:50pm |
| SRC | Pass | 2:50pm |
| DET | Pass | 2:50pm |
| BAR | Pass | 2:50pm |
| BT | Pass | 2:50pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:51pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:51pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:51pm |
| CAL | Pass | 2:51pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

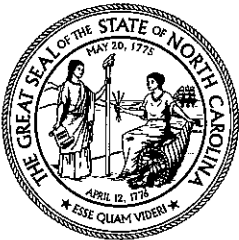
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Duplin Instrument Location Duplin Co.
Instrument Serial No. 008917 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 15 day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. Rhoads
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 DUPLIN COUNTY SD 300

Serial Number: 008917
Test Date: 04/15/2014

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

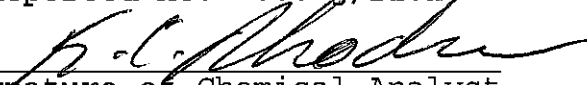
Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG321904
Exp Date: 08/07/2015

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:31am |
| AIR BLK | .00 | 11:31am |
| ACCY CHK | .07 | 11:32am |
| AIR BLK | .00 | 11:33am |
| SUB TEST | .00 | 11:34am |
| AIR BLK | .00 | 11:35am |
| SUB TEST | .00 | 11:36am |
| AIR BLK | .00 | 11:37am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DUPLIN COUNTY DUPLIN COUNTY SD 300

Serial Number: 008917 Test Record Number: 490
Test Date: 04/15/2014 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

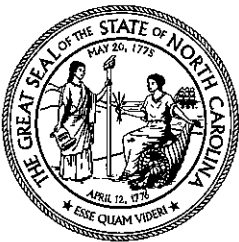
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County 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 9 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 04/09/2014

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

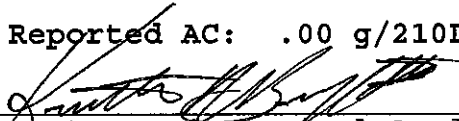
Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
12/01/2012-12/01/2014

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

Lot Number: AG320602
Exp Date: 07/25/2015

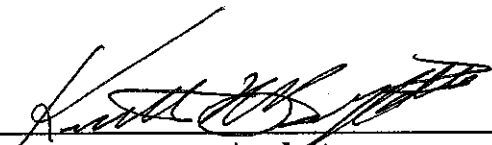
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:17pm |
| AIR BLK | .00 | 12:17pm |
| ACCY CHK | .07 | 12:18pm |
| AIR BLK | .00 | 12:19pm |
| SUB TEST | .00 | 12:20pm |
| AIR BLK | .00 | 12:21pm |
| SUB TEST | .00 | 12:22pm |
| AIR BLK | .00 | 12:23pm |

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: 819
Test Date: 04/09/2014 Test Time: 12:24pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:24pm |
| FLO | Pass | 12:24pm |
| FC | Pass | 12:25pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:25pm |

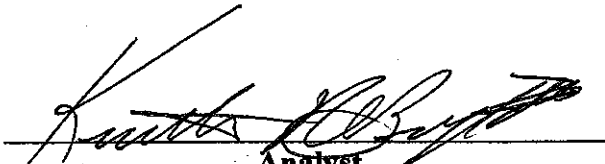
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:25pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Alleghany Instrument Location Alleghany County Jail
Instrument Serial No. 008890 SPARTA, NC

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

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

I certify that on the 9 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 04/09/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

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 | 2:35pm |
| AIR BLK | .00 | 2:35pm |
| ACCY CHK | .07 | 2:36pm |
| AIR BLK | .00 | 2:37pm |
| SUB TEST | .00 | 2:37pm |
| AIR BLK | .00 | 2:38pm |
| SUB TEST | .00 | 2:41pm |
| AIR BLK | .00 | 2:41pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 473
Test Date: 04/09/2014 Test Time: 2:43pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:44pm |

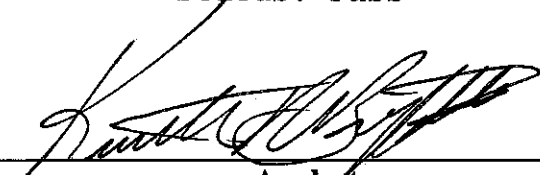
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:44pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

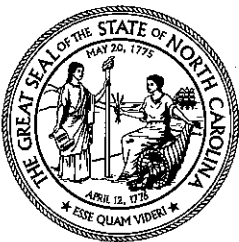
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wilkes Instrument Location Wilkes County Courthouse
Instrument Serial No. 008660 Wilkesboro, 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 April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

657
Certificate Number

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

Intox EC/IR-II: Subject Test

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008660
Test Date: 04/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

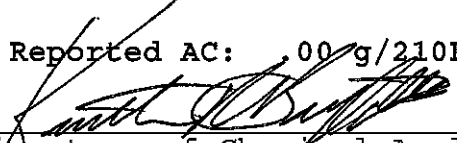
Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:29pm |
| AIR BLK | .00 | 12:30pm |
| ACCY CHK | .08 | 12:30pm |
| AIR BLK | .00 | 12:32pm |
| SUB TEST | .00 | 12:32pm |
| AIR BLK | .00 | 12:33pm |
| SUB TEST | .00 | 12:35pm |
| AIR BLK | .00 | 12:36pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008660 Test Record Number: 3701
Test Date: 04/25/2014 Test Time: 12:37pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:37pm |
| FLO | Pass | 12:37pm |
| FC | Pass | 12:37pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:38pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:38pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

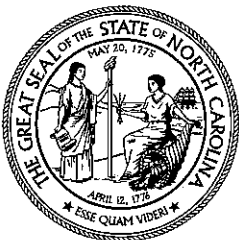
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 16 day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915
Test Date: 04/16/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 | 12:23pm |
| AIR BLK | .00 | 12:24pm |
| ACCY CHK | .07 | 12:24pm |
| AIR BLK | .00 | 12:25pm |
| SUB TEST | .00 | 12:26pm |
| AIR BLK | .00 | 12:27pm |
| SUB TEST | .00 | 12:29pm |
| AIR BLK | .00 | 12:30pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 578
Test Date: 04/16/2014 Test Time: 12:31pm

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:32pm |
| SRC | Pass | 12:32pm |
| DET | Pass | 12:32pm |
| BAR | Pass | 12:32pm |
| BT | Pass | 12:32pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:32pm |

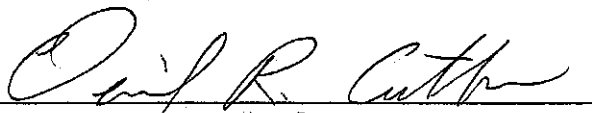
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:32pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

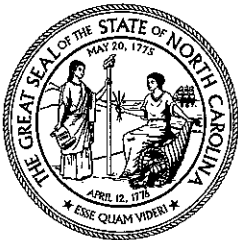
County Swain Instrument Location Swain Co. Jail

Instrument Serial No. 008727 Bryson City, NC

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

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

I certify that on the 16 day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. Guth
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: 04/16/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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

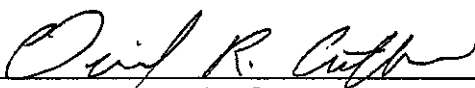
Lot Number: AG300202
Exp Date: 01/02/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:55am |
| AIR BLK | .00 | 10:56am |
| ACCY CHK | .07 | 10:57am |
| AIR BLK | .00 | 10:57am |
| SUB TEST | .00 | 10:58am |
| AIR BLK | .00 | 10:59am |
| SUB TEST | .00 | 11:00am |
| AIR BLK | .00 | 11:01am |

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: 864
Test Date: 04/16/2014 Test Time: 11:02am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:03am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:03am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

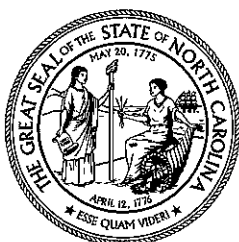
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Swain Instrument Location Swain Co. Jail
Instrument Serial No. 008723 Bryson City, NC

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

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

I certify that on the 16 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Carol 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: 04/16/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

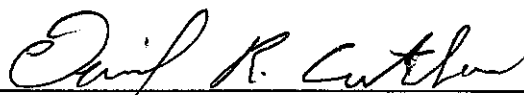
Exp Date: 02/10/2016

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

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: 525
Test Date: 04/16/2014 Test Time: 11:00am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:00am |
| FLO | Pass | 11:00am |
| FC | Pass | 11:01am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:01am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:01am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

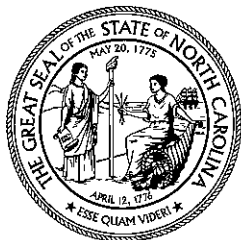
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location Wake Co. Detention Ctr.
Instrument Serial No. 008615 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 25th day of Apr., 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Dale Farley
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615
Test Date: 04/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG323402

Exp Date: 08/22/2015

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:30pm |
| AIR BLK | .00 | 1:31pm |
| ACCY_CHK | .08 | 1:32pm |
| AIR BLK | .00 | 1:33pm |
| SUB TEST | .00 | 1:34pm |
| AIR BLK | .00 | 1:35pm |
| SUB TEST | .00 | 1:37pm |
| AIR BLK | .00 | 1:37pm |

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615 Test Record Number: 4500
Test Date: 04/25/2014 Test Time: 1:39pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:39pm |
| FLO | Pass | 1:39pm |
| FC | Pass | 1:40pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:40pm |
| SRC | Pass | 1:40pm |
| DET | Pass | 1:40pm |
| BAR | Pass | 1:40pm |
| BT | Pass | 1:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:40pm |

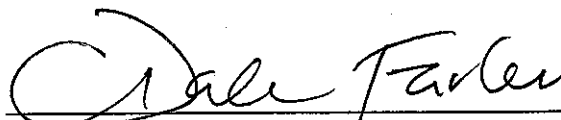
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:40pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:40pm |
| CAL | Pass | 1:40pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

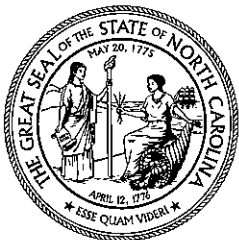
County Wake Instrument Location Wake Co. Detention Ctr.

Instrument Serial No. 008826 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 25th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Dale Farley
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826

Test Date: 04/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

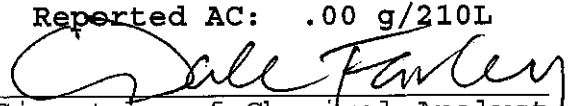
Test Type: Breath Test

Lot Number: AG409709

Exp Date: 04/07/2016

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:04pm |
| AIR BLK | .00 | 12:05pm |
| ACCY CHK | .07 | 12:06pm |
| AIR BLK | .00 | 12:07pm |
| SUB TEST | .00 | 12:09pm |
| AIR BLK | .00 | 12:10pm |
| SUB TEST | .00 | 12:12pm |
| AIR BLK | .00 | 12:13pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826 Test Record Number: 6908

Test Date: 04/25/2014 Test Time: 12:15pm 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 | 12:16pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:16pm |

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 Granville Instrument Location Oxford T.D.

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

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

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

I certify that on the 22nd day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923
Test Date: 04/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

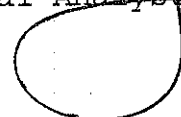
Lot Number: AG405702

Exp Date: 02/26/2016

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:01pm |
| AIR BLK | .00 | 2:02pm |
| ACCY CHK | .08 | 2:02pm |
| AIR BLK | .00 | 2:03pm |
| SUB TEST | .00 | 2:04pm |
| AIR BLK | .00 | 2:05pm |
| SUB TEST | .00 | 2:07pm |
| AIR BLK | .00 | 2:08pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR 


Analyst

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 1075
Test Date: 04/22/2014 Test Time: 2:09pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:09pm |
| FLO | Pass | 2:09pm |
| FC | Pass | 2:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:09pm |
| SRC | Pass | 2:09pm |
| DET | Pass | 2:09pm |
| BAR | Pass | 2:09pm |
| BT | Pass | 2:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:10pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:10pm |
| CAL | Pass | 2:10pm |

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 Pasquotank

Instrument Location Elizabeth City P.D.

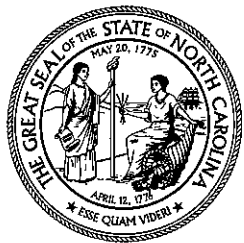
Instrument Serial No. 008950

300 Colonial Ave., Elizabeth 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 9th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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 S. 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

PASQUOTANK COUNTY ELIZABETH CITY PD
690

Serial Number: 008950
Test Date: 04/09/2014

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

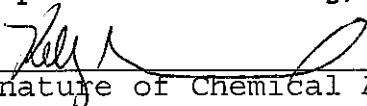
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG309105
Exp Date: 04/01/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:13pm |
| AIR BLK | .00 | 1:14pm |
| ACCY CHK | .08 | 1:14pm |
| AIR BLK | .00 | 1:15pm |
| SUB TEST | .00 | 1:16pm |
| AIR BLK | .00 | 1:17pm |
| SUB TEST | .00 | 1:18pm |
| AIR BLK | .00 | 1:19pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008950 Test Record Number: 1002
Test Date: 04/09/2014 Test Time: 1:20pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

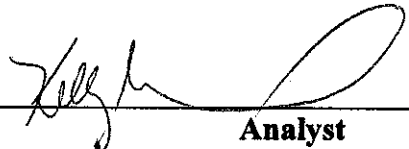
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:22pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

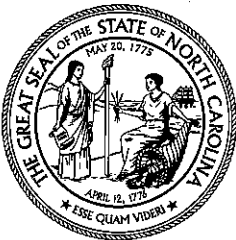
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Dare Instrument Location Dare Co. S.O. - Hatteras
Instrument Serial No. 008807 50346 NCHwy 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 22nd day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807
Test Date: 04/22/2014

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

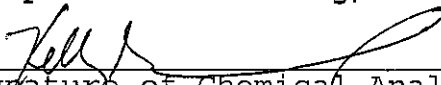
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

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 | 3:01pm |
| AIR BLK | .00 | 3:01pm |
| ACCY CHK | .07 | 3:02pm |
| AIR BLK | .00 | 3:03pm |
| SUB TEST | .00 | 3:03pm |
| AIR BLK | .00 | 3:04pm |
| SUB TEST | .00 | 3:06pm |
| AIR BLK | .00 | 3:07pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 537
Test Date: 04/22/2014 Test Time: 3:08pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:08pm |
| FLO | Pass | 3:08pm |
| FC | Pass | 3:08pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:08pm |
| SRC | Pass | 3:08pm |
| DET | Pass | 3:08pm |
| BAR | Pass | 3:08pm |
| BT | Pass | 3:08pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:09pm |

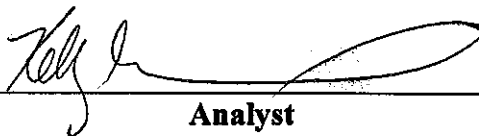
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:09pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:09pm |
| CAL | Pass | 3:09pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

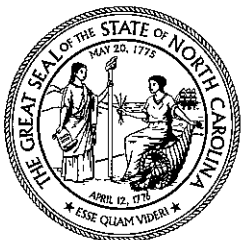
County Martin Instrument Location Martin Co. S.O.

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 16th day of April, 20 14 the forgoing preventive maintenance procedures were performed on the 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 S.
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: 04/16/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

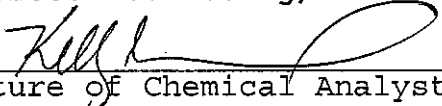
Test Type: Breath Test

Lot Number: AG309105

Exp Date: 04/01/2015


| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:18am |
| AIR BLK | .00 | 11:19am |
| ACCY CHK | .08 | 11:19am |
| AIR BLK | .00 | 11:21am |
| SUB TEST | .00 | 11:21am |
| AIR BLK | .00 | 11:22am |
| SUB TEST | .00 | 11:24am |
| AIR BLK | .00 | 11:25am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 803
Test Date: 04/16/2014 Test Time: 11:26am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:28am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:28am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

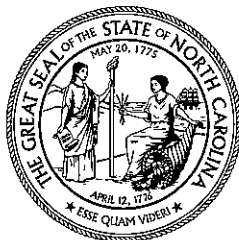
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Hyde Instrument Location Hyde Co. S.O. - Ocracoke
Instrument Serial No. 008797 NC 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 22nd day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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 OCRACOKE 470

Serial Number: 008797
Test Date: 04/22/2014

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

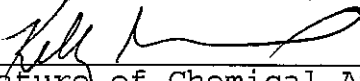
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

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 | 12:38pm |
| AIR BLK | .00 | 12:38pm |
| ACCY CHK | .07 | 12:39pm |
| AIR BLK | .00 | 12:40pm |
| SUB TEST | .00 | 12:41pm |
| AIR BLK | .00 | 12:42pm |
| SUB TEST | .00 | 12:43pm |
| AIR BLK | .00 | 12:44pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 358
Test Date: 04/22/2014 Test Time: 12:46pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:47pm |
| FLO | Pass | 12:47pm |
| FC | Pass | 12:47pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:47pm |
| SRC | Pass | 12:47pm |
| DET | Pass | 12:47pm |
| BAR | Pass | 12:47pm |
| BT | Pass | 12:47pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:47pm |

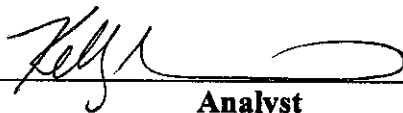
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:47pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:48pm |
| CAL | Pass | 12:48pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

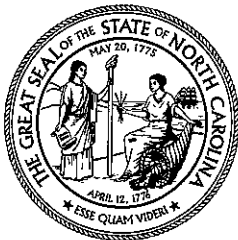
County WAKE Instrument Location KNIGHTDALE P.S.

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 30 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the 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 KNIGHTDALE PS 910

Serial Number: 008838
Test Date: 04/30/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG322601
Exp Date: 08/14/2015

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Record Number: 1030
Test Date: 04/30/2014 Test Time: 11:34am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:35am |

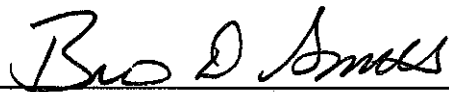
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:35am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

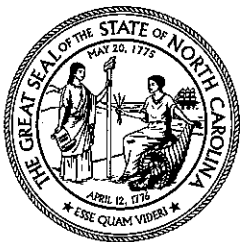
County WAKE Instrument Location WAKE CO DETENTION CTR

Instrument Serial No. 008738 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 13 day of APRIL, 20 14 the forgoing preventive maintenance procedures were performed on the 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: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008738 Test Record Number: 345
Test Date: 04/13/2014 Test Time: 2:38am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:38am |
| FLO | Pass | 2:38am |
| FC | Pass | 2:38am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:39am |
| SRC | Pass | 2:39am |
| DET | Pass | 2:39am |
| BAR | Pass | 2:39am |
| BT | Pass | 2:39am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:39am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:39am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:39am |
| CAL | Pass | 2:39am |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008738
Test Date: 04/13/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG335201
Exp Date: 12/18/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:30am |
| AIR BLK | .00 | 2:30am |
| ACCY CHK | .08 | 2:31am |
| AIR BLK | .00 | 2:32am |
| SUB TEST | .00 | 2:33am |
| AIR BLK | .00 | 2:34am |
| SUB TEST | .00 | 2:35am |
| AIR BLK | .00 | 2:36am |

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 Dare Instrument Location Dare Co. Detention Ctr.
Instrument Serial No. 008783 1044 Driftwood Dr., Manteo, N.C.

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

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

I certify that on the 23rd day of April, 20 14 the forgoing preventive maintenance procedures were performed on the 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 Huse
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 DARE CO DETENTION CE 270

Serial Number: 008783
Test Date: 04/23/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 | 11:53am |
| AIR BLK | .00 | 11:54am |
| ACCY CHK | .08 | 11:54am |
| AIR BLK | .00 | 11:55am |
| SUB TEST | .00 | 11:56am |
| AIR BLK | .00 | 11:57am |
| SUB TEST | .00 | 11:58am |
| AIR BLK | .00 | 11:59am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 448
Test Date: 04/23/2014 Test Time: 12:00pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:01pm |

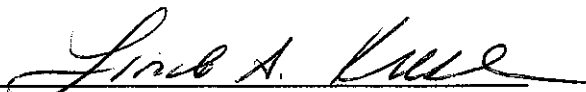
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:01pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

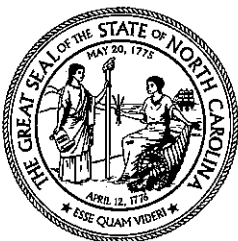
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Dare Instrument Location Dare Co. Detention Ctr.
Instrument Serial No. 008804 1044 Drift Wood Dr., Manteo, N.C.

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

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

I certify that on the 23rd day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Lisa A. Kees
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 DARE CO DETENTION CE 270

Serial Number: 008804
Test Date: 04/23/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

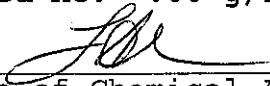
Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:54am |
| AIR BLK | .00 | 11:55am |
| ACCY CHK | .07 | 11:55am |
| AIR BLK | .00 | 11:56am |
| SUB TEST | .00 | 11:57am |
| AIR BLK | .00 | 11:58am |
| SUB TEST | .00 | 12:00pm |
| AIR BLK | .00 | 12:01pm |

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: 1319
Test Date: 04/23/2014 Test Time: 12:05pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

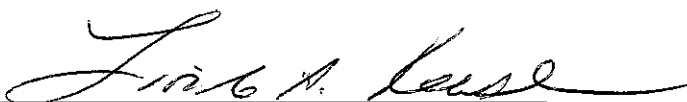
Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAKE

Instrument Location BAT/MOBILE UNIT #7

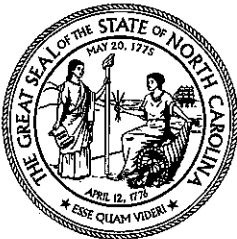
Instrument Serial No. 008612

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 25th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. T. T. T.
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: 008612 Test Record Number: 1488
Test Date: 04/25/2014 Test Time: 11:57pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:58pm |
| FLO | Pass | 11:58pm |
| FC | Pass | 11:58pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:58pm |
| SRC | Pass | 11:58pm |
| DET | Pass | 11:58pm |
| BAR | Pass | 11:58pm |
| BT | Pass | 11:58pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:59pm |

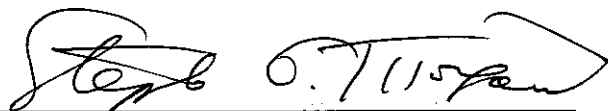
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:59pm |
| CAL | Pass | 11:59pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612
Test Date: 04/25/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG303502
Exp Date: 02/04/2015


| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:40pm |
| AIR BLK | .00 | 11:41pm |
| ACCY CHK | .07 | 11:42pm |
| AIR BLK | .00 | 11:43pm |
| SUB TEST | .00 | 11:43pm |
| AIR BLK | .00 | 11:44pm |
| SUB TEST | .00 | 11:46pm |
| AIR BLK | .00 | 11:47pm |

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

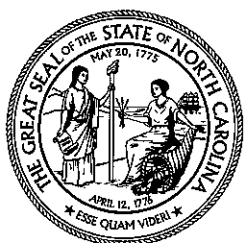
Instrument Serial No. 008577

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 25th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. H. H. H. H.
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: 008577 Test Record Number: 1009
Test Date: 04/25/2014 Test Time: 11:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:58pm |
| FLO | Pass | 11:58pm |
| FC | Pass | 11:59pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:59pm |
| SRC | Pass | 11:59pm |
| DET | Pass | 11:59pm |
| BAR | Pass | 11:59pm |
| BT | Pass | 11:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:59pm |

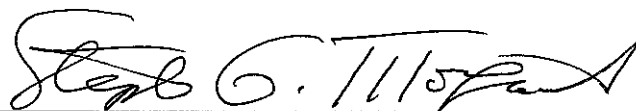
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 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: 008577
Test Date: 04/25/2014

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

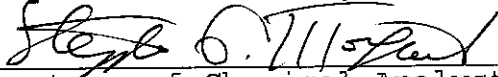
Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
09/01/2013-09/01/2015

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

Lot Number: AG305202
Exp Date: 02/21/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:41pm |
| AIR BLK | .00 | 11:42pm |
| ACCY CHK | .07 | 11:43pm |
| AIR BLK | .00 | 11:44pm |
| SUB TEST | .00 | 11:45pm |
| AIR BLK | .00 | 11:46pm |
| SUB TEST | .00 | 11:48pm |
| 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. 008704

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 26th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

626
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: 008704 Test Record Number: 255
Test Date: 04/26/2014 Test Time: 12:39am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:40am |
| FLO | Pass | 12:40am |
| FC | Pass | 12:40am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:40am |
| SRC | Pass | 12:40am |
| DET | Pass | 12:40am |
| BAR | Pass | 12:40am |
| BT | Pass | 12:40am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:41am |

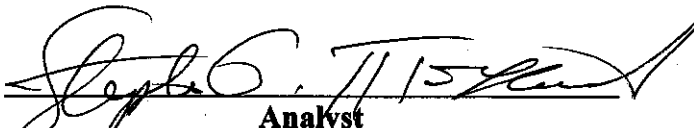
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:41am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:41am |
| CAL | Pass | 12:41am |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704

Test Date: 04/26/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

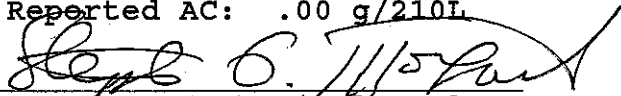
Test Type: Breath Test

Lot Number: AG308002

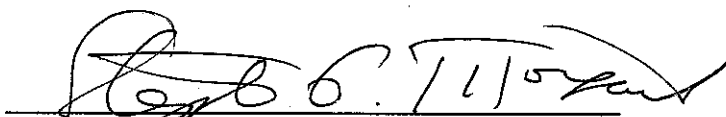
Exp Date: 03/21/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:28am |
| AIR BLK | .00 | 12:29am |
| ACCY CHK | .08 | 12:29am |
| AIR BLK | .00 | 12:30am |
| SUB TEST | .00 | 12:31am |
| AIR BLK | .00 | 12:32am |
| SUB TEST | .00 | 12:36am |
| AIR BLK | .00 | 12:37am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

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

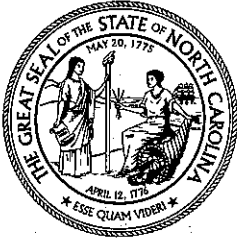
Instrument Serial No. 0081023

Rolena

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

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

I certify that on the 25th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument 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: 008623 Test Record Number: 2869
Test Date: 04/26/2014 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 |

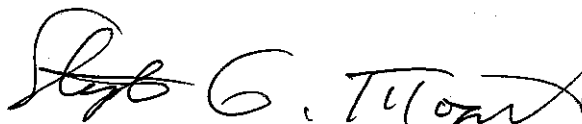
Printer Tests

| 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: 008623

Test Date: 04/26/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

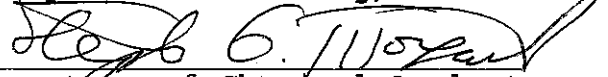
Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

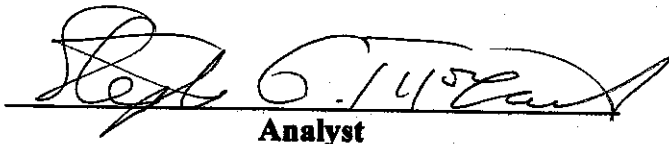
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:11am |
| AIR BLK | .00 | 1:12am |
| ACCY CHK | .07 | 1:13am |
| AIR BLK | .00 | 1:14am |
| SUB TEST | .00 | 1:15am |
| AIR BLK | .00 | 1:16am |
| SUB TEST | .00 | 1:17am |
| AIR BLK | .00 | 1:18am |

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 PORTLANDVILLE 1015th

Instrument Serial No. 008778

Rollison

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

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

I certify that on the 25th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008778 Test Record Number: 1144
Test Date: 04/25/2014 Test Time: 11:55pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:55pm |
| FLO | Pass | 11:55pm |
| FC | Pass | 11:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:55pm |
| SRC | Pass | 11:55pm |
| DET | Pass | 11:55pm |
| BAR | Pass | 11:55pm |
| BT | Pass | 11:55pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:56pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:56pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:56pm |
| CAL | Pass | 11:56pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test Rev. 12/2007
Department of Health and Human Services
WAKE COUNTY BAT MOBILE UNIT Forensic Tests for Alcohol
This form is used when performing Preventive Maintenance procedures

Serial Number: 008778
Test Date: 04/25/2014

Analyst

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

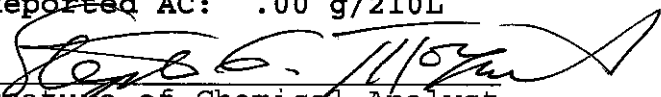
Test Type: Breath Test

Lot Number: AG404101

Exp Date: 02/10/2016

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:38pm |
| AIR BLK | .00 | 11:39pm |
| ACCY CHK | .07 | 11:40pm |
| AIR BLK | .00 | 11:41pm |
| SUB TEST | .00 | 11:42pm |
| AIR BLK | .00 | 11:42pm |
| SUB TEST | .00 | 11:44pm |
| AIR BLK | .00 | 11:45pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County RANDOLPH Instrument Location RANDOLPH Co. Jail

Instrument Serial No. 008899 ASHEBORO NC

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

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

I certify that on the 16 day of APRIL, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

371
Certificate Number

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

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899
Test Date: 04/16/2014

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

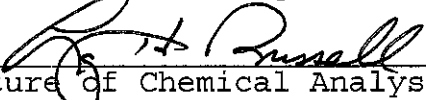
Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG335201
Exp Date: 12/18/2015

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:06pm |
| AIR BLK | .00 | 5:07pm |
| ACCY CHK | .08 | 5:08pm |
| AIR BLK | .00 | 5:08pm |
| SUB TEST | .00 | 5:09pm |
| AIR BLK | .00 | 5:10pm |
| SUB TEST | .00 | 5:12pm |
| AIR BLK | .00 | 5:13pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 1787
Test Date: 04/16/2014 Test Time: 5:14pm 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 | 5:15pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:15pm |

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

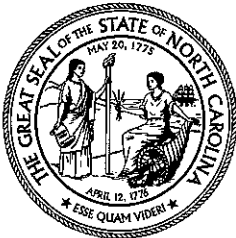
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County RANDOLPH Instrument Location RANDOLPH Co. JAIL
Instrument Serial No. 008860 ASHEBORO NC

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

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

I certify that on the 16 day of APRIL, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

371
Certificate Number

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

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY RANDOLPH COUNTY JAIL
750

Serial Number: 008860
Test Date: 04/16/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG326006
Exp Date: 09/17/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 5:09pm |
| AIR BLK | .00 | 5:10pm |
| ACCY CHK | .08 | 5:10pm |
| AIR BLK | .00 | 5:11pm |
| SUB TEST | .00 | 5:12pm |
| AIR BLK | .00 | 5:13pm |
| SUB TEST | .00 | 5:14pm |
| AIR BLK | .00 | 5:15pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Record Number: 2020
Test Date: 04/16/2014 Test Time: 5:17pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:17pm |
| FLO | Pass | 5:17pm |
| FC | Pass | 5:17pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:17pm |
| SRC | Pass | 5:17pm |
| DET | Pass | 5:17pm |
| BAR | Pass | 5:17pm |
| BT | Pass | 5:17pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:18pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:18pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:18pm |
| CAL | Pass | 5:18pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

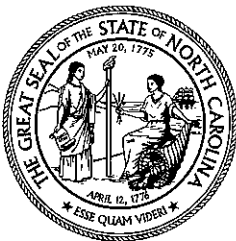
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County CUMBERLAND Instrument Location FT. BRAGG
Instrument Serial No. 008787 P.M.O.

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

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

I certify that on the 24 day of APRIL, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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 CO. FORT BRAGG LEC. 250

Serial Number: 008787

Test Date: 04/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

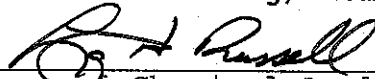
Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: 008787 Test Record Number: 305
Test Date: 04/24/2014 Test Time: 11:44am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:45am |
| FLO | Pass | 11:45am |
| FC | Pass | 11:45am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:45am |
| SRC | Pass | 11:45am |
| DET | Pass | 11:45am |
| BAR | Pass | 11:45am |
| BT | Pass | 11:45am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:46am |

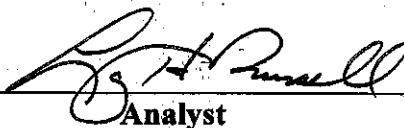
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:46am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:46am |
| CAL | Pass | 11:46am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

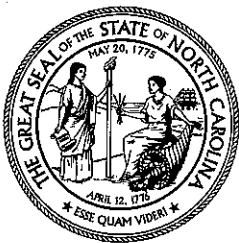
County RANDOLPH Instrument Location RANDLEMAN POLICE DEPT.

Instrument Serial No. 008737 101 HIGHWAY ST, RANDLEMAN NC

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

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

I certify that on the 16 day of APRIL, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. T. Russell
Signature of Certifying Official

371
Certificate Number

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

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Date: 04/16/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

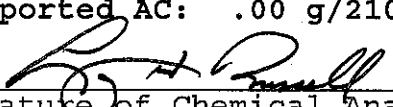
Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 706
Test Date: 04/16/2014 Test Time: 4:13pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:14pm |
| FLO | Pass | 4:14pm |
| FC | Pass | 4:14pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:14pm |
| SRC | Pass | 4:14pm |
| DET | Pass | 4:14pm |
| BAR | Pass | 4:14pm |
| BT | Pass | 4:14pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:14pm |

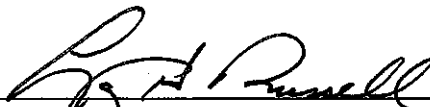
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:14pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:15pm |
| CAL | Pass | 4:15pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

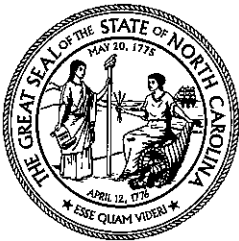
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cabarrus Instrument Location Kannapolis PD
Instrument Serial No. 008589 314 S. Main St, Kannapolis
704-920-4000

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

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

I certify that on the 25th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 2105
Test Date: 04/25/2014 Test Time: 10:02am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:03am |
| FLO | Pass | 10:03am |
| FC | Pass | 10:03am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:03am |
| SRC | Pass | 10:03am |
| DET | Pass | 10:03am |
| BAR | Pass | 10:03am |
| BT | Pass | 10:03am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:04am |

Printer Tests

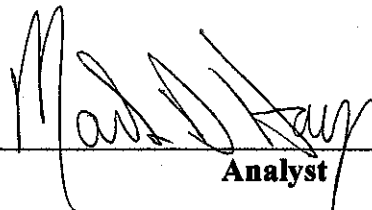
| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:04am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:04am |
| CAL | Pass | 10:04am |

Preventive Maintenance

Status: Pass



Analyst

Intox EC/IR-II: Subject Test

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589
Test Date: 04/25/2014

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

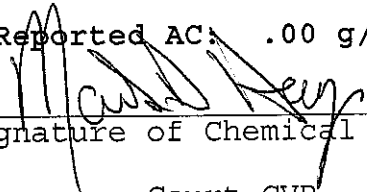
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

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

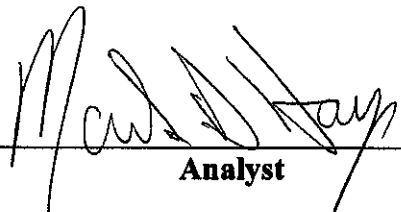
Lot Number: AG320602
Exp Date: 07/25/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:08am |
| AIR BLK | .00 | 10:09am |
| ACCY CHK | .07 | 10:10am |
| AIR BLK | .00 | 10:10am |
| SUB TEST | .00 | 10:11am |
| AIR BLK | .00 | 10:12am |
| SUB TEST | .00 | 10:14am |
| AIR BLK | .00 | 10:15am |

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 Brunswick Co. Instrument Location BAT Mobile Unit #4

Instrument Serial No. 0081717

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

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

I certify that on the 11 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008717
Test Date: 04/11/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

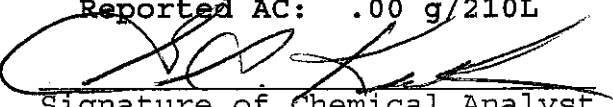
Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:47pm |
| AIR BLK | .00 | 8:48pm |
| ACCY CHK | .07 | 8:49pm |
| AIR BLK | .00 | 8:50pm |
| SUB TEST | .00 | 8:50pm |
| AIR BLK | .00 | 8:51pm |
| SUB TEST | .00 | 8:53pm |
| AIR BLK | .00 | 8:54pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008717 Test Record Number: 419
Test Date: 04/11/2014 Test Time: 8:55pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:55pm |
| FLO | Pass | 8:55pm |
| FC | Pass | 8:55pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:56pm |
| SRC | Pass | 8:56pm |
| DET | Pass | 8:56pm |
| BAR | Pass | 8:56pm |
| BT | Pass | 8:56pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:56pm |

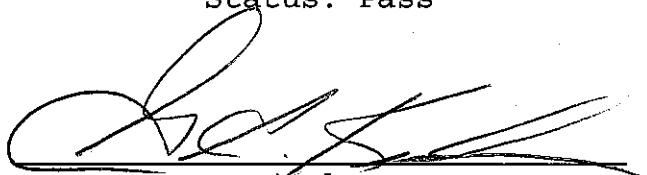
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:56pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:56pm |
| CAL | Pass | 8:56pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

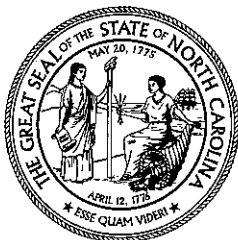
County Brunswick Co. Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008134

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

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

I certify that on the 11 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008734
Test Date: 04/11/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG322601

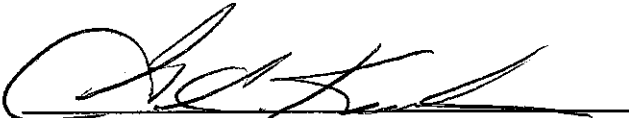
Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:46pm |
| AIR BLK | .00 | 8:47pm |
| ACCY CHK | .08 | 8:47pm |
| AIR BLK | .00 | 8:48pm |
| SUB TEST | .00 | 8:49pm |
| AIR BLK | .00 | 8:50pm |
| SUB TEST | .00 | 8:51pm |
| AIR BLK | .00 | 8:52pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008734 Test Record Number: 816
Test Date: 04/11/2014 Test Time: 8:53pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:53pm |
| FLO | Pass | 8:53pm |
| FC | Pass | 8:53pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:54pm |
| SRC | Pass | 8:54pm |
| DET | Pass | 8:54pm |
| BAR | Pass | 8:54pm |
| BT | Pass | 8:54pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:54pm |

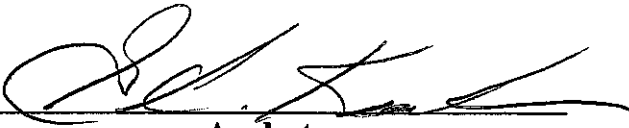
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:54pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:54pm |
| CAL | Pass | 8:54pm |

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 Brunswick Co. Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008819

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

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

I certify that on the 11th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008871
Test Date: 04/11/2014

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

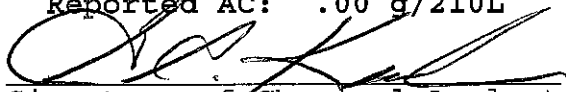
Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

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


Lot Number: AG400603
Exp Date: 01/06/2016

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:44pm |
| AIR BLK | .00 | 8:45pm |
| ACCY CHK | .07 | 8:46pm |
| AIR BLK | .00 | 8:47pm |
| SUB TEST | .00 | 8:48pm |
| AIR BLK | .00 | 8:49pm |
| SUB TEST | .00 | 8:50pm |
| AIR BLK | .00 | 8:51pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008871 Test Record Number: 763
Test Date: 04/11/2014 Test Time: 8:52pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:52pm |
| FLO | Pass | 8:52pm |
| FC | Pass | 8:52pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:52pm |
| SRC | Pass | 8:52pm |
| DET | Pass | 8:52pm |
| BAR | Pass | 8:52pm |
| BT | Pass | 8:52pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:53pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:53pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:53pm |
| CAL | Pass | 8:53pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover

Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008414

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

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

I certify that on the 12th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

NEW HANOVER COUNTY BAT MOBILE UNIT 4
640

Serial Number: 008717
Test Date: 04/12/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG322601
Exp Date: 08/14/2015

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:38pm |
| AIR BLK | .00 | 9:39pm |
| ACCY CHK | .07 | 9:40pm |
| AIR BLK | .00 | 9:40pm |
| SUB TEST | .00 | 9:41pm |
| AIR BLK | .00 | 9:42pm |
| SUB TEST | .00 | 9:44pm |
| AIR BLK | .00 | 9:45pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008717 Test Record Number: 422
Test Date: 04/12/2014 Test Time: 9:46pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:47pm |
| FLO | Pass | 9:47pm |
| FC | Pass | 9:47pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:47pm |
| SRC | Pass | 9:47pm |
| DET | Pass | 9:47pm |
| BAR | Pass | 9:47pm |
| BT | Pass | 9:47pm |

Blank Tests

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

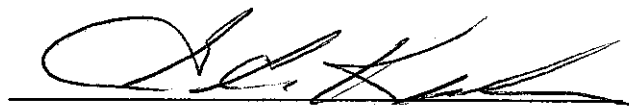
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:48pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:48pm |
| CAL | Pass | 9:48pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover

Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008734

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

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

I certify that on the 12th day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

NEW HANOVER COUNTY BAT MOBILE UNIT 4
640

Serial Number: 008734
Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

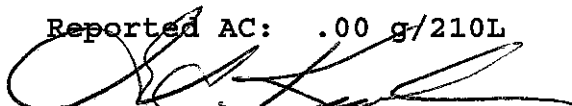
Test Type: Breath Test

Lot Number: AG322601

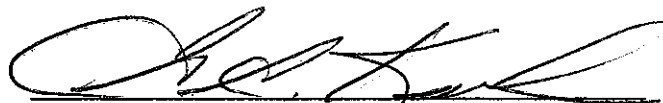
Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:37pm |
| AIR BLK | .00 | 9:38pm |
| ACCY CHK | .07 | 9:39pm |
| AIR BLK | .00 | 9:39pm |
| SUB TEST | .00 | 9:40pm |
| AIR BLK | .00 | 9:41pm |
| SUB TEST | .00 | 9:43pm |
| AIR BLK | .00 | 9:43pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008734 Test Record Number: 819
Test Date: 04/12/2014 Test Time: 9:45pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:45pm |
| FLO | Pass | 9:45pm |
| FC | Pass | 9:45pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:45pm |
| SRC | Pass | 9:45pm |
| DET | Pass | 9:45pm |
| BAR | Pass | 9:45pm |
| BT | Pass | 9:45pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:46pm |


Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:46pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:46pm |
| CAL | Pass | 9:46pm |

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**

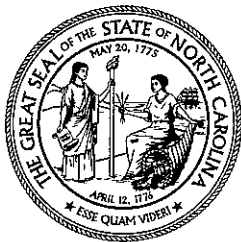
County New Hanover Instrument Location BAI Mobile Unit 4

Instrument Serial No. 002811

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

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

I certify that on the 12 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

NEW HANOVER COUNTY BAT MOBILE UNIT 4
640

Serial Number: 008871
Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

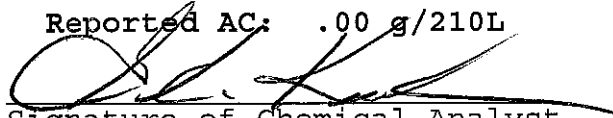
Test Type: Breath Test

Lot Number: AG400603

Exp Date: 01/06/2016

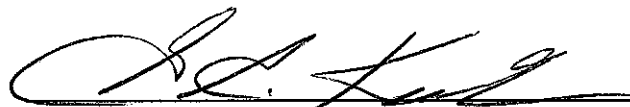
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:36pm |
| AIR BLK | .00 | 9:37pm |
| ACCY CHK | .07 | 9:38pm |
| AIR BLK | .00 | 9:39pm |
| SUB TEST | .00 | 9:39pm |
| AIR BLK | .00 | 9:40pm |
| SUB TEST | .00 | 9:42pm |
| AIR BLK | .00 | 9:43pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008871 Test Record Number: 768
Test Date: 04/12/2014 Test Time: 9:44pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:44pm |
| FLO | Pass | 9:44pm |
| FC | Pass | 9:44pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:44pm |
| SRC | Pass | 9:44pm |
| DET | Pass | 9:44pm |
| BAR | Pass | 9:44pm |
| BT | Pass | 9:44pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:45pm |

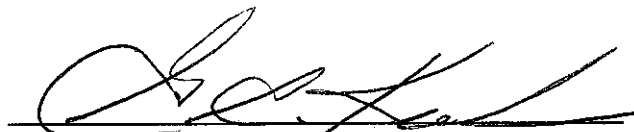
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:45pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:45pm |
| CAL | Pass | 9:45pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Brunswick Co. Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008811

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

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

I certify that on the 25 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008871
Test Date: 04/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: XX

Agency: FTA

Test Type: Breath Test

Lot Number: AG400603

Exp Date: 01/06/2016

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:57pm |
| AIR BLK | .00 | 8:58pm |
| ACCY CHK | .07 | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| SUB TEST | .00 | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| SUB TEST | .00 | 9:03pm |
| AIR BLK | .00 | 9:04pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008871 Test Record Number: 773
Test Date: 04/25/2014 Test Time: 9:04pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:05pm |
| FLO | Pass | 9:05pm |
| FC | Pass | 9:05pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:05pm |
| SRC | Pass | 9:05pm |
| DET | Pass | 9:05pm |
| BAR | Pass | 9:05pm |
| BT | Pass | 9:05pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:06pm |

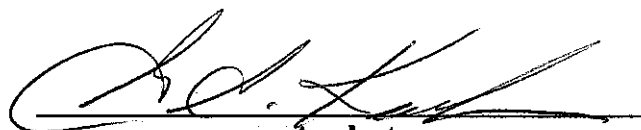
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:06pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:06pm |
| CAL | Pass | 9:06pm |

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 Brunswick Co. Instrument Location BAT Mobile Unit 4
Instrument Serial No. 008134

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

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

I certify that on the 25 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008734
Test Date: 04/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: XX

Agency: FTA

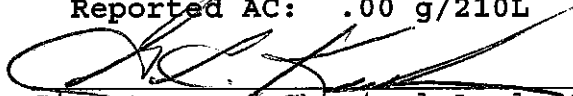
Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:59pm |
| AIR BLK | .00 | 9:00pm |
| ACCY CHK | .07 | 9:01pm |
| AIR BLK | .00 | 9:02pm |
| SUB TEST | .00 | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| SUB TEST | .00 | 9:05pm |
| AIR BLK | .00 | 9:05pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008734 Test Record Number: 822
Test Date: 04/25/2014 Test Time: 9:06pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:06pm |
| FLO | Pass | 9:06pm |
| FC | Pass | 9:06pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:07pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:07pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:07pm |
| CAL | Pass | 9:07pm |

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 Brunswick Co Instrument Location BAT Mobile Unit 4
Instrument Serial No. 008719

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

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

I certify that on the 23 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008717
Test Date: 04/25/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: XX

Agency: FTA

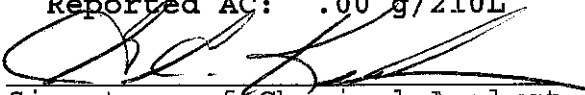
Test Type: Breath Test

Lot Number: AG322601


Exp Date: 08/14/2015

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 4 090

Serial Number: 008717 Test Record Number: 425
Test Date: 04/25/2014 Test Time: 9:09pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:09pm |
| FLO | Pass | 9:09pm |
| FC | Pass | 9:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:09pm |
| SRC | Pass | 9:09pm |
| DET | Pass | 9:09pm |
| BAR | Pass | 9:09pm |
| BT | Pass | 9:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:10pm |

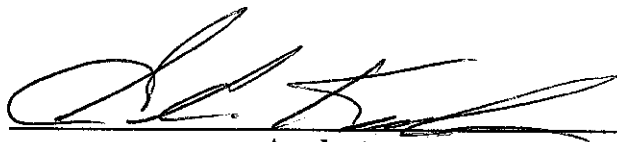
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:10pm |
| CAL | Pass | 9:10pm |

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**

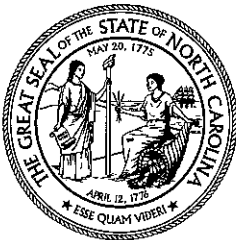
County New Hanover Instrument Location BIT Mobile Unit 4

Instrument Serial No. 008714

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

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

I certify that on the 26 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

NEW HANOVER COUNTY BAT MOBILE UNIT 4
640

Serial Number: 008717
Test Date: 04/26/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: XX

Agency: FTA

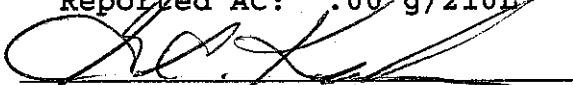
Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:57pm |
| AIR BLK | .00 | 8:58pm |
| ACCY CHK | .07 | 8:58pm |
| AIR BLK | .00 | 8:59pm |
| SUB TEST | .00 | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| SUB TEST | .00 | 9:03pm |
| AIR BLK | .00 | 9:03pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008717 Test Record Number: 427
Test Date: 04/26/2014 Test Time: 9:04pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:05pm |
| FLO | Pass | 9:05pm |
| FC | Pass | 9:05pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:05pm |
| SRC | Pass | 9:05pm |
| DET | Pass | 9:05pm |
| BAR | Pass | 9:05pm |
| BT | Pass | 9:05pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:06pm |

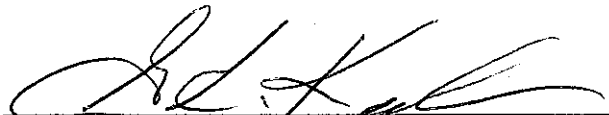
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:06pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:06pm |
| CAL | Pass | 9:06pm |

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 New Hanover

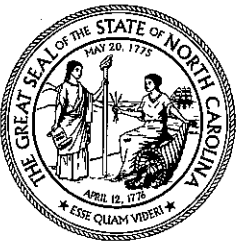
Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008871

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

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

I certify that on the 26 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

NEW HANOVER COUNTY BAT MOBILE UNIT 4
640

Serial Number: 008871
Test Date: 04/26/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: XX

Agency: FTA

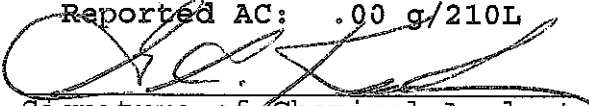
Test Type: Breath Test

Lot Number: AG400603

Exp Date: 01/06/2016

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:53pm |
| AIR BLK | .00 | 8:54pm |
| ACCY CHK | .07 | 8:54pm |
| AIR BLK | .00 | 8:55pm |
| SUB TEST | .00 | 8:56pm |
| AIR BLK | .00 | 8:57pm |
| SUB TEST | .00 | 8:58pm |
| AIR BLK | .00 | 8:59pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008871 Test Record Number: 779
Test Date: 04/26/2014 Test Time: 9:00pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:00pm |
| FLO | Pass | 9:00pm |
| FC | Pass | 9:00pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:00pm |
| SRC | Pass | 9:00pm |
| DET | Pass | 9:00pm |
| BAR | Pass | 9:00pm |
| BT | Pass | 9:00pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:01pm |

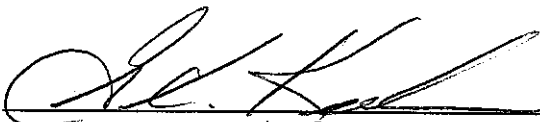
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:01pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:01pm |
| CAL | Pass | 9:01pm |

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**

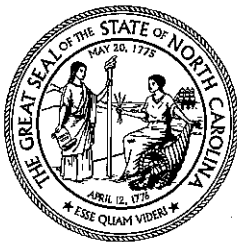
County New Hanover Instrument Location BAI Mobile Unit 4

Instrument Serial No. 008434

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

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

I certify that on the 26 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

NEW HANOVER COUNTY BAT MOBILE UNIT 4
640

Serial Number: 008734
Test Date: 04/26/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: XX
Agency: FTA
Test Type: Breath Test

Lot Number: AG322601
Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:54pm |
| AIR BLK | .00 | 8:55pm |
| ACCY CHK | .07 | 8:56pm |
| AIR BLK | .00 | 8:57pm |
| SUB TEST | .00 | 8:57pm |
| AIR BLK | .00 | 8:58pm |
| SUB TEST | .00 | 9:00pm |
| AIR BLK | .00 | 9:01pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 4 640

Serial Number: 008734 Test Record Number: 826
Test Date: 04/26/2014 Test Time: 9:01pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:02pm |
| FLO | Pass | 9:02pm |
| FC | Pass | 9:02pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:02pm |
| SRC | Pass | 9:02pm |
| DET | Pass | 9:02pm |
| BAR | Pass | 9:02pm |
| BT | Pass | 9:02pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:03pm |

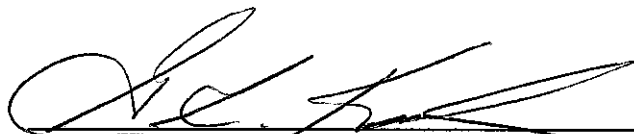
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:03pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:03pm |
| CAL | Pass | 9:03pm |

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 HARNETT

Instrument Location HARNETT CO. DETENTION CTR

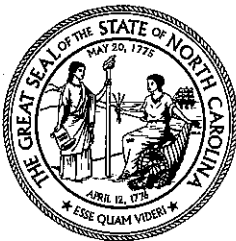
Instrument Serial No. 008729

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 29 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 008729
Test Date: 04/29/2014

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

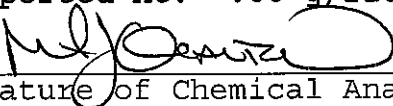
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG300202
Exp Date: 01/02/2015

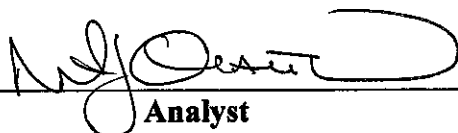
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:49am |
| AIR BLK | .00 | 8:49am |
| ACCY CHK | .08 | 8:50am |
| AIR BLK | .00 | 8:51am |
| SUB TEST | .00 | 8:52am |
| AIR BLK | .00 | 8:52am |
| SUB TEST | .00 | 8:54am |
| AIR BLK | .00 | 8:55am |

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: 1781
Test Date: 04/29/2014 Test Time: 8:56am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:57am |
| FLO | Pass | 8:57am |
| FC | Pass | 8:57am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:57am |
| SRC | Pass | 8:57am |
| DET | Pass | 8:57am |
| BAR | Pass | 8:57am |
| BT | Pass | 8:57am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:57am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:58am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:58am |
| CAL | Pass | 8:58am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

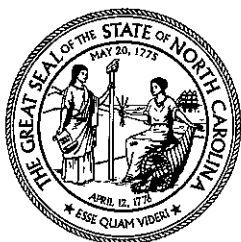
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County CUMBERLAND Instrument Location FT. BRAGG
Instrument Serial No. 008903 P.M.O.

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

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

I certify that on the 24 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903
Test Date: 04/24/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG326006
Exp Date: 09/17/2015

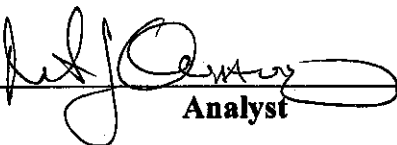
| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:46am |
| AIR BLK | .00 | 11:47am |
| ACCY CHK | .08 | 11:48am |
| AIR BLK | .00 | 11:49am |
| SUB TEST | .00 | 11:50am |
| AIR BLK | .00 | 11:51am |
| SUB TEST | .00 | 11:52am |
| AIR BLK | .00 | 11:53am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 1350
Test Date: 04/24/2014 Test Time: 11:55am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:55am |
| FLO | Pass | 11:55am |
| FC | Pass | 11:55am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:55am |
| SRC | Pass | 11:55am |
| DET | Pass | 11:55am |
| BAR | Pass | 11:55am |
| BT | Pass | 11:55am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:56am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:56am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:56am |
| CAL | Pass | 11:56am |

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 HARNETT Instrument Location HARNETT CO. DETENTION
Instrument Serial No. 008730 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 29 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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: 04/29/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

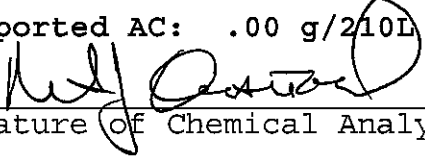
Test Type: Breath Test

Lot Number: AG312802

Exp Date: 05/08/2015

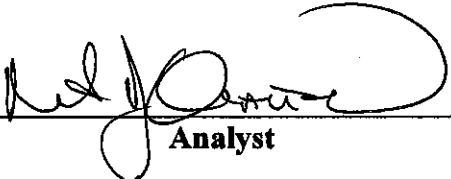
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:54am |
| AIR BLK | .00 | 8:54am |
| ACCY CHK | .07 | 8:55am |
| AIR BLK | .00 | 8:56am |
| SUB TEST | .00 | 8:57am |
| AIR BLK | .00 | 8:57am |
| SUB TEST | .00 | 8:59am |
| AIR BLK | .00 | 9:00am |

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: 1973
Test Date: 04/29/2014 Test Time: 9:02am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:02am |
| FLO | Pass | 9:02am |
| FC | Pass | 9:02am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:02am |
| SRC | Pass | 9:02am |
| DET | Pass | 9:02am |
| BAR | Pass | 9:02am |
| BT | Pass | 9:02am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:03am |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:03am |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:03am |
| CAL | Pass | 9:03am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

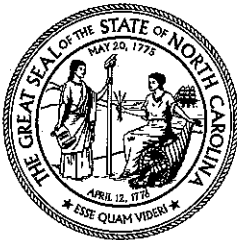
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County JOHNSTON Instrument Location BAT MOBILE UNIT #7
Instrument Serial No. 008778 PRINLETON

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

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

I certify that on the 26th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. 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

JOHNSTON COUNTY BAT MOBILE UNIT 7 500

Serial Number: 008778 Test Record Number: 1149
Test Date: 04/26/2014 Test Time: 10:50pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:51pm |
| FLO | Pass | 10:51pm |
| FC | Pass | 10:51pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:51pm |
| SRC | Pass | 10:51pm |
| DET | Pass | 10:51pm |
| BAR | Pass | 10:51pm |
| BT | Pass | 10:51pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:51pm |

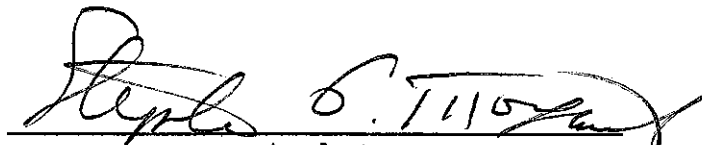
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:51pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:52pm |
| CAL | Pass | 10:52pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

JOHNSTON COUNTY BAT MOBILE UNIT 7 500

Serial Number: 008778

Test Date: 04/26/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

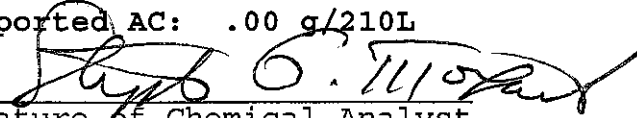
Test Type: Breath Test

Lot Number: AG404101

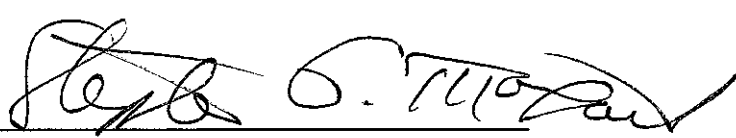
Exp Date: 02/10/2016

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:39pm |
| AIR BLK | .00 | 10:40pm |
| ACCY CHK | .07 | 10:40pm |
| AIR BLK | .00 | 10:42pm |
| SUB TEST | .00 | 10:44pm |
| AIR BLK | .00 | 10:45pm |
| SUB TEST | .00 | 10:47pm |
| AIR BLK | .00 | 10:48pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

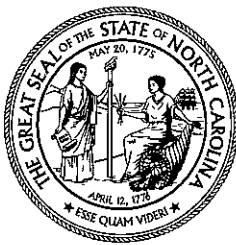
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County ROWAN Instrument Location CHINA GROVE
Instrument Serial No. 008862 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 24 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the 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

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862
Test Date: 04/24/2014

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

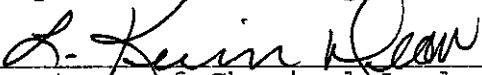
Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG323402
Exp Date: 08/22/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:37pm |
| AIR BLK | .00 | 3:38pm |
| ACCY CHK | .07 | 3:38pm |
| AIR BLK | .00 | 3:40pm |
| SUB TEST | .00 | 3:41pm |
| AIR BLK | .00 | 3:42pm |
| SUB TEST | .00 | 3:43pm |
| AIR BLK | .00 | 3:44pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Record Number: 427
Test Date: 04/24/2014 Test Time: 3:44pm 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 |

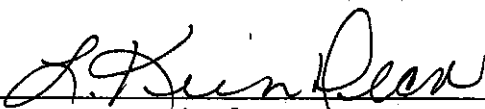
Printer Tests

| 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

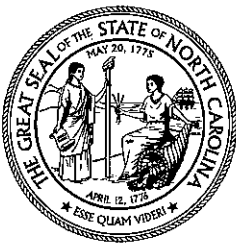
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rowan Instrument Location Salisbury
Instrument Serial No. 008835 Police Department

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

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

I certify that on the 24 day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Date: 04/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

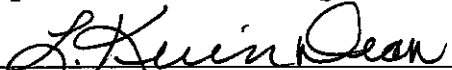
Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:52pm |
| AIR BLK | .00 | 2:53pm |
| ACCY CHK | .08 | 2:53pm |
| AIR BLK | .00 | 2:55pm |
| SUB TEST | .00 | 2:55pm |
| AIR BLK | .00 | 2:56pm |
| SUB TEST | .00 | 2:58pm |
| AIR BLK | .00 | 2:59pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 1383
Test Date: 04/24/2014 Test Time: 3:00pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:00pm |
| FLO | Pass | 3:00pm |
| FC | Pass | 3:00pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:00pm |
| SRC | Pass | 3:00pm |
| DET | Pass | 3:00pm |
| BAR | Pass | 3:00pm |
| BT | Pass | 3:00pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:01pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:01pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:01pm |
| CAL | Pass | 3:01pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

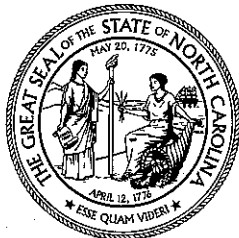
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 24 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the 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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Date: 04/24/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

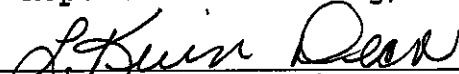
Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

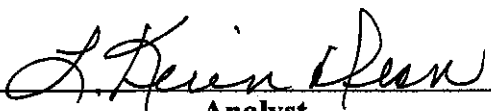
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:47pm |
| AIR BLK | .00 | 2:48pm |
| ACCY CHK | .07 | 2:48pm |
| AIR BLK | .00 | 2:49pm |
| SUB TEST | .00 | 2:50pm |
| AIR BLK | .00 | 2:51pm |
| SUB TEST | .00 | 2:53pm |
| AIR BLK | .00 | 2:53pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 2098
Test Date: 04/24/2014 Test Time: 2:54pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:54pm |
| FLO | Pass | 2:54pm |
| FC | Pass | 2:54pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:55pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:55pm |
| CAL | Pass | 2:55pm |

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**

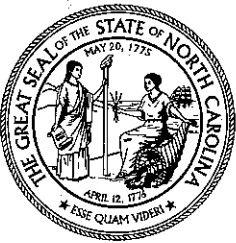
County Guilford Instrument Location High Point Jail

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 24 day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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 Quinn
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655
Test Date: 04/24/2014

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

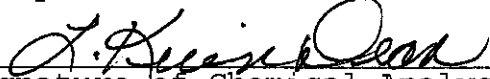
Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG323402
Exp Date: 08/22/2015

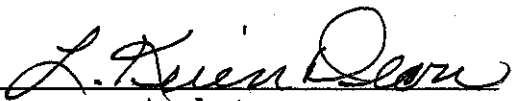
| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:39am |
| AIR BLK | .00 | 11:39am |
| ACCY CHK | .08 | 11:40am |
| AIR BLK | .00 | 11:41am |
| SUB TEST | .00 | 11:42am |
| AIR BLK | .00 | 11:43am |
| SUB TEST | .00 | 11:44am |
| AIR BLK | .00 | 11:45am |

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: 2321
Test Date: 04/24/2014 Test Time: 11:46am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:46am |
| SRC | Pass | 11:46am |
| DET | Pass | 11:46am |
| BAR | Pass | 11:46am |
| BT | Pass | 11:46am |

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

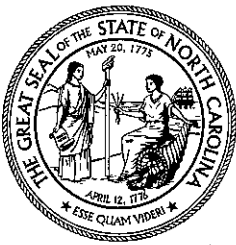
County Guilford Instrument Location High Point Jail

Instrument Serial No. 008828

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

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

I certify that on the 24 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

6422
Certificate Number

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: 008828
Test Date: 04/24/2014

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

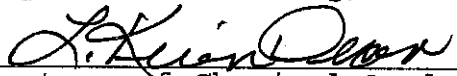
Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG323402
Exp Date: 08/22/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:44am |
| AIR BLK | .00 | 11:44am |
| ACCY CHK | .08 | 11:45am |
| AIR BLK | .00 | 11:46am |
| SUB TEST | .00 | 11:47am |
| AIR BLK | .00 | 11:48am |
| SUB TEST | .00 | 11:49am |
| AIR BLK | .00 | 11:50am |

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: 008828 Test Record Number: 1495
Test Date: 04/24/2014 Test Time: 11:51am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:51am |
| SRC | Pass | 11:51am |
| DET | Pass | 11:51am |
| BAR | Pass | 11:51am |
| BT | Pass | 11:51am |

Blank Tests

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

Printer Tests

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

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:52am |
| CAL | Pass | 11:52am |

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**

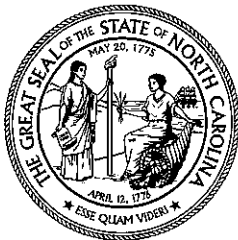
County Guilford Instrument Location Greensboro Jail

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 23 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



A. Kevin Dean
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794
Test Date: 04/23/2014

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

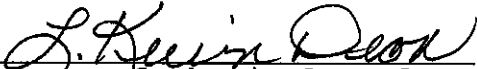
Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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 | 3:12pm |
| AIR BLK | .00 | 3:12pm |
| ACCY CHK | .08 | 3:13pm |
| AIR BLK | .00 | 3:15pm |
| SUB TEST | .00 | 3:15pm |
| AIR BLK | .00 | 3:16pm |
| SUB TEST | .00 | 3:18pm |
| AIR BLK | .00 | 3:19pm |

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: 3333
Test Date: 04/23/2014 Test Time: 3:21pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:21pm |
| FLO | Pass | 3:21pm |
| FC | Pass | 3:22pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:22pm |
| SRC | Pass | 3:22pm |
| DET | Pass | 3:22pm |
| BAR | Pass | 3:22pm |
| BT | Pass | 3:22pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:22pm |

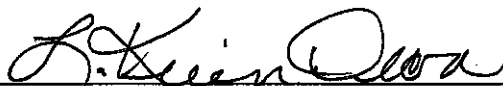
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:22pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:23pm |
| CAL | Pass | 3:23pm |

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 Rockingham Instrument Location Rockingham Court Jail
Instrument Serial No. 008796 Wentworth, N.C.

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

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

I certify that on the 22 day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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 Deora
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL
780

Serial Number: 008796
Test Date: 04/22/2014

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

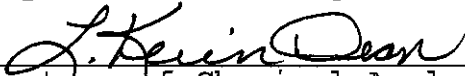
Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG322601
Exp Date: 08/14/2015

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:54pm |
| AIR BLK | .00 | 2:55pm |
| ACCY CHK | .07 | 2:55pm |
| AIR BLK | .00 | 2:56pm |
| SUB TEST | .00 | 2:57pm |
| AIR BLK | .00 | 2:58pm |
| SUB TEST | .00 | 2:59pm |
| AIR BLK | .00 | 3:00pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 1579
Test Date: 04/22/2014 Test Time: 3:01pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:01pm |
| FLO | Pass | 3:01pm |
| FC | Pass | 3:01pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:01pm |
| SRC | Pass | 3:01pm |
| DET | Pass | 3:01pm |
| BAR | Pass | 3:01pm |
| BT | Pass | 3:01pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:02pm |

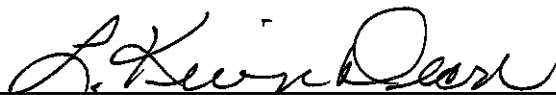
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:02pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:02pm |
| CAL | Pass | 3:02pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

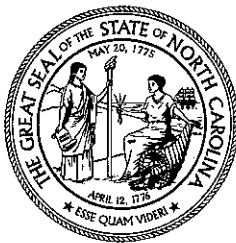
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rockingham Instrument Location Eden
Instrument Serial No. 008636 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 22 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



A. 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

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Date: 04/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

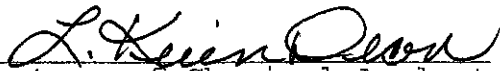
Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:01pm |
| AIR BLK | .00 | 2:01pm |
| ACCY CHK | .07 | 2:02pm |
| AIR BLK | .00 | 2:03pm |
| SUB TEST | .00 | 2:04pm |
| AIR BLK | .00 | 2:05pm |
| SUB TEST | .00 | 2:06pm |
| AIR BLK | .00 | 2:07pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 1406
Test Date: 04/22/2014 Test Time: 2:08pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:09pm |
| FLO | Pass | 2:09pm |
| FC | Pass | 2:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:09pm |
| SRC | Pass | 2:09pm |
| DET | Pass | 2:09pm |
| BAR | Pass | 2:09pm |
| BT | Pass | 2:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:09pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:10pm |
| CAL | Pass | 2:10pm |

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 Reidsville
Instrument Serial No. 008784 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 22 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784
Test Date: 04/22/2014

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

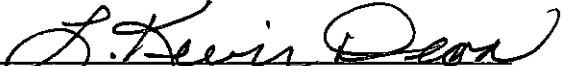
Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG300202
Exp Date: 01/02/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:12pm |
| AIR BLK | .00 | 1:12pm |
| ACCY CHK | .07 | 1:13pm |
| AIR BLK | .00 | 1:14pm |
| SUB TEST | .00 | 1:15pm |
| AIR BLK | .00 | 1:16pm |
| SUB TEST | .00 | 1:17pm |
| AIR BLK | .00 | 1:18pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 775
Test Date: 04/22/2014 Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:19pm |
| FLO | Pass | 1:19pm |
| FC | Pass | 1:20pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:20pm |

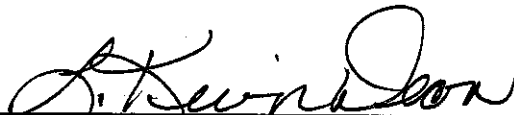
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:20pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

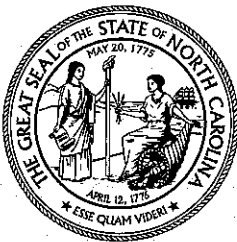
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

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

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

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

I certify that on the 21 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



A. 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 PD 400

Serial Number: 008725
Test Date: 04/21/2014

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

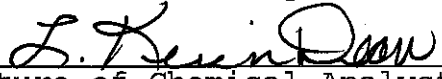
Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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 | 2:51pm |
| AIR BLK | .00 | 2:52pm |
| ACCY CHK | .07 | 2:52pm |
| AIR BLK | .00 | 2:53pm |
| SUB TEST | .00 | 2:54pm |
| AIR BLK | .00 | 2:55pm |
| SUB TEST | .00 | 2:57pm |
| AIR BLK | .00 | 2:57pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 3132
Test Date: 04/21/2014 Test Time: 2:59pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:00pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:00pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Randolph Instrument Location Archaule
Instrument Serial No. 008791 Police Department

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

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

I certify that on the 1st day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791
Test Date: 04/01/2014

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

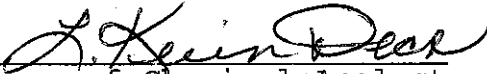
Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG312802
Exp Date: 05/08/2015

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:21pm |
| AIR BLK | .00 | 12:21pm |
| ACCY CHK | .08 | 12:22pm |
| AIR BLK | .00 | 12:23pm |
| SUB TEST | .00 | 12:24pm |
| AIR BLK | .00 | 12:25pm |
| SUB TEST | .00 | 12:26pm |
| AIR BLK | .00 | 12:27pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 905
Test Date: 04/01/2014 Test Time: 12:28pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:28pm |
| FLO | Pass | 12:28pm |
| FC | Pass | 12:28pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:28pm |
| SRC | Pass | 12:28pm |
| DET | Pass | 12:28pm |
| BAR | Pass | 12:28pm |
| BT | Pass | 12:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:29pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:29pm |
| CAL | Pass | 12:29pm |

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**

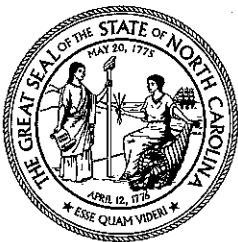
County Warren Instrument Location Warren Co. L.E.C.

Instrument Serial No. 008793 128 Rafter's 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 21st day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793
Test Date: 04/21/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

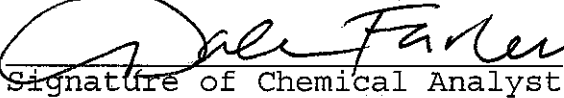
Test Type: Breath Test

Lot Number: AG326006

Exp Date: 09/17/2015

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:53pm |
| AIR BLK | .00 | 1:54pm |
| ACCY CHK | .08 | 1:55pm |
| AIR BLK | .00 | 1:56pm |
| SUB TEST | .00 | 1:57pm |
| AIR BLK | .00 | 1:58pm |
| SUB TEST | .00 | 2:00pm |
| AIR BLK | .00 | 2:01pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 725
Test Date: 04/21/2014 Test Time: 2:02pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:02pm |
| FLO | Pass | 2:02pm |
| FC | Pass | 2:02pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:03pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:03pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:03pm |
| CAL | Pass | 2:03pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

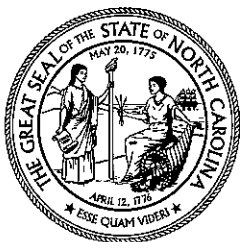
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Warren Instrument Location Norlina P.D.
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 21st day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945

Test Date: 04/21/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS


Test Type: Breath Test

Lot Number: AG300202

Exp Date: 01/02/2015

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR 


Analyst

Intox EC/IR-II: Preventive Maintenance

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Record Number: 272
Test Date: 04/21/2014 Test Time: 11:17am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:17am |
| FLO | Pass | 11:17am |
| FC | Pass | 11:18am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:18am |
| SRC | Pass | 11:18am |
| DET | Pass | 11:18am |
| BAR | Pass | 11:18am |
| BT | Pass | 11:18am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:18am |

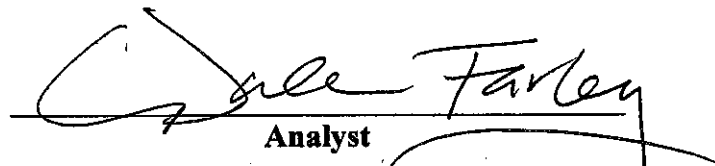
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:18am |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

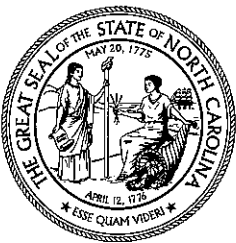
County Wake Instrument Location Wake Co. Detention Center

Instrument Serial No. 008686 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 17th day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Dale Farley
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686
Test Date: 04/17/2014

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



Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

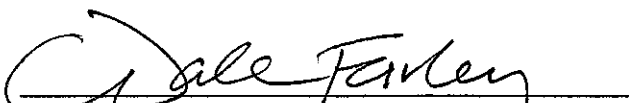
Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG405702
Exp Date: 02/26/2016

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:11pm |
| AIR BLK | .00 | 3:12pm |
| ACCY CHK | .08 | 3:12pm |
| AIR BLK | .00 | 3:14pm |
| SUB TEST | .00 | 3:15pm |
| AIR BLK | .00 | 3:16pm |
| SUB TEST | .00 | 3:17pm |
| AIR BLK | .00 | 3:18pm |

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: 008686 Test Record Number: 5524
Test Date: 04/17/2014 Test Time: 3:19pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:20pm |
| FLO | Pass | 3:20pm |
| FC | Pass | 3:20pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:20pm |
| SRC | Pass | 3:20pm |
| DET | Pass | 3:20pm |
| BAR | Pass | 3:20pm |
| BT | Pass | 3:20pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:21pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:21pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:21pm |
| CAL | Pass | 3:21pm |

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**

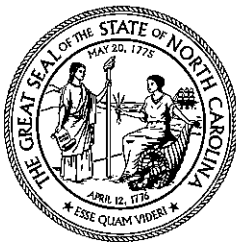
County Wake Instrument Location Wake Co. Detention Center

Instrument Serial No. 008816 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 17th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Dale Farley
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816
Test Date: 04/17/2014

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

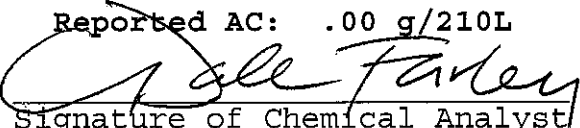
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014


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 | 1:42pm |
| AIR BLK | .00 | 1:43pm |
| ACCY CHK | .08 | 1:44pm |
| AIR BLK | .00 | 1:45pm |
| SUB TEST | .00 | 1:46pm |
| AIR BLK | .00 | 1:47pm |
| SUB TEST | .00 | 1:49pm |
| AIR BLK | .00 | 1:50pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR 


Analyst

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816 Test Record Number: 6198
Test Date: 04/17/2014 Test Time: 1:51pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:51pm |
| FLO | Pass | 1:51pm |
| FC | Pass | 1:52pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:52pm |
| SRC | Pass | 1:52pm |
| DET | Pass | 1:52pm |
| BAR | Pass | 1:52pm |
| BT | Pass | 1:52pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:52pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:52pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:53pm |
| CAL | Pass | 1:53pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

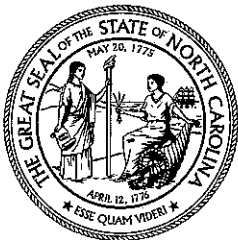
County Franklin Instrument Location Franklinton P.D.

Instrument Serial No. 008815 # 7 West Mason St.
Franklinton, 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 16th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815
Test Date: 04/16/2014

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

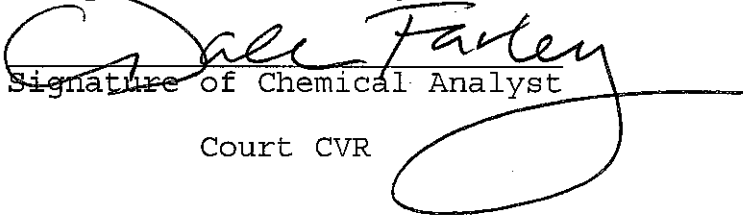
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

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 | 2:30pm |
| AIR BLK | .00 | 2:31pm |
| ACCY CHK | .08 | 2:31pm |
| AIR BLK | .00 | 2:32pm |
| SUB TEST | .00 | 2:33pm |
| AIR BLK | .00 | 2:34pm |
| SUB TEST | .00 | 2:35pm |
| AIR BLK | .00 | 2:36pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst
Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 856
Test Date: 04/16/2014 Test Time: 2:38pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:38pm |
| FLO | Pass | 2:38pm |
| FC | Pass | 2:38pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:38pm |
| SRC | Pass | 2:38pm |
| DET | Pass | 2:38pm |
| BAR | Pass | 2:38pm |
| BT | Pass | 2:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:39pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:39pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:39pm |
| CAL | Pass | 2:39pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

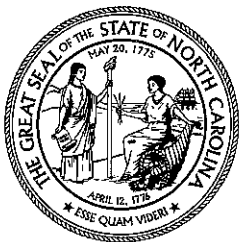
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Franklin Instrument Location Franklin Co. Jail
Instrument Serial No. 008942 285 T. Kemp Rd.
Louisburg, NC

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

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

I certify that on the 16th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942
Test Date: 04/16/2014

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

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014


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 | 12:49pm |
| AIR BLK | .00 | 12:50pm |
| ACCY CHK | .08 | 12:51pm |
| AIR BLK | .00 | 12:52pm |
| SUB TEST | .00 | 12:53pm |
| AIR BLK | .00 | 12:54pm |
| SUB TEST | .00 | 12:55pm |
| AIR BLK | .00 | 12:56pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR 


Analyst

Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 703
Test Date: 04/16/2014 Test Time: 12:59pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:59pm |
| FLO | Pass | 12:59pm |
| FC | Pass | 12:59pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:59pm |
| SRC | Pass | 12:59pm |
| DET | Pass | 12:59pm |
| BAR | Pass | 12:59pm |
| BT | Pass | 12:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:00pm |

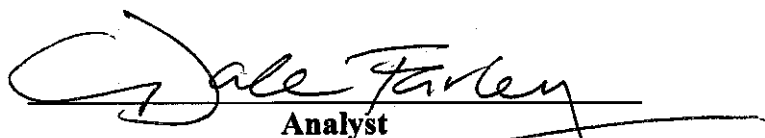
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:00pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:00pm |
| CAL | Pass | 1:00pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

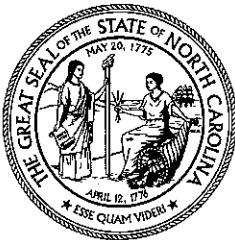
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Franklin Instrument Location Franklin Co. Jail
Instrument Serial No. 008933 285 T. Kemp Rd.
Louisburg, NC

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

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

I certify that on the 16th day of Apr. 1, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Dee Farley
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933
Test Date: 04/16/2014

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

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

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 | 11:48am |
| AIR BLK | .00 | 11:49am |
| ACCY CHK | .08 | 11:50am |
| AIR BLK | .00 | 11:51am |
| SUB TEST | .00 | 11:51am |
| AIR BLK | .00 | 11:52am |
| SUB TEST | .00 | 11:54am |
| AIR BLK | .00 | 11:55am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 617
Test Date: 04/16/2014 Test Time: 11:56am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:57am |
| FLO | Pass | 11:57am |
| FC | Pass | 11:57am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:57am |
| SRC | Pass | 11:57am |
| DET | Pass | 11:57am |
| BAR | Pass | 11:57am |
| BT | Pass | 11:57am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:57am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:57am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:58am |
| CAL | Pass | 11:58am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

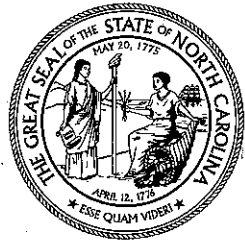
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Orange Instrument Location Hillsborough P.D.
Instrument Serial No. 008799 127 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 14th day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official
655
Certificate Number

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

Intox EC/IR-II: Subject Test

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799
Test Date: 04/14/2014

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


Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

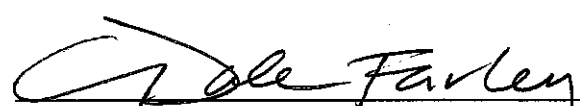
Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG322601
Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 5:16pm |
| AIR BLK | .00 | 5:17pm |
| ACCY CHK | .07 | 5:18pm |
| AIR BLK | .00 | 5:19pm |
| SUB TEST | .00 | 5:20pm |
| AIR BLK | .00 | 5:21pm |
| SUB TEST | .00 | 5:23pm |
| AIR BLK | .00 | 5:23pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst
Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 1632
Test Date: 04/14/2014 Test Time: 5:25pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:25pm |
| FLO | Pass | 5:25pm |
| FC | Pass | 5:25pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:25pm |
| SRC | Pass | 5:25pm |
| DET | Pass | 5:25pm |
| BAR | Pass | 5:25pm |
| BT | Pass | 5:25pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:26pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:26pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:26pm |
| CAL | Pass | 5:26pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

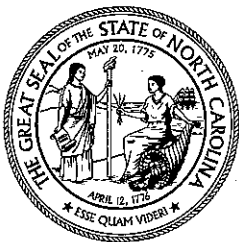
County Orange Instrument Location Chapel Hill P.D.

Instrument Serial No. 008856 828 Martin Luther King Jr. Blvd.
Chapel Hill, 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 14th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856
Test Date: 04/14/2014

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

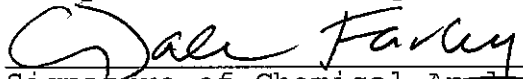
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

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

Lot Number: AG322601
Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:38pm |
| AIR BLK | .00 | 1:39pm |
| ACCY CHK | .08 | 1:40pm |
| AIR BLK | .00 | 1:41pm |
| SUB TEST | .00 | 1:42pm |
| AIR BLK | .00 | 1:43pm |
| SUB TEST | .00 | 1:45pm |
| AIR BLK | .00 | 1:46pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 1359
Test Date: 04/14/2014 Test Time: 2:03pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:05pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:05pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

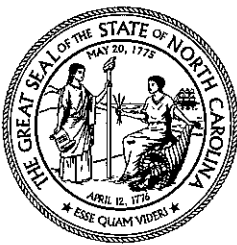
County Orange Instrument Location Chapel Hill P.D.

Instrument Serial No. 008839 828 Martin Luther King, Jr. Blvd.
Chapel Hill 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 14th day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Dale Farley
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839
Test Date: 04/14/2014

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

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

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

Lot Number: AG322601
Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:28pm |
| AIR BLK | .00 | 12:29pm |
| ACCY CHK | .08 | 12:30pm |
| AIR BLK | .00 | 12:31pm |
| SUB TEST | .00 | 12:32pm |
| AIR BLK | .00 | 12:33pm |
| SUB TEST | .00 | 12:35pm |
| AIR BLK | .00 | 12:35pm |

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 CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 1223
Test Date: 04/14/2014 Test Time: 12:38pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:38pm |
| FLO | Pass | 12:38pm |
| FC | Pass | 12:38pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:38pm |
| SRC | Pass | 12:38pm |
| DET | Pass | 12:38pm |
| BAR | Pass | 12:38pm |
| BT | Pass | 12:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:39pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:39pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:39pm |
| CAL | Pass | 12:39pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

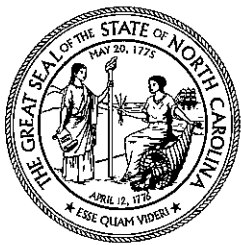
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County NEW HAMOVER Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008707 WILMINGTON, NC

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

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

I certify that on the 11 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

NEW HANOVER BAT MOBILE UNIT 3 640

Serial Number: 008707
Test Date: 04/11/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG309101
Exp Date: 04/01/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER BAT MOBILE UNIT 3 640

Serial Number: 008707 Test Record Number: 1989
Test Date: 04/11/2014 Test Time: 11:29pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:30pm |
| FLO | Pass | 11:30pm |
| FC | Pass | 11:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:30pm |
| SRC | Pass | 11:30pm |
| DET | Pass | 11:30pm |
| BAR | Pass | 11:30pm |
| BT | Pass | 11:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:30pm |

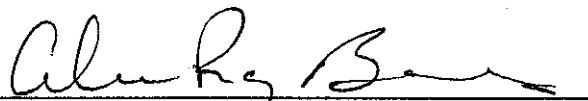
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:30pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:31pm |
| CAL | Pass | 11:31pm |

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 NEW HANOVER Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008647 WILMINGTON, NC

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

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

I certify that on the 11 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Bena
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

NEW HANOVER BAT MOBILE UNIT 3 640

Serial Number: 008647

Test Date: 04/11/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

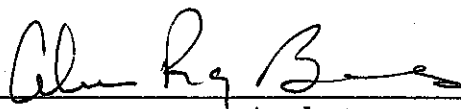
Exp Date: 07/25/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER BAT MOBILE UNIT 3 640

Serial Number: 008647 Test Record Number: 1926
Test Date: 04/11/2014 Test Time: 11:13pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:14pm |

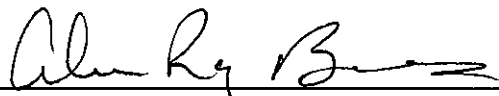
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:14pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

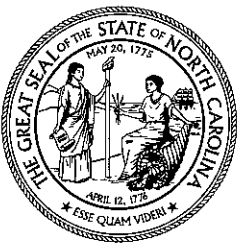
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County NEW HANOVER Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008616 WILMINGTON, NC

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

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

I certify that on the 11 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the 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. Jones
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

NEW HANOVER BAT MOBILE UNIT 3 640

Serial Number: 008616
Test Date: 04/11/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

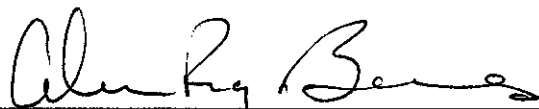
Exp Date: 07/25/2015

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NEW HANOVER BAT MOBILE UNIT 3 640

Serial Number: 008616 Test Record Number: 1899
Test Date: 04/11/2014 Test Time: 11:14pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:14pm |
| FLO | Pass | 11:14pm |
| FC | Pass | 11:15pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:15pm |
| SRC | Pass | 11:15pm |
| DET | Pass | 11:15pm |
| BAR | Pass | 11:15pm |
| BT | Pass | 11:15pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:15pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:15pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:16pm |
| CAL | Pass | 11:16pm |

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**

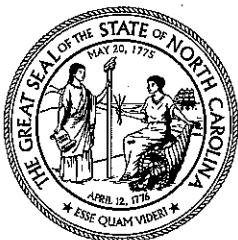
County DARE Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008616 KITTY HAWK, ALC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 APRIL, 2014 the forgoing preventive maintenance procedures were performed on the 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 By 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

DARE COUNTY BAT MOBILE UNIT 3 270

Serial Number: 008616
Test Date: 04/05/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 | 10:04pm |
| AIR BLK | .00 | 10:05pm |
| ACCY CHK | .08 | 10:05pm |
| AIR BLK | .00 | 10:06pm |
| SUB TEST | .00 | 10:07pm |
| AIR BLK | .00 | 10:08pm |
| SUB TEST | .00 | 10:09pm |
| AIR BLK | .00 | 10:10pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 3 270

Serial Number: 008616 Test Record Number: 1896
Test Date: 04/05/2014 Test Time: 10:11pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:11pm |
| FLO | Pass | 10:11pm |
| 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 | 10:12pm |

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DARE Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008647 KITTY HAWK, 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 5 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alvin Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 3 270

Serial Number: 008647
Test Date: 04/05/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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 | 11:01pm |
| AIR BLK | .00 | 11:02pm |
| ACCY CHK | .08 | 11:03pm |
| AIR BLK | .00 | 11:04pm |
| SUB TEST | .00 | 11:04pm |
| AIR BLK | .00 | 11:05pm |
| SUB TEST | .00 | 11:07pm |
| AIR BLK | .00 | 11:08pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 3 270

Serial Number: 008647 Test Record Number: 1922
Test Date: 04/05/2014 Test Time: 11:08pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:09pm |
| FLO | Pass | 11:09pm |
| FC | Pass | 11:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:09pm |
| SRC | Pass | 11:09pm |
| DET | Pass | 11:09pm |
| BAR | Pass | 11:09pm |
| BT | Pass | 11:09pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:09pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:10pm |
| CAL | Pass | 11:10pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

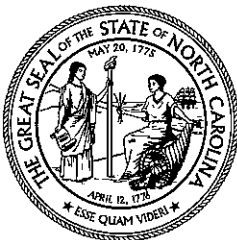
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County DARE Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008707 KITTY HAWK, 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 5 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the 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. Barnes
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 3 270

Serial Number: 008707

Test Date: 04/05/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG308002

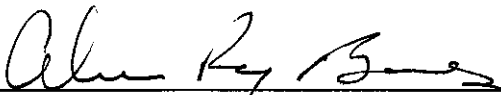
Exp Date: 03/21/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:02pm |
| AIR BLK | .00 | 11:03pm |
| ACCY CHK | .08 | 11:04pm |
| AIR BLK | .00 | 11:05pm |
| SUB TEST | .00 | 11:05pm |
| AIR BLK | .00 | 11:06pm |
| SUB TEST | .00 | 11:08pm |
| AIR BLK | .00 | 11:09pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 3 270

Serial Number: 008707 Test Record Number: 1984
Test Date: 04/05/2014 Test Time: 11:10pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

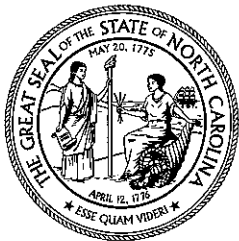
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County PASQUOTANK Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008707 ELIZABETH 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 19 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the 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

PASQUOTANK COUNTY BAT MOBILE UNIT 3
690

Serial Number: 008707
Test Date: 04/19/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG309101
Exp Date: 04/01/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:08pm |
| AIR BLK | .00 | 8:09pm |
| ACCY CHK | .08 | 8:10pm |
| AIR BLK | .00 | 8:11pm |
| SUB TEST | .00 | 8:11pm |
| AIR BLK | .00 | 8:12pm |
| SUB TEST | .00 | 8:14pm |
| AIR BLK | .00 | 8:15pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PASQUOTANK COUNTY BAT MOBILE UNIT 3 690

Serial Number: 008707 Test Record Number: 1992
Test Date: 04/19/2014 Test Time: 8:16pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:18pm |

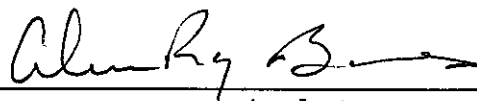
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:18pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County PASQUOTANK

Instrument Location BAT MOBILE UNIT 3

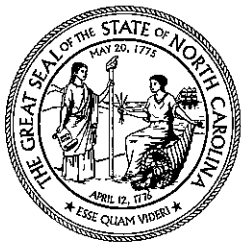
Instrument Serial No. 008647

ELIZABETH 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 19 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the 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. Beins

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

PASQUOTANK COUNTY BAT MOBILE UNIT 3
690

Serial Number: 008647
Test Date: 04/19/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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

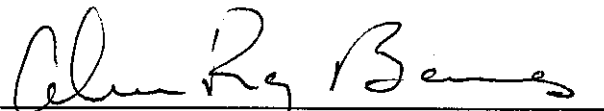
Lot Number: AG320602
Exp Date: 07/25/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:23pm |
| AIR BLK | .00 | 8:24pm |
| ACCY CHK | .08 | 8:24pm |
| AIR BLK | .00 | 8:25pm |
| SUB TEST | .00 | 8:26pm |
| AIR BLK | .00 | 8:27pm |
| SUB TEST | .00 | 8:28pm |
| AIR BLK | .00 | 8:29pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PASQUOTANK COUNTY BAT MOBILE UNIT 3 690

Serial Number: 008647 Test Record Number: 1931
Test Date: 04/19/2014 Test Time: 8:31pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:32pm |
| FLO | Pass | 8:32pm |
| FC | Pass | 8:32pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:32pm |
| SRC | Pass | 8:32pm |
| DET | Pass | 8:32pm |
| BAR | Pass | 8:32pm |
| BT | Pass | 8:32pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:33pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:33pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:33pm |
| CAL | Pass | 8:33pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

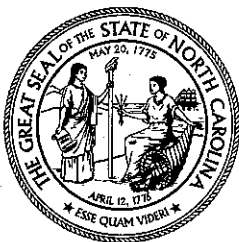
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County MOORE Instrument Location ROBBINS P.D.
Instrument Serial No. 008728 ROBBINS, N.C.

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

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

I certify that on the 22 day of APRIL, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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 ROBBINS PD 620

Serial Number: 008728

Test Date: 04/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

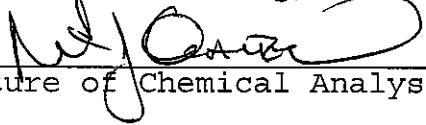
Test Type: Breath Test

Lot Number: AG309101

Exp Date: 04/01/2015

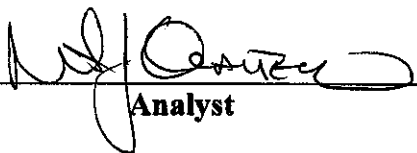
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:02pm |
| AIR BLK | .00 | 2:03pm |
| ACCY CHK | .08 | 2:04pm |
| AIR BLK | .00 | 2:04pm |
| SUB TEST | .00 | 2:05pm |
| AIR BLK | .00 | 2:06pm |
| SUB TEST | .00 | 2:08pm |
| AIR BLK | .00 | 2:09pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Record Number: 244
Test Date: 04/22/2014 Test Time: 2:09pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:10pm |
| FLO | Pass | 2:10pm |
| FC | Pass | 2:10pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:10pm |
| SRC | Pass | 2:10pm |
| DET | Pass | 2:10pm |
| BAR | Pass | 2:10pm |
| BT | Pass | 2:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:11pm |

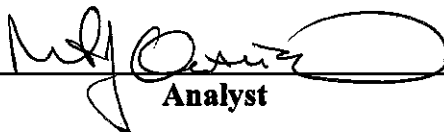
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:11pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:11pm |
| CAL | Pass | 2:11pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

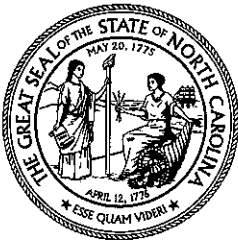
County LEE Instrument Location SANFORD POLICE DEPT.

Instrument Serial No. 008867 SANFORD 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 APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867
Test Date: 04/17/2014

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

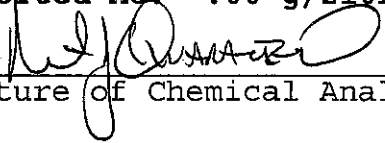
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

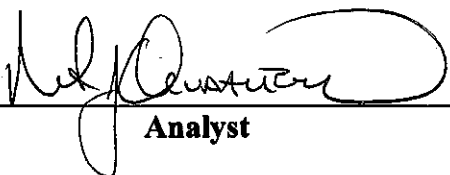
Lot Number: AG320602
Exp Date: 07/25/2015

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

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: 761
Test Date: 04/17/2014 Test Time: 11:12am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:12am |
| FLO | Pass | 11:12am |
| FC | Pass | 11:12am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:12am |
| SRC | Pass | 11:12am |
| DET | Pass | 11:12am |
| BAR | Pass | 11:12am |
| BT | Pass | 11:12am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:13am |

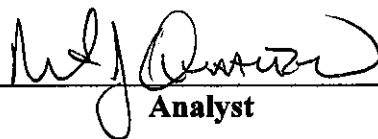
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:13am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:13am |
| CAL | Pass | 11:13am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

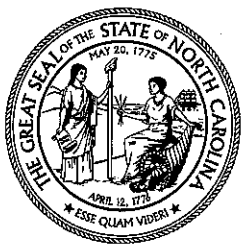
County CHATHAM Instrument Location SILER CITY P.D.

Instrument Serial No. 008811 SILER 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 17 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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 SILER CITY PD. 180

Serial Number: 008811
Test Date: 04/17/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG312802

Exp Date: 05/08/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:33pm |
| AIR BLK | .00 | 12:34pm |
| ACCY CHK | .07 | 12:35pm |
| AIR BLK | .00 | 12:36pm |
| SUB TEST | .00 | 12:37pm |
| AIR BLK | .00 | 12:38pm |
| SUB TEST | .00 | 12:39pm |
| AIR BLK | .00 | 12:40pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Record Number: 1064
Test Date: 04/17/2014 Test Time: 12:41pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:41pm |
| FLO | Pass | 12:41pm |
| FC | Pass | 12:41pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:41pm |
| SRC | Pass | 12:41pm |
| DET | Pass | 12:41pm |
| BAR | Pass | 12:41pm |
| BT | Pass | 12:41pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:42pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:42pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

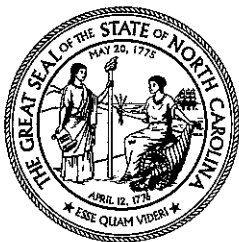
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County HOKE Instrument Location HOKE CO. DETENTION CTR
Instrument Serial No. 008855 RAEFORD 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 21 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ned J. [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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855
Test Date: 04/21/2014

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

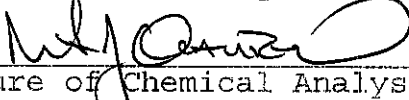
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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


Lot Number: AG335201
Exp Date: 12/18/2015

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 956
Test Date: 04/21/2014 Test Time: 1:15pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:15pm |
| FLO | Pass | 1:15pm |
| FC | Pass | 1:15pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:16pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:16pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:16pm |
| CAL | Pass | 1:16pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

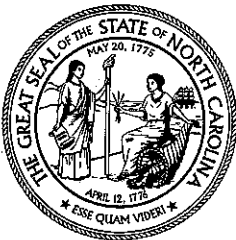
County HOKE Instrument Location HOKE CO. DETENTION CTR

Instrument Serial No. 008852 RAEFORD 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 21 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852
Test Date: 04/21/2014

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

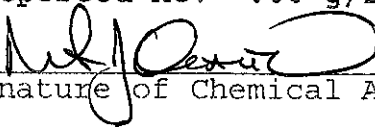
Analyst's Name:
QUARANTELLA, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG309101
Exp Date: 04/01/2015

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:05pm |
| AIR BLK | .00 | 1:05pm |
| ACCY CHK | .08 | 1:06pm |
| AIR BLK | .00 | 1:07pm |
| SUB TEST | .00 | 1:08pm |
| AIR BLK | .00 | 1:09pm |
| SUB TEST | .00 | 1:11pm |
| AIR BLK | .00 | 1:11pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 579

Test Date: 04/21/2014 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 | 1:13pm |

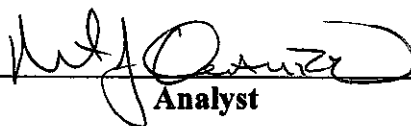
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:13pm |

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

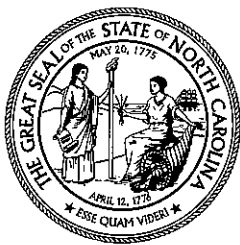
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pender Instrument Location Pender Co.
Instrument Serial No. 008901 Sheep 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 April, 2024 the forgoing preventive maintenance procedures were performed on the 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. Proctor
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Subject Test

PENDER COUNTY PENDER CO SD 700

Serial Number: 008901
Test Date: 04/10/2014

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

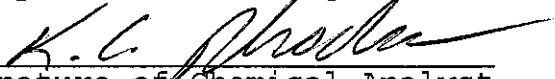
Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
09/01/2013-09/01/2015

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 | 4:08pm |
| AIR BLK | .00 | 4:09pm |
| ACCY CHK | .07 | 4:09pm |
| AIR BLK | .00 | 4:11pm |
| SUB TEST | .00 | 4:11pm |
| AIR BLK | .00 | 4:12pm |
| SUB TEST | .00 | 4:14pm |
| AIR BLK | .00 | 4:15pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

PENDER COUNTY PENDER CO SD 700

Serial Number: 008901 Test Record Number: 573
Test Date: 04/10/2014 Test Time: 4:15pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:16pm |
| FLO | Pass | 4:16pm |
| FC | Pass | 4:16pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:16pm |
| SRC | Pass | 4:16pm |
| DET | Pass | 4:16pm |
| BAR | Pass | 4:16pm |
| BT | Pass | 4:16pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:17pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:17pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:17pm |
| CAL | Pass | 4:17pm |

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**

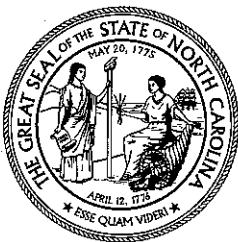
County Person Instrument Location Person Co. L.E.C.

Instrument Serial No. 008693 120 Court St.
Roxboro, 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 Apr., 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Dale Farley Signature of Certifying Official 655 Certificate Number

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

Intox EC/IR-II: Subject Test

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693
Test Date: 04/08/2014

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

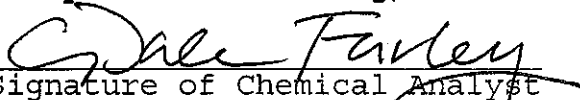
Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

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 | 12:05pm |
| AIR BLK | .00 | 12:06pm |
| ACCY CHK | .07 | 12:07pm |
| AIR BLK | .00 | 12:07pm |
| SUB TEST | .00 | 12:08pm |
| AIR BLK | .00 | 12:09pm |
| SUB TEST | .00 | 12:11pm |
| AIR BLK | .00 | 12:12pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 1016
Test Date: 04/08/2014 Test Time: 12:13pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:13pm |
| FLO | Pass | 12:13pm |
| FC | Pass | 12:13pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:13pm |
| SRC | Pass | 12:13pm |
| DET | Pass | 12:13pm |
| BAR | Pass | 12:13pm |
| BT | Pass | 12:13pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:14pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:14pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:14pm |
| CAL | Pass | 12:14pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

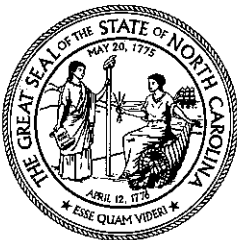
County Person Instrument Location Person Co. L.E.C.

Instrument Serial No. 008880 120 Court St.
Roxboro, 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 April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Dale Farley
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880

Test Date: 04/08/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

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 | 11:23am |
| AIR BLK | .00 | 11:24am |
| ACCY CHK | .08 | 11:24am |
| AIR BLK | .00 | 11:25am |
| SUB TEST | .00 | 11:26am |
| AIR BLK | .00 | 11:27am |
| SUB TEST | .00 | 11:28am |
| AIR BLK | .00 | 11:29am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 684
Test Date: 04/08/2014 Test Time: 11:30am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:31am |
| FLO | Pass | 11:31am |
| FC | Pass | 11:31am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:31am |
| SRC | Pass | 11:31am |
| DET | Pass | 11:31am |
| BAR | Pass | 11:31am |
| BT | Pass | 11:31am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:31am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:31am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:32am |
| CAL | Pass | 11:32am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

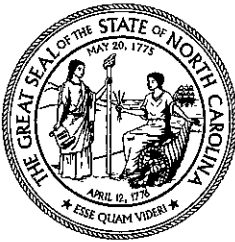
County Pitt Co. Instrument Location Boi Mobile Unit 4

Instrument Serial No. 008134

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

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

I certify that on the 5th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance 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

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734

Test Date: 04/05/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

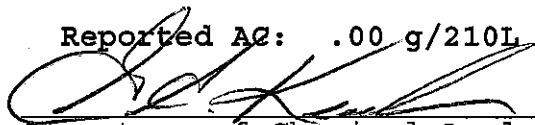
Test Type: Breath Test

Lot Number: AG322601


Exp Date: 08/14/2015

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734 Test Record Number: 813
Test Date: 04/05/2014 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 |

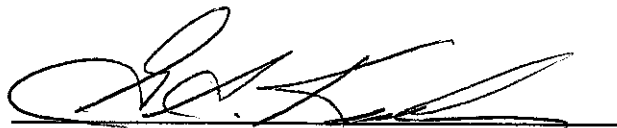
Printer Tests

| 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 WAKE Instrument Location WAKE CO. DETENTION CENTER
Instrument Serial No. 008686 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 03 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bud D Smith
Signature of Certifying Official

637
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686
Test Date: 04/03/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG405702
Exp Date: 02/26/2016

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:35pm |
| AIR BLK | .00 | 3:36pm |
| ACCY CHK | .07 | 3:37pm |
| AIR BLK | .00 | 3:38pm |
| SUB TEST | .00 | 3:39pm |
| AIR BLK | .00 | 3:40pm |
| SUB TEST | .00 | 3:41pm |
| AIR BLK | .00 | 3:42pm |

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: 008686 Test Record Number: 5492
Test Date: 04/03/2014 Test Time: 3:43pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:44pm |
| FLO | Pass | 3:44pm |
| FC | Pass | 3:44pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:44pm |
| SRC | Pass | 3:44pm |
| DET | Pass | 3:44pm |
| BAR | Pass | 3:44pm |
| BT | Pass | 3:44pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:45pm |

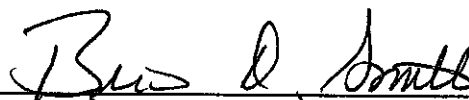
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:45pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:45pm |
| CAL | Pass | 3:45pm |

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 WAKE Instrument Location WAKE Co. DETENTION CENTER

Instrument Serial No. 008826 3301 HAMMOND RD RALPHIGH, 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 03 day of APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bud D Smith
Signature of Certifying Official

637
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008826

Test Date: 04/03/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG335201

Exp Date: 12/18/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:45pm |
| AIR BLK | .00 | 2:46pm |
| ACCY CHK | .08 | 2:47pm |
| AIR BLK | .00 | 2:48pm |
| SUB TEST | .00 | 2:50pm |
| AIR BLK | .00 | 2:50pm |
| SUB TEST | .00 | 2:52pm |
| AIR BLK | .00 | 2:53pm |

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: 008826 Test Record Number: 6852

Test Date: 04/03/2014 Test Time: 3:04pm 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

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

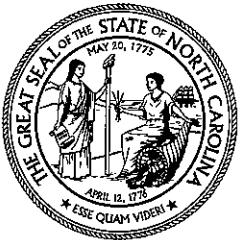
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County NORTHAMPTON Instrument Location NORTHAMPTON CO. SHERIFF'S DEPT.
Instrument Serial No. 008688 105 W. JEFFERSON ST. JACKSON, 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 APRIL, 2014 the forgoing preventive maintenance procedures were performed on the 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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT
650

Serial Number: 008688
Test Date: 04/01/2014

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

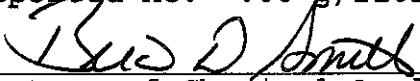
Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG303502
Exp Date: 02/04/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:41pm |
| AIR BLK | .00 | 1:42pm |
| ACCY CHK | .07 | 1:42pm |
| AIR BLK | .00 | 1:43pm |
| SUB TEST | .00 | 1:44pm |
| AIR BLK | .00 | 1:45pm |
| SUB TEST | .00 | 1:46pm |
| AIR BLK | .00 | 1:47pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 676
Test Date: 04/01/2014 Test Time: 1:50pm 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 | 1:51pm |
| 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 | 1:51pm |
| 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 NORTHAMPTON

Instrument Location NORTHAMPTON CO. SHERIFF'S DEPT

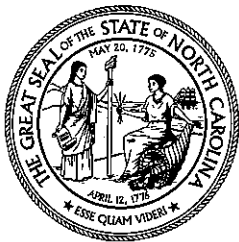
Instrument Serial No. 008607

105 W. JEFFERSON ST. JACKSON, 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 APRIL, 2014 the forgoing preventive maintenance procedures were performed on the 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 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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT
650

Serial Number: 008607
Test Date: 04/01/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

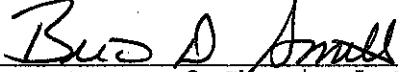
Test Type: Breath Test

Lot Number: AG323402

Exp Date: 08/22/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:40pm |
| AIR BLK | .00 | 1:41pm |
| ACCY CHK | .08 | 1:41pm |
| AIR BLK | .00 | 1:42pm |
| SUB TEST | .00 | 1:43pm |
| AIR BLK | .00 | 1:44pm |
| SUB TEST | .00 | 1:45pm |
| AIR BLK | .00 | 1:46pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 735
Test Date: 04/01/2014 Test Time: 1:50pm 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

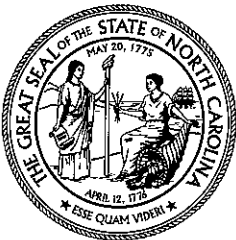
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County HALIFAX Instrument Location HALIFAX CO. SO
Instrument Serial No. 008695 FERRELLANE, HALIFAX, 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 APRIL, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bud D. Smith
Signature of Certifying Official

637
Certificate Number

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

Intox EC/IR-II: Subject Test

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695
Test Date: 04/01/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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

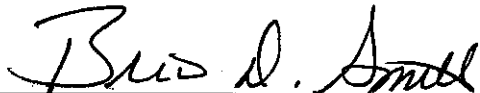
Lot Number: AG323402
Exp Date: 08/22/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:18pm |
| AIR BLK | .00 | 12:19pm |
| ACCY CHK | .08 | 12:19pm |
| AIR BLK | .00 | 12:20pm |
| SUB TEST | .00 | 12:21pm |
| AIR BLK | .00 | 12:22pm |
| SUB TEST | .00 | 12:23pm |
| AIR BLK | .00 | 12:24pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Record Number: 1566
Test Date: 04/01/2014 Test Time: 12:27pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:27pm |
| FLO | Pass | 12:27pm |
| FC | Pass | 12:27pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:27pm |
| SRC | Pass | 12:27pm |
| DET | Pass | 12:27pm |
| BAR | Pass | 12:27pm |
| BT | Pass | 12:27pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:28pm |

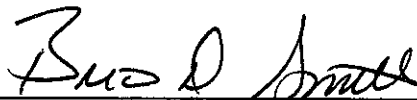
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:28pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:28pm |
| CAL | Pass | 12:28pm |

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**

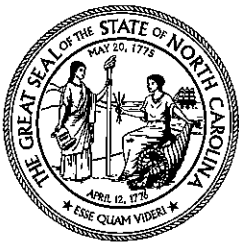
County HALIFAX Instrument Location ROANOKE RAPIDS PD

Instrument Serial No. 008635 1040 ROANOKE AVE ROANOKE RAPIDS, 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 April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Rud 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

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635
Test Date: 04/01/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG315701
Exp Date: 06/06/2015

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:08pm |
| AIR BLK | .00 | 3:09pm |
| ACCY CHK | .08 | 3:10pm |
| AIR BLK | .00 | 3:11pm |
| SUB TEST | .00 | 3:12pm |
| AIR BLK | .00 | 3:12pm |
| SUB TEST | .00 | 3:14pm |
| AIR BLK | .00 | 3:15pm |

Reported AC: .00 g/210L

Brian D Smith
Signature of Chemical Analyst

Court CVR

Brian D Smith
Analyst

Intox EC/IR-II: Preventive Maintenance

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1271
Test Date: 04/01/2014 Test Time: 3:22pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:23pm |
| FLO | Pass | 3:23pm |
| FC | Pass | 3:23pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:23pm |
| SRC | Pass | 3:23pm |
| DET | Pass | 3:23pm |
| BAR | Pass | 3:23pm |
| BT | Pass | 3:23pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:24pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:24pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:24pm |
| CAL | Pass | 3:24pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

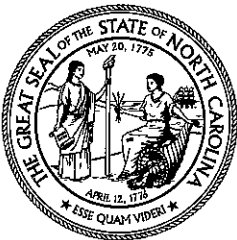
County HALIFAX 1 Instrument Location ROANOKE RAPIDS PD

Instrument Serial No. 008656 1040 ROANOKE AVE ROANOKE RAPIDS, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 APRIL, 2014 the forgoing preventive maintenance procedures were performed on the 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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656
Test Date: 04/01/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG303502

Exp Date: 02/04/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:06pm |
| AIR BLK | .00 | 3:07pm |
| ACCY CHK | .07 | 3:08pm |
| AIR BLK | .00 | 3:09pm |
| SUB TEST | .00 | 3:10pm |
| AIR BLK | .00 | 3:11pm |
| SUB TEST | .00 | 3:12pm |
| AIR BLK | .00 | 3:13pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 474
Test Date: 04/01/2014 Test Time: 3:18pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:18pm |
| FLO | Pass | 3:18pm |
| FC | Pass | 3:19pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:19pm |
| SRC | Pass | 3:19pm |
| DET | Pass | 3:19pm |
| BAR | Pass | 3:19pm |
| BT | Pass | 3:19pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:19pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:20pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:20pm |
| CAL | Pass | 3:20pm |

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 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 03 day of APRIL, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bud D. Smith
Signature of Certifying Official

637
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700
Test Date: 04/03/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG300202
Exp Date: 01/02/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:48am |
| AIR BLK | .00 | 11:49am |
| ACCY CHK | .08 | 11:50am |
| AIR BLK | .00 | 11:51am |
| SUB TEST | .00 | 11:54am |
| AIR BLK | .00 | 11:54am |
| SUB TEST | .00 | 11:56am |
| AIR BLK | .00 | 11:57am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 690
Test Date: 04/03/2014 Test Time: 11:59am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

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

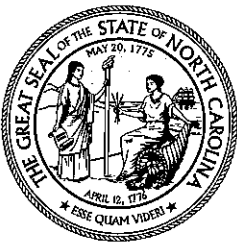
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Catawba Instrument Location Catawba County SD
Instrument Serial No. 008821 100 B Southwest Blvd, Newton
828-464-5271

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

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

I certify that on the 4th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatcher
Signature of Certifying Official 650
Certificate Number

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

Intox EC/IR-II: Subject Test

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821
Test Date: 04/04/2014

Citation Number: M0000000-0
Subject's Name:

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

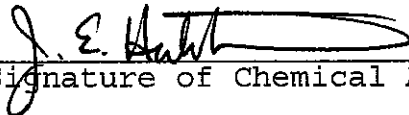
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2013-10/01/2015

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

Lot Number: AG335201
Exp Date: 12/18/2015

| 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 | 1:04pm |
| AIR BLK | .00 | 1:04pm |
| SUB TEST | .00 | 1:06pm |
| AIR BLK | .00 | 1:07pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 1206
Test Date: 04/04/2014 Test Time: 1:08pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:09pm |
| FLO | Pass | 1:09pm |
| FC | Pass | 1:09pm |

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 | 1:10pm |

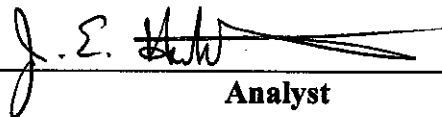
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:10pm |
| CAL | Pass | 1:10pm |

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 Catawba Instrument Location Catawba County SD
Instrument Serial No. 008687 100 B Southwest Blvd, Newton
828-464-5271

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

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

I certify that on the 4th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Hatch
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687
Test Date: 04/04/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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

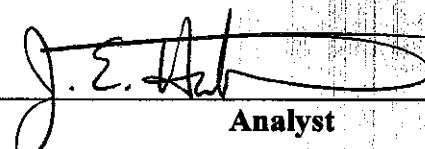
Lot Number: AG322601
Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:01pm |
| AIR BLK | .00 | 1:02pm |
| ACCY CHK | .07 | 1:03pm |
| AIR BLK | .00 | 1:04pm |
| SUB TEST | .00 | 1:04pm |
| AIR BLK | .00 | 1:05pm |
| SUB TEST | .00 | 1:07pm |
| AIR BLK | .00 | 1:08pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Record Number: 1823
Test Date: 04/04/2014 Test Time: 1:09pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:09pm |
| FLO | Pass | 1:09pm |
| FC | Pass | 1:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:10pm |
| SRC | Pass | 1:10pm |
| DET | Pass | 1:10pm |
| BAR | Pass | 1:10pm |
| BT | Pass | 1:10pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:10pm |

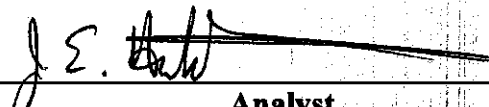
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:10pm |
| CAL | Pass | 1:10pm |

Preventive Maintenance
Status: *Pass*



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

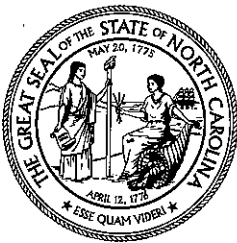
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Catawba Instrument Location Hickory PD
Instrument Serial No. 008841 347 2nd Ave SW, Hickory
828-324-2060

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

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

I certify that on the 4th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841
Test Date: 04/04/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

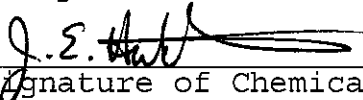
Test Type: Breath Test

Lot Number: AG404101

Exp Date: 02/10/2016

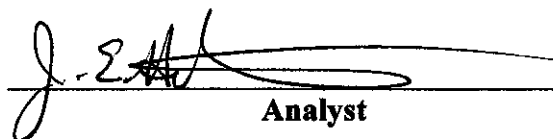
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:57pm |
| AIR BLK | .00 | 1:58pm |
| ACCY CHK | .08 | 1:59pm |
| AIR BLK | .00 | 2:00pm |
| SUB TEST | .00 | 2:01pm |
| AIR BLK | .00 | 2:02pm |
| SUB TEST | .00 | 2:03pm |
| AIR BLK | .00 | 2:04pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 1404
Test Date: 04/04/2014 Test Time: 2:05pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:05pm |
| FLO | Pass | 2:05pm |
| FC | Pass | 2:06pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:06pm |
| SRC | Pass | 2:06pm |
| DET | Pass | 2:06pm |
| BAR | Pass | 2:06pm |
| BT | Pass | 2:06pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:06pm |

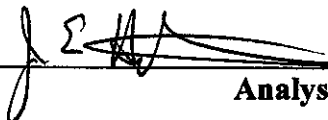
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:06pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:07pm |
| CAL | Pass | 2:07pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

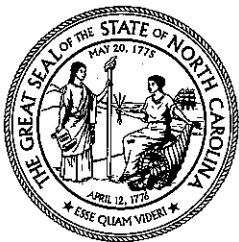
County Greaston Instrument Location Belmont PD

Instrument Serial No. 008733 201 Chronicle Street, Belmont
704-825-3792

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

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

I certify that on the 7th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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

GASTON COUNTY BELMONT PD 350

Serial Number: 008733

Test Date: 04/07/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

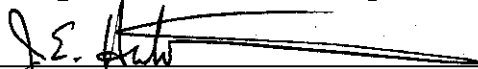
Test Type: Breath Test

Lot Number: AG326006


Exp Date: 09/17/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:16am |
| AIR BLK | .00 | 11:17am |
| ACCY CHK | .08 | 11:17am |
| AIR BLK | .00 | 11:18am |
| SUB TEST | .00 | 11:19am |
| AIR BLK | .00 | 11:19am |
| SUB TEST | .00 | 11:21am |
| AIR BLK | .00 | 11:22am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 812
Test Date: 04/07/2014 Test Time: 11:24am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:25am |

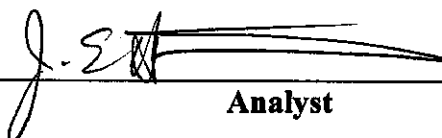
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:25am |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location Cabarrus County SD
Instrument Serial No. 008590 30 Corban Ave., Concord
704-920-3000

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

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

I certify that on the 7th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. Hall
Signature of Certifying Official

6500
Certificate Number

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

Intox EC/IR-II: Subject Test

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590
Test Date: 04/07/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

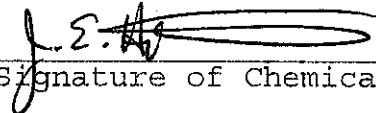
Test Type: Breath Test

Lot Number: AG322601

Exp Date: 08/14/2015

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:27pm |
| AIR BLK | .00 | 12:28pm |
| ACCY CHK | .08 | 12:29pm |
| AIR BLK | .00 | 12:30pm |
| SUB TEST | .00 | 12:30pm |
| AIR BLK | .00 | 12:31pm |
| SUB TEST | .00 | 12:33pm |
| AIR BLK | .00 | 12:34pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Record Number: 2231
Test Date: 04/07/2014 Test Time: 12:35pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:35pm |
| FLO | Pass | 12:35pm |
| FC | Pass | 12:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:35pm |
| SRC | Pass | 12:35pm |
| DET | Pass | 12:35pm |
| BAR | Pass | 12:35pm |
| BT | Pass | 12:35pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:36pm |

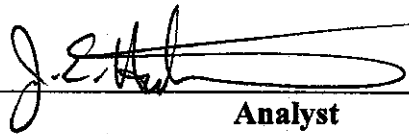
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:36pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:36pm |
| CAL | Pass | 12:36pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

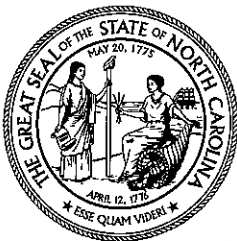
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Lincoln Instrument Location Lincoln County Courthouse
Instrument Serial No. 008827 # 1 Gurt Square, Lincolnton
704-732-9020

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

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

I certify that on the 9th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. Anttila
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827
Test Date: 04/09/2014

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

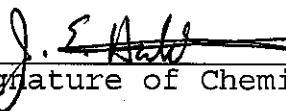
Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2013-10/01/2015

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

Lot Number: AG322601
Exp Date: 08/14/2015

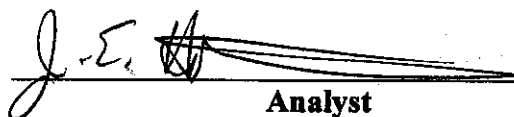
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:01pm |
| AIR BLK | .00 | 3:02pm |
| ACCY CHK | .08 | 3:02pm |
| AIR BLK | .00 | 3:04pm |
| SUB TEST | .00 | 3:04pm |
| AIR BLK | .00 | 3:05pm |
| SUB TEST | .00 | 3:07pm |
| AIR BLK | .00 | 3:07pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 1767
Test Date: 04/09/2014 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 | 3:09pm |

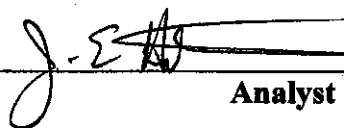
Printer Tests

| 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

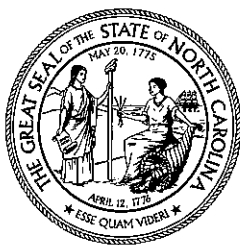
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Stanly Instrument Location Stanly County SD
Instrument Serial No. 008842 126 S. 3rd St., Albemarle
704-986-3234

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

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

I certify that on the 7th day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Mark D. Hay
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: 1330
Test Date: 04/07/2014 Test Time: 9:46am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:47am |
| FLO | Pass | 9:47am |
| FC | Pass | 9:47am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:47am |
| SRC | Pass | 9:47am |
| DET | Pass | 9:47am |
| BAR | Pass | 9:47am |
| BT | Pass | 9:47am |

Blank Tests

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

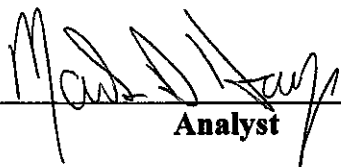
Printer Tests

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

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:48am |
| CAL | Pass | 9:48am |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842
Test Date: 04/07/2014

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

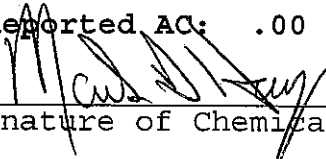
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

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

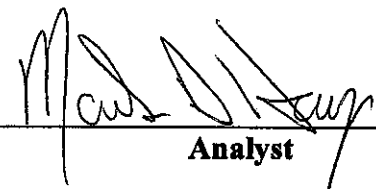
Lot Number: AG315701
Exp Date: 06/06/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:51am |
| AIR BLK | .00 | 9:51am |
| ACCY CHK | .07 | 9:52am |
| AIR BLK | .00 | 9:53am |
| SUB TEST | .00 | 9:54am |
| AIR BLK | .00 | 9:55am |
| SUB TEST | .00 | 9:56am |
| AIR BLK | .00 | 9:57am |

Reported AC: .00 g/210L



Signature of Chemical Analyst
Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

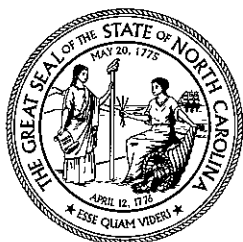
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location Mecklenburg County S.D
Instrument Serial No. 008865 801 E. 4th St. Charlotte

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

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

I certify that on the 8th day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008665 Test Record Number: 3310
Test Date: 04/08/2014 Test Time: 11:50am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:51am |
| SRC | Pass | 11:51am |
| DET | Pass | 11:51am |
| BAR | Pass | 11:51am |
| BT | Pass | 11:51am |

Blank Tests

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

Printer Tests

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

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:52am |
| CAL | Pass | 11:52am |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SHERIFFS DEPARTMENT
590

Serial Number: 008665
Test Date: 04/08/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

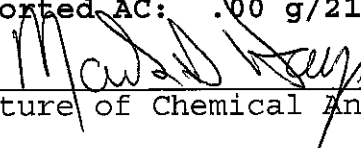
Test Type: Breath Test

Lot Number: AG309101

Exp Date: 04/01/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:56am |
| AIR BLK | .00 | 11:56am |
| ACCY CHK | .08 | 11:57am |
| AIR BLK | .00 | 11:58am |
| SUB TEST | .00 | 11:59am |
| AIR BLK | .00 | 11:59am |
| SUB TEST | .00 | 12:01pm |
| AIR BLK | .00 | 12:02pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

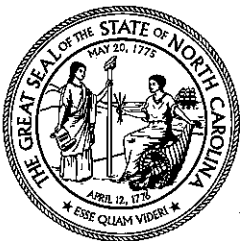
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cleveland Instrument Location Kings Mountain PD
Instrument Serial No. 008900 112 S. Piedmont Ave., Kings Mountain
704-734-0444

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

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

I certify that on the 9th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. Hayes
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: 459
Test Date: 04/09/2014 Test Time: 12:52pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:52pm |
| FLO | Pass | 12:52pm |
| FC | Pass | 12:53pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:53pm |
| SRC | Pass | 12:53pm |
| DET | Pass | 12:53pm |
| BAR | Pass | 12:53pm |
| BT | Pass | 12:53pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:53pm |


Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:53pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:53pm |
| CAL | Pass | 12:53pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900
Test Date: 04/09/2014

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

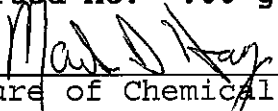
Test Type: Breath Test

Lot Number: AG320602

Exp Date: 07/25/2015

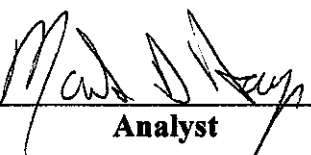
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:56pm |
| AIR BLK | .00 | 12:56pm |
| ACCY CHK | .07 | 12:57pm |
| AIR BLK | .00 | 12:58pm |
| SUB TEST | .00 | 12:59pm |
| AIR BLK | .00 | 1:00pm |
| SUB TEST | .00 | 1:01pm |
| AIR BLK | .00 | 1:02pm |

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 Rutherford Instrument Location Forest City PD
Instrument Serial No. 008889 187 S. Church St., Forest City
828-245-5555

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

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

I certify that on the 16th day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

656
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 567
Test Date: 04/16/2014 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 | 11:06am |
| SRC | Pass | 11:06am |
| DET | Pass | 11:06am |
| BAR | Pass | 11:06am |
| BT | Pass | 11:06am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:06am |

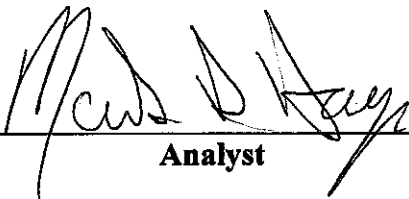
Printer Tests

| 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

Intox EC/IR-II: Subject Test

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889
Test Date: 04/16/2014

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

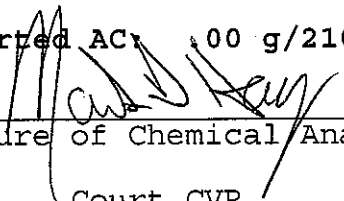
Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

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

Lot Number: AG320602
Exp Date: 07/24/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:15am |
| AIR BLK | .00 | 11:16am |
| ACCY CHK | .08 | 11:17am |
| AIR BLK | .00 | 11:18am |
| SUB TEST | .00 | 11:19am |
| AIR BLK | .00 | 11:19am |
| SUB TEST | .00 | 11:21am |
| AIR BLK | .00 | 11:22am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

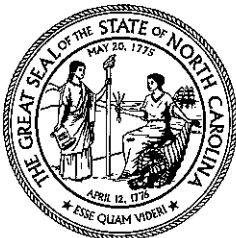
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cleveland Instrument Location But mobile units
Instrument Serial No. 608698

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

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

I certify that on the 17 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008698 Test Record Number: 1077
Test Date: 04/17/2014 Test Time: 7:54pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:54pm |
| FLO | Pass | 7:54pm |
| FC | Pass | 7:54pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:54pm |
| SRC | Pass | 7:54pm |
| DET | Pass | 7:54pm |
| BAR | Pass | 7:54pm |
| BT | Pass | 7:54pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:55pm |

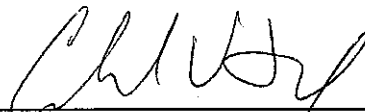
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:55pm |
| CAL | Pass | 7:55pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008698
Test Date: 04/17/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG405702

Exp Date: 02/26/2016

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:45pm |
| AIR BLK | .00 | 7:46pm |
| ACCY CHK | .08 | 7:47pm |
| AIR BLK | .00 | 7:48pm |
| SUB TEST | .00 | 7:49pm |
| AIR BLK | .00 | 7:49pm |
| SUB TEST | .00 | 7:51pm |
| AIR BLK | .00 | 7:52pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

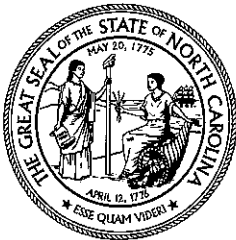
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Mecklenburg Instrument Location But Mobile Unit 5
Instrument Serial No. 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 10 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ch V Doy

Signature of Certifying Official

658

Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698
Test Date: 04/10/2014

Citation Number: M0000000-0
Subject's Name:
PEVENTIVE, MAINTENANCE
Subject'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: AG405702
Exp Date: 02/26/2016

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:50pm |
| AIR BLK | .00 | 7:51pm |
| ACCY CHK | .08 | 7:52pm |
| AIR BLK | .00 | 7:53pm |
| SUB TEST | .00 | 7:54pm |
| AIR BLK | .00 | 7:55pm |
| SUB TEST | .00 | 7:56pm |
| AIR BLK | .00 | 7:57pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008698 Test Record Number: 1063
Test Date: 04/10/2014 Test Time: 8:02pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:03pm |
| FLO | Pass | 8:03pm |
| FC | Pass | 8:03pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:03pm |
| SRC | Pass | 8:03pm |
| DET | Pass | 8:03pm |
| BAR | Pass | 8:03pm |
| BT | Pass | 8:03pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:03pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:03pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:04pm |
| CAL | Pass | 8:04pm |

Preventive Maintenance
Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

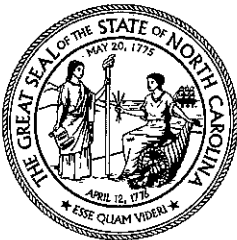
County Watauga Instrument Location BAT mobile Units

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 12 day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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

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

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008698

Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG405702

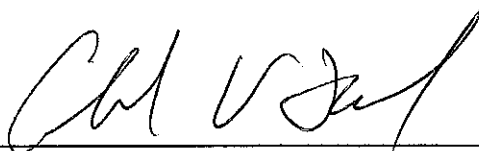
Exp Date: 02/26/2016

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:17pm |
| AIR BLK | .00 | 7:19pm |
| ACCY CHK | .07 | 7:19pm |
| AIR BLK | .00 | 7:20pm |
| SUB TEST | .00 | 7:21pm |
| AIR BLK | .00 | 7:22pm |
| SUB TEST | .00 | 7:24pm |
| AIR BLK | .00 | 7:25pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008698 Test Record Number: 1075
Test Date: 04/12/2014 Test Time: 7:30pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:30pm |
| FLO | Pass | 7:30pm |
| FC | Pass | 7:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:31pm |
| SRC | Pass | 7:31pm |
| DET | Pass | 7:31pm |
| BAR | Pass | 7:31pm |
| BT | Pass | 7:31pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:31pm |

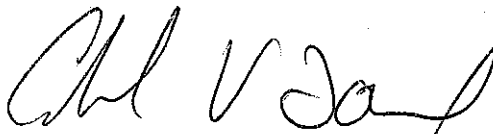
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:31pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:32pm |
| CAL | Pass | 7:32pm |

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 Gaston Instrument Location But Music Unit 5

Instrument Serial No. 05R698

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

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

I certify that on the 19 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Al 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: Subject Test

GASTON BAT MOBILE UNIT 5 350

Serial Number: 008698
Test Date: 04/19/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG405702

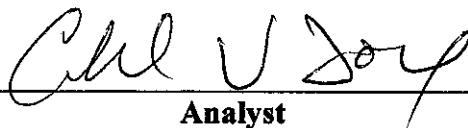
Exp Date: 02/26/2016

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:00pm |
| AIR BLK | .00 | 9:01pm |
| ACCY CHK | .07 | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| SUB TEST | .00 | 9:03pm |
| AIR BLK | .00 | 9:04pm |
| SUB TEST | .00 | 9:06pm |
| AIR BLK | .00 | 9:07pm |

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: 008698 Test Record Number: 1079
Test Date: 04/19/2014 Test Time: 9:08pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:08pm |
| FLO | Pass | 9:08pm |
| FC | Pass | 9:08pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:08pm |
| SRC | Pass | 9:08pm |
| DET | Pass | 9:08pm |
| BAR | Pass | 9:08pm |
| BT | Pass | 9:08pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:09pm |

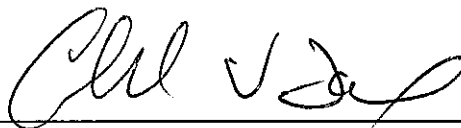
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:09pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:09pm |
| CAL | Pass | 9:09pm |

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 Watauga

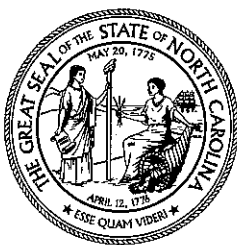
Instrument Location BBT mobile Unit 5

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 12 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Ch V Doh
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

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008788 Test Record Number: 946
Test Date: 04/12/2014 Test Time: 7:47pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:47pm |
| FLO | Pass | 7:47pm |
| FC | Pass | 7:47pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:48pm |
| SRC | Pass | 7:48pm |
| DET | Pass | 7:48pm |
| BAR | Pass | 7:48pm |
| BT | Pass | 7:48pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:48pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:48pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:48pm |
| CAL | Pass | 7:48pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008788
Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG309101

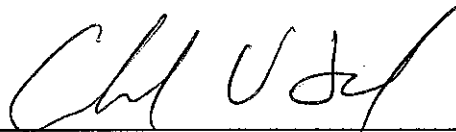
Exp Date: 04/01/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:19pm |
| AIR BLK | .00 | 7:20pm |
| ACCY CHK | .07 | 7:21pm |
| AIR BLK | .00 | 7:22pm |
| SUB TEST | .00 | 7:22pm |
| AIR BLK | .00 | 7:23pm |
| SUB TEST | .00 | 7:25pm |
| AIR BLK | .00 | 7:25pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

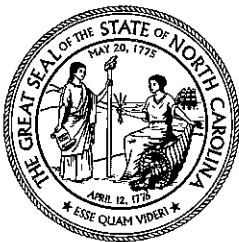
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County MCC/Imburg Instrument Location But mobile Unit 5
Instrument Serial No. 608788

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

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

I certify that on the 10 day of April, 20 14 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chl Uday

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: 008788 Test Record Number: 940
Test Date: 04/10/2014 Test Time: 9:48pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:49pm |
| FLO | Pass | 9:49pm |
| FC | Pass | 9:49pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:49pm |
| SRC | Pass | 9:49pm |
| DET | Pass | 9:49pm |
| BAR | Pass | 9:49pm |
| BT | Pass | 9:49pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:50pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:50pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:50pm |
| CAL | Pass | 9:50pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788
Test Date: 04/10/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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

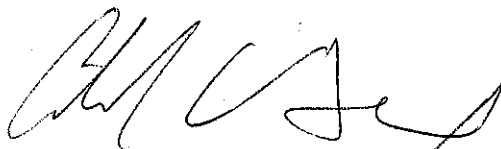
Lot Number: AG309101
Exp Date: 04/01/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:38pm |
| AIR BLK | .00 | 9:39pm |
| ACCY CHK | .07 | 9:39pm |
| AIR BLK | .00 | 9:40pm |
| SUB TEST | .00 | 9:41pm |
| AIR BLK | .00 | 9:42pm |
| SUB TEST | .00 | 9:43pm |
| AIR BLK | .00 | 9:44pm |

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**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

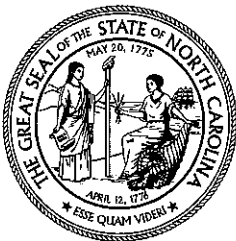
County Mecklenburg Instrument Location But mobile unit 5

Instrument Serial No. 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 10 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Chl 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

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600

Test Date: 04/10/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG322601

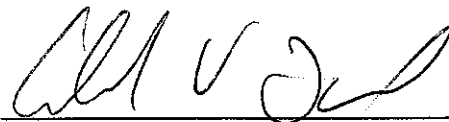
Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:39pm |
| AIR BLK | .00 | 9:40pm |
| ACCY CHK | .07 | 9:40pm |
| AIR BLK | .00 | 9:42pm |
| SUB TEST | .00 | 9:42pm |
| AIR BLK | .00 | 9:43pm |
| SUB TEST | .00 | 9:45pm |
| AIR BLK | .00 | 9:45pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Record Number: 1382
Test Date: 04/10/2014 Test Time: 9:47pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:47pm |
| FLO | Pass | 9:47pm |
| FC | Pass | 9:47pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:47pm |
| SRC | Pass | 9:47pm |
| DET | Pass | 9:47pm |
| BAR | Pass | 9:47pm |
| BT | Pass | 9:47pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:48pm |

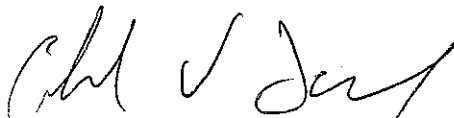
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:48pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:48pm |
| CAL | Pass | 9:48pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

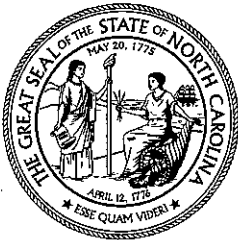
County Watauga Instrument Location But Mobile Unit 5

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 12 day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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. Joy

Signature of Certifying Official

659

Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008600 Test Record Number: 1391
Test Date: 04/12/2014 Test Time: 7:30pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:31pm |
| FLO | Pass | 7:31pm |
| FC | Pass | 7:31pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:31pm |
| SRC | Pass | 7:31pm |
| DET | Pass | 7:31pm |
| BAR | Pass | 7:31pm |
| BT | Pass | 7:31pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:31pm |

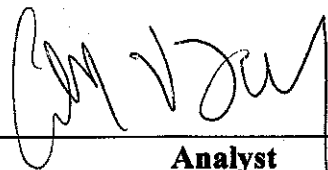
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:31pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:32pm |
| CAL | Pass | 7:32pm |

Preventive Maintenance
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WATAUGA BAT MOBILE UNIT 5 940

Serial Number: 008600

Test Date: 04/12/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG322601

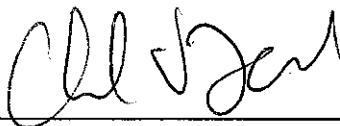
Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:22pm |
| AIR BLK | .00 | 7:23pm |
| ACCY CHK | .07 | 7:23pm |
| AIR BLK | .00 | 7:24pm |
| SUB TEST | .00 | 7:25pm |
| AIR BLK | .00 | 7:26pm |
| SUB TEST | .00 | 7:28pm |
| AIR BLK | .00 | 7:28pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

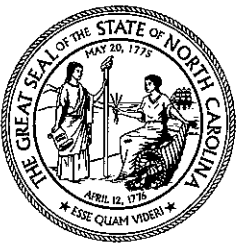
County Gaston Instrument Location But mobile Unit 5

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 19 day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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 Udoz
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: 04/19/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG322601
Exp Date: 08/14/2015

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

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: 1399
Test Date: 04/19/2014 Test Time: 9:10pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:11pm |
| FLO | Pass | 9:11pm |
| FC | Pass | 9:11pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:12pm |

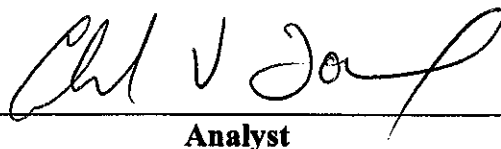
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:12pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:12pm |
| CAL | Pass | 9:12pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

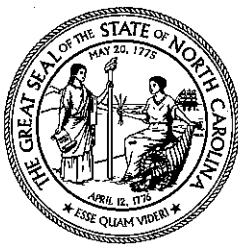
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cleveland Instrument Location Bad Mobile Units
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 17 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bill Vard

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

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600
Test Date: 04/17/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG322601
Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:44pm |
| AIR BLK | .00 | 7:45pm |
| ACCY CHK | .07 | 7:45pm |
| AIR BLK | .00 | 7:47pm |
| SUB TEST | .00 | 7:47pm |
| AIR BLK | .00 | 7:48pm |
| SUB TEST | .00 | 7:50pm |
| AIR BLK | .00 | 7:51pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Subject Test

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600
Test Date: 04/17/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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

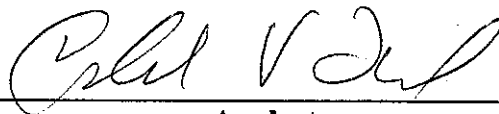
Lot Number: AG322601
Exp Date: 08/14/2015

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:44pm |
| AIR BLK | .00 | 7:45pm |
| ACCY CHK | .07 | 7:45pm |
| AIR BLK | .00 | 7:47pm |
| SUB TEST | .00 | 7:47pm |
| AIR BLK | .00 | 7:48pm |
| SUB TEST | .00 | 7:50pm |
| AIR BLK | .00 | 7:51pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

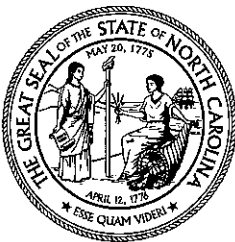
County Cleveland Instrument Location Bar mobile Unit 5

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 17 day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument ifdicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



C. U. D. J.

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

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600
Test Date: 04/17/2014

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG322601
Exp Date: 08/14/2015

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 7:44pm |
| AIR BLK | .00 | 7:45pm |
| ACCY CHK | .07 | 7:45pm |
| AIR BLK | .00 | 7:47pm |
| SUB TEST | .00 | 7:47pm |
| AIR BLK | .00 | 7:48pm |
| SUB TEST | .00 | 7:50pm |
| AIR BLK | .00 | 7:51pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

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

Intox EC/IR-II: Preventive Maintenance

CLEVELAND BAT MOBILE UNIT 5 220

Serial Number: 008600 Test Record Number: 1396
Test Date: 04/17/2014 Test Time: 7:53pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:54pm |
| FLO | Pass | 7:54pm |
| FC | Pass | 7:54pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:54pm |
| SRC | Pass | 7:54pm |
| DET | Pass | 7:54pm |
| BAR | Pass | 7:54pm |
| BT | Pass | 7:54pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:54pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:54pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:55pm |
| CAL | Pass | 7:55pm |

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 Granville Instrument Location Creedmoor P.D.
Instrument Serial No. 008641 111 Masonic St.
Creedmoor 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 22nd day of April, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

655
Certificate Number

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

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Date: 04/22/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

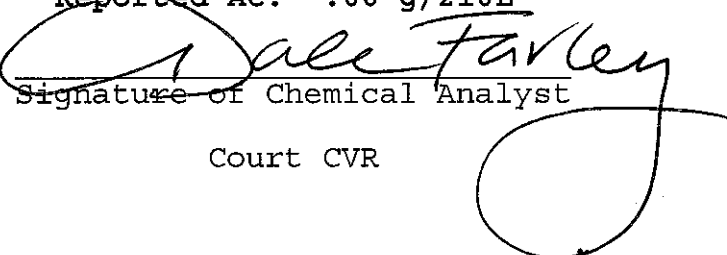
Test Type: Breath Test

Lot Number: AG308002

Exp Date: 03/21/2015

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:03am |
| AIR BLK | .00 | 11:04am |
| ACCY CHK | .07 | 11:05am |
| AIR BLK | .00 | 11:06am |
| SUB TEST | .00 | 11:07am |
| AIR BLK | .00 | 11:08am |
| SUB TEST | .00 | 11:09am |
| AIR BLK | .00 | 11:10am |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 775
Test Date: 04/22/2014 Test Time: 11:11am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:11am |
| FLO | Pass | 11:11am |
| FC | Pass | 11:12am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:12am |
| SRC | Pass | 11:12am |
| DET | Pass | 11:12am |
| BAR | Pass | 11:12am |
| BT | Pass | 11:12am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:12am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:12am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:13am |
| CAL | Pass | 11:13am |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

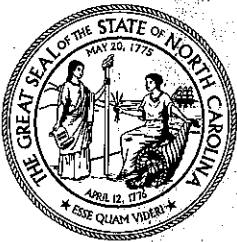
County Union Instrument Location Waxhaw PD

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 28th day of April, 2014 the forgoing preventive maintenance procedures were performed on the 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 A. Hall
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: 04/28/2014

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

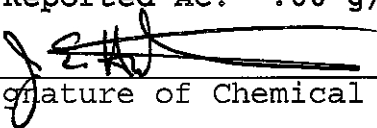
Test Type: Breath Test

Lot Number: AG303502

Exp Date: 02/04/2015

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:01am |
| AIR BLK | .00 | 10:02am |
| ACCY CHK | .08 | 10:02am |
| AIR BLK | .00 | 10:04am |
| SUB TEST | .00 | 10:04am |
| AIR BLK | .00 | 10:05am |
| SUB TEST | .00 | 10:06am |
| AIR BLK | .00 | 10:07am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 509

Test Date: 04/28/2014 Test Time: 10:08am

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:08am |
| FLO | Pass | 10:08am |
| FC | Pass | 10:09am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:09am |
| SRC | Pass | 10:09am |
| DET | Pass | 10:09am |
| BAR | Pass | 10:09am |
| BT | Pass | 10:09am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:09am |

Printer Tests


| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:09am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:09am |
| CAL | Pass | 10:09am |

Preventive Maintenance

Status: Pass



Analyst