FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

LDB

Agency: Lynn Haven P.D. **Instrument Serial Number:** 80-000206

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☐ Annual ☐ Inspection After Repair ☐ Other: _____ ☐ Remain in Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☒ Contact ☐ Other _____ Date: 1/7/08 + 1/9/08	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments:
Spoke with both Chief Messer and Jim Smith regarding comments made on agency inspection report ~~#~~ dated 9/2/2006. A memo explaining the comment was completed and will be placed into the instrument file.

Instrument/Area:	Equipment:	Supplies:
☐ Clean/Dry ☐ Secure ☐ Other	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments:

Recommended Action/Action Taken:

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Alcohol Testing Program

Margaret Cobbinge — 1/9/08
Signature of Alcohol Testing Program Staff Member — **Date**

Original – FDLE **Copy – Agency**

June 2007

DAVID S. MESSER
CHIEF

DENNIS L. KIAU
ASST. CHIEF

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Alcohol Testing Program

Memo

To: Maggie Geddings, Department Inspector, F.D.L.E. Alcohol Testing Program
From: Sergeant James Smith, Agency Inspector, Lynn Haven Police Department
Date: January 9, 2008
Subject: Agency Inspection Report, dated 9/2/2006, Instrument serial #80-000206

The remarks section of this report, when submitted electronically, stated this machine sucks (air through a bad simulator thermometer seal) and does not refer to the above referenced Intoxilyzer 8000. This unit was on loan to our department while our Intoxilyzer 8000 was in for repairs. The instrument was not in compliance and the entirety of the remarks in this field was not transmitted.

The simulator in question was removed from service pending repairs to the thermometer seal and a new simulator was purchased.

The Lynn Haven Police Department's instrument, 80-000840, has since been placed back in service and I assure you that I have the utmost confidence in the Intoxilyzer 8000.

Please feel free to call if you have any further questions or problems with this agency inspection report.

108 E. 9th St. • Lynn Haven, Florida 32444
(850) 265-4111 • Fax (850) 265-7328

Inspection Tests

Instrument Serial #80-000206

Agency Operator	Date	Time	Software	Source	
FDLE/ATP PROC SMITH,JAMES,C	09/02/2006	15:15:17	8100.26	Agency	Inspection

0.05 Lot#	200509A	**0.08 Lot#**	200509B	**0.20 Lot#**	20509C	**0.08 Gas Lot#**
Expiration	09/22/2007	**Expiration**	09/22/2007	**Expiration**	09/22/2007	

 # Sims 5 **Complies** No

Check or Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes
Date and/or Time Adjusted	No
Minimum Sample Volume Check: OK	
Barometric Pressure Sensor Check: OK	
Alcohol Free Subject Test: 0.000	Yes
Mouth Alcohol Test: Slope Not Met	Yes
Interferent Detect Test: Interferent Detect	Yes
Diagnostic Check (Post-Inspection): OK	No
Alcohol Free Test: OK	Yes
0.05 g/210L Test: OK	Yes
0.08 g/210L Test: OK	Yes
0.20 g/210L Test: OK	No
0.08 g/210L Dry Gas Std Test: OK	No

Test	Result
Alcohol Free Test #1	0.000
0.05 g/210L Test #1	0.029
0.05 g/210L Test #1 (Retry)	0.047
0.08 g/210L Test #1	0.068
0.08 g/210L Test #1 (Retry)	0.079
0.20 g/210L Test #1	0.146
0.20 g/210L Test #1 (Retry)	0.173
Interferent Detect Test #1	INT
Alcohol Free Test #2	0.000
0.05 g/210L Test #2	0.042
0.05 g/210L Test #2 (Retry)	0.048
0.08 g/210L Test #2	0.074
0.08 g/210L Test #2 (Retry)	0.080
0.20 g/210L Test #2	0.166
0.20 g/210L Test #2 (Retry)	0.177
Interferent Detect Test #2	INT
Alcohol Free Test #3	0.000
0.05 g/210L Test #3	0.047
0.05 g/210L Test #3 (Retry)	0.048
0.08 g/210L Test #3	0.082
0.08 g/210L Test #3 (Retry)	0.079
0.20 g/210L Test #3	0.172
0.20 g/210L Test #3 (Retry)	0.176
Interferent Detect Test #3	INT

Remarks:

THIS MACHINE SUCKSNon-compliance: .

Printed: 07 January 2008

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JAN 28 2008 CND

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FDLE FMROC
Time of Inspection: 17:43
Date of Inspection: 01/22/2008
Serial Number: 80-000219
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200605B Exp: 05/04/2008	0.08g/210L Test (g/210L) Lot#:200605C Exp: 05/04/2008	0.20g/210L Test (g/210L) Lot#:200605F Exp: 05/10/2008	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:626101I Exp: 09/20/2008
0.000	0.049	0.080	0.197	0.077
0.000	0.050	0.080	0.198	0.077
0.000	0.051	0.080	0.197	0.078

Number of Simulators Used: 5

Remarks:

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

GEORGE L VENTURI
Signature and Printed Name

GEORGE L. VENTURI
DEPARTMENT INSPECTOR
ALCOHOL TEST PROGRAM
FDLE / FORT MYERS ROC

01/22/2008
Date

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Alcohol Testing Program

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: FDLE FMROC
Time of Inspection: 16:02
Date of Inspection: 01/22/2008
Serial Number: 80-000219
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200605B Exp: 05/04/2008	0.08g/210L Test (g/210L) Lot#:200605C Exp: 05/04/2008	0.20g/210L Test (g/210L) Lot#:200605F Exp: 05/10/2008	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:626101I Exp: 09/20/2008
0.000	0.050	0.080	0.198	0.077
0.000	0.050	0.080	0.199	0.078
0.000	0.050	0.080	0.198	0.077
0.000	0.050	0.080	0.198	0.077
0.000	0.050	0.080	0.198	0.077
0.000	0.050	0.080	0.198	0.077
0.000	0.050	0.080	0.198	0.077
0.000	0.050	0.080	0.198	0.077
0.000	0.050	0.080	0.198	0.077
0.000	0.050	0.080	0.198	0.077
Standard Deviations	0.0000	0.0000	0.0003	0.0003

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0001 Number of Simulators Used: 5

Remarks:

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

GEORGE L VENTURI
Signature and Printed Name

I HEREBY CERTIFY the authenticity of the seal affixed hereto.

01/22/2008
Date

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GEORGE L. VENTURI
DEPARTMENT INSPECTOR
ALCOHOL TEST PROGRAM
FDLE / FORT MYERS ROC

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

JDB

Agency: FDLE - FMROC Instrument Serial Number: 82-000218

Department Inspection	Agency Inspection/Agency Contact	Records Audit
☑ Annual ☐ Inspection After Repair ☐ Other: _____ ☑ Remain In Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: _____	The following records were audited: ☑ Agency Inspection Reports ☑ Breath Test Instrument Repair Records ☑ Instrument Registration ☑ Dry Gas Standard Certificate of Analysis

Comments:

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FM 370 BA20 1018-I 1017-G

Instrument/Area: FMROC	Equipment	Supplies
☑ Clean/Dry ☑ Secure ☐ Other	☑ Proper Number of Simulators ☑ Checked Simulators for Air Leak Resistant Seal and Proper Temperature Pa 0.25 mm Hg fitch ☑ Class A Glassware	☑ Distilled/Deionized Water ☑ Mouth Alcohol Solution ☑ Acetone Stock Solution ☑ Alcohol Reference Solution ☑ Dry Gas Standard ☑ Mouth Pieces

Comments: Wire Simulators checked & calibrated each fiscal year. Cert on file at FMEFATP HQ. —

Performed Procedures Below

Verified Instrument set-up. Performed Department Inspection. Performed Agency Inspection to enable instrument. Noted that forms failed to print properly. Downloaded instrument to laptop CBACA and reprinted forms. (Forms still not printing properly following reset before download) Reloaded forms on CBACA. TSP limited test, system offline, breath test and additional Agency Inspection performed. *

Signature of Alcohol Testing Program Staff Member — Date 1/28/2008

Original – FDLE Copy – Agency

June 2007

* Instrument & laptop reported to CBACA. Forms printing properly. See attached.

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Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: FDLE FMROC
Time of Inspection: 16:02
Date of Inspection: 01/22/2008
Serial Number: 80-000219
Software: 8100.27

	Check or Test	YES	NO	Check or Test	YES	NO
	[redacted]					
	(Pre-Inspection): OK	Yes				No
	Minimum Sample Volume			Barometric Pressure		
*b0W	Check: OK	Yes		Check: OK	Yes	
	Alcohol Free Subject			Mouth Alcohol Test:		
	Test: 0.000	Yes		Slope Not Met	Yes	
	Interferent Detect Test:			Diagnostic Check		
	Interferent Detect	Yes		(Post-Inspection): OK	Yes	

	Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200605B Exp: 05/04/2008	0.08g/210L Test (g/210L) Lot#:200605C Exp: 05/04/2008	0.20g/210L Test (g/210L) Lot#:200605F Exp: 05/10/2008	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:626101I Exp: 09/20/2008
3M					
b3M	0.000	0.050	0.080	0.198	0.077
3M	0.000	0.050	0.080	0.199	0.078
*b3M	0.000	0.050	0.080	0.198	0.077
b3M	0.000	0.050	0.080	0.198	0.077
*b3M	0.000	0.050	0.080	0.198	0.077
	0.000	0.050	0.080	0.198	0.077
3M	0.000	0.050	0.080	0.198	0.077
b3M	0.000	0.050	0.080	0.198	0.077
b3M	0.000	0.050	0.080	0.198	0.077
	0.000	0.050	0.080	0.198	0.077
b3M					
	Standard Deviations	0.0000	0.0000	0.0003	0.0003

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0001 Number of Simulators Used: 5

Remarks:

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

b9O [illegible] GEORGE L VENTURI

01/22/2008

FDLE/ATP Form 41 –Revised August 2005

Florida Department of Law Enforcement
Alcohol Testing Program

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AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FDLE FMROC
Time of Inspection: 16:39 Date of Inspection: 01/22/2008
Serial Number: 80-000219
Software: 8100.27

*b3M

Check or Test	YES	NO
[illegible]		
3M		No
Diagnostic Check (Pre-Inspection): OK	Yes	
b3M [illegible]		
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200605B Exp: 05/04/2008	0.08g/210L Test (g/210L) Lot#:200605C Exp: 05/04/2008	0.20g/210L Test (g/210L) Lot#:200605F Exp: 05/10/2008	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:626101I Exp: 09/20/2008
0.000	0.049	0.079	0.196	0.078
0.000	0.050	0.079	0.196	0.078

Number of Simulators Used: 5

Remarks:
CONDUCTED TO ENABLE INSTRUMENT

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

GEORGE L VENTURI

01/22/2008
Date

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JAN 2 8 200
CA
Alcohol

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FDLE FMROC
Time of Inspection: 16:39 Date of Inspection: 01/22/2008
Serial Number: 80-000219
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200605B Exp: 05/04/2008	0.08g/210L Test (g/210L) Lot#:200605C Exp: 05/04/2008	0.20g/210L Test (g/210L) Lot#:200605F Exp: 05/10/2008	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:626101I Exp: 09/20/2008
0.000	0.049	0.079	0.196	0.078
0.000	0.050	0.079	0.196	0.078
0.000	0.050	0.079	0.196	0.078

Number of Simulators Used: 5

Remarks:
CONDUCTED TO ENABLE INSTRUMENT

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

GEORGE L VENTURI
Signature and Printed Name

01/22/2008
Date

Reprinted From Database

GEORGE L. VENTURI
DEPARTMENT INSPECTOR
ALCOHOL TEST PROGRAM
FDLE / FORT MYERS ROC

FDLE FMROC
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000219
01/22/2008
Software: 8100.27

ITP CONTROL TEST

Test	g/210L	Time
Air Blank	0.000	16:59
ITP Check	0.079	17:00
Air Blank	0.000	17:00

Operator's Signature

GEORGE L. VENTURI
DEPARTMENT INSPECTOR
ALCOHOL TEST PROGRAM
FDLE / FORT MYERS ROC

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: FDLE FMROC
Instrument Serial Number: 80-000219 Software: 8100.27
Date of Test: 01/22/2008

Date of Last Agency Inspection: 01/22/2008
Observation Period Began: 16:30
Subject's Name: SAMPLE D LICENSE DOB: 02/14/1965 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	17:02
Air Blank	0.000	17:02
Control Test	0.078	17:02
Air Blank	0.000	17:03
Subject Sample #1	0.000	17:03
Air Blank	0.000	17:04
Air Blank	0.000	17:06
Subject Sample #2	0.000	17:06
Air Blank	0.000	17:07
Control Test	0.078	17:07
Air Blank	0.000	17:07
Diagnostics Check	OK	17:08

GEORGE L. VENTURI
DEPARTMENT INSPECTOR
ALCOHOL TEST PROGRAM
FDLE / FORT MYERS ROC

Cylinder Lot: 626101I
Exp: 09/20/2008

State of Florida, County of _____,

Personally appeared before me the undersigned authority, who (__) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I GEORGE L VENTURI_____, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: _____
Signature

Sworn to (or affirmed) before me this _____ day of _____ , _____

_____ _____
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

UDB

Agency: PONCE INLET PD (OWNER - FDLE) Instrument Serial Number: 80-000227

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☐ Annual ☐ Inspection After Repair ☐ Other: _____ ☐ Remain In Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: _____	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments:
LOAN INSTRUMENT TO AGENCY

Instrument/Area:	Equipment:	Supplies:
☐ Clean/Dry ☐ Secure ☐ Other	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments:

Recommendations:

MUST DO COMPLIANT AGENCY INSPECTION BEFORE PLACING INTO SERVICE AND ONE REMOVING FROM SERVICE. LOAN PERIOD: 90 DAYS. LOAN AGREEMENT COMPLETED.

RECD MAR 17 2008

RG SICIPRE / RGS — 03/05/08

Signature of Alcohol Testing Program Staff Member — Date

Original – FDLE Copy – Agency

June 2007

FDLE

Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

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FEB 22 2008 CNA
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Alcohol Testing Program

Agency: FDLE Instrument Serial Number: 80-000229

Department Inspection	Agency Inspection/Agency Contact	Records Audit
Location: CCA-LeCanto ☑ Annual ☐ Inspection After Repair ☐ Other: ☑ Remain In Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☑ Contact W. Robertson ☐ Other Witnessed B.E. Date: 2-6-08	The following records were audited: ☑ Agency Inspection Reports ☑ Breath Test Instrument Repair Records ☑ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments:

Barometric pressure 1022 Instrument 1024. On this date Officer W. Robertson reported that when he conducted an agency inspection on 1-30-08, he experienced out of tolerance results with the .08 #. 20 ARS. See below.

Instrument complies with FDLE 11D-8 FAC

Instrument/Area	Equipment	Supplies
☑ Clean/Dry 3 ☑ Secure ☐ Other	☑ Proper Number of Simulators ☑ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☑ Class A Glassware	☑ Distilled/Deionized Water ☑ Mouth Alcohol Solution ☑ Acetone Stock Solution ☑ Alcohol Reference Solution ☑ Dry Gas Standard ☑ Mouth Pieces

Room Temperature: 71.52°F

Comments:

Simulator check Guth model 34-G3484/33.99°C-34.00°C. G4668/34.04°C-34.05°C, G10666/34.05°C-34.05°C. All 3 Simulators had hoses that were not tight. All hoses were fitted with clamps which corrected the low results.

All seals good.

Recommendations/Comments

- Set-up protocol checked.
- Dept. Inspection performed.
- Instrument removed from CCA in LeCanto
- Agency inspection performed prior to removal.

Signature of Alcohol Testing Program Staff Member

02-06-08
Date

Original – FDLE Copy – Agency

FDLE

Florida Department of
Law Enforcement

Gerald M. Bailey
Commissioner

Tampa Bay Regional Operations Center
4211 North Lois Avenue
Tampa, Florida 33614
1-800-226-1140
www.fdle.state.fl.us

Charlie Crist, *Governor*
Bill McCollum, *Attorney General*
Alex Sink, *Chief Financial Officer*
Charles H. Bronson, *Commissioner of Agriculture*

Date: January 14, 2008

TO: Officer William Roberson
Corrections Corporation of America
2604 W. Woodland Ridge Drive
Lecanto, Florida 34461

FROM: Donald P. Suereth, Department Inspector
FDLE Alcohol Testing Program
Tampa Bay Regional Operations Center

SUBJECT: Agency Inspection Discrepancy for Instrument # 80-000229
Performed Incorrectly

Based on my review of the data regarding the above listed Intoxilyzer 8000 Agency Inspection dated December 23, 2007 and conducted at 16:58 hours, I have noted the following discrepancy:

DISCREPANCY:

- The first .20 ARS analysis had to be repeated.
- The explanation for this out of tolerance result is acceptable, however I refer you to paragraph 1 of ATP Form 39:

1. Prepare at least two simulators for use and allow them to warm up for at least thirty minutes prior to the first analysis. When changing solutions, allow the new solution to warm up for at least ten minutes after the heater light turns off for the first time...

CORRECTIVE ACTION NEEDED:

- When performing an agency inspection it is important to allow the simulators to attain the proper temperature (34 degrees centigrade ±.2).

Please contact me if you have any questions or if I can be of further assistance. In the event you find this memorandum is in error, please provide a written response to my office.

Cc: ATP file

RECEIVED
JAN 17 2008 CNR
FDLE
Alcohol Testing Program

Florida Department of Law Enforcement

Inspection Tests

Instrument Serial #80-000229

Agency Operator	Date	Time	Software	Source	
FDLE ROBERSON,WILLIAM,E	12/23/2007	16:58:04	8100.27	Agency	Inspection

0.05 Lot#	200708A	**0.08 Lot#**	200605C	**0.20 Lot#**	200605F	**0.08 Gas Lot#**	632401I
Expiration	08/01/2009	**Expiration**	05/04/2008	**Expiration**	05/10/2008	**Expiration**	11/22/2008

 # Sims 3 **Complies** Yes

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test #1	0.000
Date and/or Time Adjusted	No	0.05 g/210L Test #1	0.046
Minimum Sample Volume Check: OK		0.08 g/210L Test #1	0.078
Barometric Pressure Sensor Check: OK		0.20 g/210L Test #1	0.184
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test #1 (Retry)	0.192
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test #1	0.079
Interferent Detect Test: Interferent Detect	Yes	Interferent Detect Test #1	
Diagnostic Check (Post-Inspection): OK	Yes	Alcohol Free Test #2	0.000
Alcohol Free Test: OK	Yes	0.05 g/210L Test #2	0.046
0.05 g/210L Test: OK	Yes	0.08 g/210L Test #2	0.078
0.08 g/210L Test: OK	Yes	0.20 g/210L Test #2	0.190
0.20 g/210L Test: OK	Yes	0.20 g/210L Test #2 (Retry)	0.193
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test #2	0.079
		Interferent Detect Test #2	
		Alcohol Free Test #3	0.000
		0.05 g/210L Test #3	0.047
		0.08 g/210L Test #3	0.079
		0.20 g/210L Test #3	0.192
		0.20 g/210L Test #3 (Retry)	0.194
		0.08 g/210L Dry Gas Std Test #3	0.079
		Interferent Detect Test #3	

Remarks:

20: TEMPERATURE TO LOW

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FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

VB3

Agency: ~~Hillsborough SO~~ FDLE Instrument Serial Number: 80-000239

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☐ Annual ☐ Inspection After Repair ☐ Other: _____ ☐ Remain In Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☑ Contact T. Gray ☐ Other _____ Date: 02-11-08	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments: Instrument loaned to HCSO due to 80-000833 being removed from service.

Instrument/Area:	Equipment:	Supplies:
☑ Clean/Dry ☑ Secure ☐ Other	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments:

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Alcohol Testing Program

Recommendations/Observations Taken:

- Instrument loaned to Hillsborough SO
Agency Inspection required prior to installation

Signature of Alcohol Testing Program Staff Member

02-11-08
Date

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Florida Department of Law Enforcement
Alcohol Testing Program

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Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: FDLE
Time of Inspection: 12:10 **Date of Inspection:** 02/06/2008
Serial Number: 80-000229
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200612C Exp: 12/14/2008	0.08g/210L Test (g/210L) Lot#:200612D Exp: 12/14/2008	0.20g/210L Test (g/210L) Lot#:200605F Exp: 05/10/2008	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:709601I Exp: 04/08/2009
0.000	0.048	0.078	0.194	0.079
0.000	0.049	0.079	0.195	0.079
0.000	0.048	0.079	0.196	0.079
0.000	0.049	0.080	0.197	0.079
0.000	0.049	0.079	0.197	0.080
0.000	0.049	0.080	0.197	0.080
0.000	0.049	0.080	0.198	0.080
0.000	0.049	0.080	0.197	0.080
0.000	0.049	0.080	0.197	0.079
0.000	0.049	0.079	0.198	0.080

Standard Deviations	0.0004	0.0006	0.0012	0.0005

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0006 **Number of Simulators Used:** 5

Remarks:
CAPT W. ROBERSON AND DEPUTY W. KING PRESENT.

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

DONALD P SUERETH
Signature and Printed Name

I HEREBY CERTIFY THE AUTHENTICITY OF THE SEAL AFFIXED HERETO.

02/06/2008
Date

FDLE/ATP Form 41 -Revised August 2005

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

LDB

Agency: Ft. Walton Beach P.D. Instrument Serial Number: PO-000738

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☒ Annual ☒ Inspection After Repair ☐ Other: _____ ☐ Remain in Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: _____	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments:
Checked local setup. (named "FT WALTON BEACH PD")

R = 197

Instrument/Area:	Equipment:	Supplies:
☐ Clean/Dry ☐ Secure ☒ Other Room Temp: 22°c 71°F Baro Sensor Check: Issue: 1017 Upd: 1022	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments:

Recommendations/Actions Taken:

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Alcohol Testing Program

Margaret Gebhing
Signature of Alcohol Testing Program Staff Member

1/23/08
Date

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June 2007

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: FT WALTON BEACH PD
Time of Inspection: 14:46
Date of Inspection: 01/23/2008
Serial Number: 80-000738
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200708A Exp: 08/01/2009	0.08g/210L Test (g/210L) Lot#:200708C Exp: 08/01/2009	0.20g/210L Test (g/210L) Lot#:200708D Exp: 08/01/2009	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:800201I Exp: 01/04/2010
0.000	0.049	0.079	0.197	0.079
0.000	0.049	0.080	0.198	0.079
0.000	0.049	0.081	0.199	0.079
0.000	0.049	0.081	0.199	0.079
0.000	0.049	0.080	0.200	0.079
0.000	0.050	0.081	0.199	0.079
0.000	0.049	0.081	0.200	0.080
0.000	0.050	0.081	0.200	0.079
0.000	0.050	0.082	0.200	0.078
0.000	0.050	0.081	0.200	0.079

Standard Deviations	0.0005	0.0008	0.0010	0.0004

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0006 **Number of Simulators Used:** 5

Remarks:

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Alcohol Testing Program

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Margaret M Geddings — MARGARET M GEDDINGS
Signature and Printed Name

I HEREBY CERTIFY THE AUTHENTICITY OF THE SEAL AFFIXED HERETO.

01/23/2008
Date

FDLE/ATP Form 41 –Revised August 2005

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: ESCAMBIA COUNTY SO
Time of Inspection: 11:33
Date of Inspection: 02/21/2008
Serial Number: 80-000751
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200708A Exp: 08/01/2009	0.08g/210L Test (g/210L) Lot#:200708C Exp: 08/01/2009	0.20g/210L Test (g/210L) Lot#:200708D Exp: 08/01/2009	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:800201I Exp: 01/04/2010
0.000	0.047	0.078	0.194	0.080
0.000	0.047	0.078	0.195	0.080
0.000	0.047	0.078	0.196	0.080
0.000	0.048	0.078	0.196	0.080
0.000	0.048	0.078	0.195	0.079
0.000	0.048	0.079	0.195	0.080
0.000	0.049	0.078	0.195	0.080
0.000	0.049	0.078	0.196	0.079
0.000	0.048	0.079	0.196	0.080
0.000	0.048	0.079	0.195	0.080
Standard Deviations	0.0007	0.0004	0.0006	0.0004

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0005 **Number of Simulators Used:** 5

Remarks:

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The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Margaret M Geddings — MARGARET M GEDDINGS
Signature and Printed Name

I HEREBY CERTIFY THE AUTHENTICITY OF THE SEAL AFFIXED HERETO.

02/21/2008
Date

FDLE/ATP Form 41 –Revised August 2005

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

UDB

Agency: Escambia County SO Instrument Serial Number: 80-000751

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☒ Annual ☐ Inspection After Repair ☐ Other: _____ ☐ Remain in Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: _____	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments:
Checked local setup
R = 193

Instrument/Area:	Equipment:	Supplies:
☐ Clean/Dry ☐ Secure ☒ Other Room Temp: 23°C 75°F Baro Sensor Check Ipno: 1019 / DPG: 1019	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments:

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Alcohol Testing Program

Additional Comments:

Margaret Cullinan
Signature of Alcohol Testing Program Staff Member

2/21/08
Date

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Florida Department of Law Enforcement
Alcohol Testing Program

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Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: MARION COUNTY SO
Time of Inspection: 12:34
Date of Inspection: 01/14/2008
Serial Number: 80-000752
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200708A Exp: 08/01/2009	0.08g/210L Test (g/210L) Lot#:200612D Exp: 12/14/2008	0.20g/210L Test (g/210L) Lot#:200708D Exp: 08/01/2009	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:627101I Exp: 10/03/2008
0.000	0.048	0.078	0.198	0.082
0.000	0.048	0.079	0.199	0.082
0.000	0.048	0.079	0.199	0.082
0.000	0.049	0.080	0.199	0.081
0.000	0.048	0.080	0.198	0.082
0.000	0.049	0.080	0.199	0.081
0.000	0.050	0.080	0.200	0.082
0.000	0.049	0.080	0.199	0.082
0.000	0.050	0.081	0.199	0.081
0.000	0.050	0.080	0.200	0.082

Standard Deviations	0.0008	0.0008	0.0006	0.0004

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0006 Number of Simulators Used: 5

Remarks:

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

MATTHEW E MALHIOT
Signature and Printed Name

I HEREBY CERTIFY THE AUTHENTICITY OF THE SEAL AFFIXED HERETO.

01/14/2008
Date

FDLE/ATP Form 41 –Revised August 2005

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

WDB

Agency: MARION CO SO **Instrument Serial Number:** 80-0000752

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☒ Annual ☒ Inspection After Repair ☐ Other: _____ ☒ Remain in Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: _____	The following records were audited: ☐ Agency Inspection Reports ☒ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments: Check Local Set-up
Change Simulator Return port "O" Ring
Inspection Done at JROC

Instrument/Area:	Equipment:	Supplies:
☒ Clean/Dry Room temp ☒ Secure ☒ Other BARO Sensor check 8000: 1022 / API: 1020	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☒ Mouth Pieces

Comments:
Mouth Alcohol: 2007-B / Acetone stock: 2007-A

Recommended Action/Action Taken:

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JAN 15 2008 CMQ
Alcohol Testing Program

Matt E Mulkin 1/14/08
Signature of Alcohol Testing Program Staff Member **Date**

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June 2007

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Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

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Agency: Santa Rosa County S.O. Instrument Serial Number: 80-000772

Department Inspection	Agency Inspection/Agency Contact	Records Audit
☒ Annual ☒ Inspection After Repair ☐ Other: _____ ☐ Remain In Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: _____	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments:
Checked local setup
R= 201

Instrument/Area	Equipment	Supplies
☐ Clean/Dry ☐ Secure ☒ Other Room Temp: 19°C 66°F Baro Sensor Check: DRO: 1017 / DFE: 1022	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments:

Recommendations/Action Taken

Margaret Geddings
Signature of Alcohol Testing Program Staff Member

2/7/08
Date

Original – FDLE Copy – Agency

June 2007

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: SANTA ROSA COUNTY SO
Serial Number: 80-000772
Time of Inspection: 11:19
Date of Inspection: 02/07/2008
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200708A Exp: 08/01/2009	0.08g/210L Test (g/210L) Lot#:200708C Exp: 08/01/2009	0.20g/210L Test (g/210L) Lot#:200708D Exp: 08/01/2009	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:800201I Exp: 01/04/2010
/ 0.000	0.047	0.077	0.193	0.080
/ 0.000	0.048	0.078	0.195	0.080
/ 0.000	0.048	0.078	0.195	0.080
/ 0.000	0.048	0.078	0.195	0.080
/ 0.000	0.048	0.078	0.195	0.081
/ 0.000	0.048	0.078	0.195	0.081
/ 0.000	0.048	0.079	0.195	0.081
/ 0.000	0.048	0.079	0.195	0.081
/ 0.000	0.048	0.079	0.195	0.080
/ 0.000	0.048	0.079	0.196	0.080

Standard Deviations	0.0003	0.0006	0.0007	0.0005

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0005 **Number of Simulators Used:** 5

Remarks:
00: Ambient FailNO CIRCULATION IN ROOM, OPENED DOOR TO VENT.

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Margaret M Geddings — MARGARET M GEDDINGS
Signature and Printed Name

I HEREBY CERTIFY THE AUTHENTICITY OF THE SEAL AFFIXED HERETO.

02/07/2008
Date

FDLE/ATP Form 41 -Revised August 2005

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: LAFAYETTE CO SO
Serial Number: 80-000773
Time of Inspection: 14:10
Date of Inspection: 04/07/2008
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200708A Exp: 08/01/2009	0.08g/210L Test (g/210L) Lot#:200708C Exp: 08/01/2009	0.20g/210L Test (g/210L) Lot#:200708D Exp: 08/01/2009	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:805901I Exp: 03/04/2010
0.000	0.047	0.078	0.195	0.078
0.000	0.047	0.078	0.196	0.076
0.000	0.048	0.079	0.196	0.077
0.000	0.047	0.079	0.196	0.076
0.000	0.047	0.079	0.196	0.076
0.000	0.048	0.079	0.196	0.076
0.000	0.047	0.079	0.195	0.077
0.000	0.047	0.079	0.196	0.077
0.000	0.047	0.079	0.196	0.077
0.000	0.048	0.080	0.196	0.077

Standard Deviations	0.0004	0.0005	0.0004	0.0006

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 **Number of Simulators Used:** 5

Remarks:

RECD APR 09 2008

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

MATTHEW E MALHIOT
Signature and Printed Name

I HEREBY CERTIFY THE AUTHENTICITY OF THE SEAL AFFIXED HERETO.

04/07/2008
Date

FDLE/ATP Form 41 –Revised August 2005

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Lafayette CO SO Instrument Serial Number: 80-000773

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☐ Annual ☒ Inspection After Repair ☐ Other: _____ ☒ Remain in Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: _____	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments: Check Local set-up
Inspection done at JRCC
Replace simulator Return "O" Ring

Instrument/Area:	Equipment:	Supplies:
☒ Clean/Dry temp ☒ Secure ☒ Other AAGD sensor check 2000: 1015/DPI: 1015	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments:

mouth alcohol solution: 2007-B / Acetone stock solution: 2007 C

Recommended Action/Action Taken:

2008

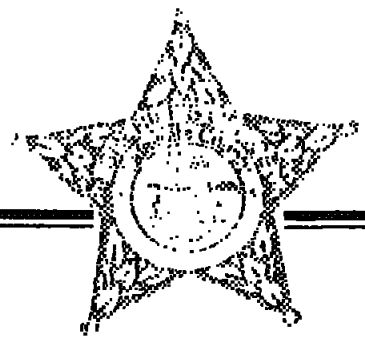
Signature of Alcohol Testing Program Staff Member

1/7/08
Date

Original – FDLE Copy – Agency

June 2007

Carson McCall
Sheriff



Office of the Sheriff
Lafayette County, Florida

Phone (386) 294-1222 Fax (386) 294-1190

January 24, 2008

To Whom It May Concern:

The Intoxilyzer 8000, #80-000773 and 80-000776, located at the Lafayette County Sheriff's Office were both sent out for repair in December, 2007. I will notify when placed back into service.

Thank you,

M. Mandola

I TOLD SgT mandola to Send Them out. Both Dry gas Regulators were Leaking

RECEIVED
8

Mailing Address:
P.O. Box 227
Mayo, Florida 32066

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

UDB

Agency: Columbia CO SO Instrument Serial Number: 80-000775

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☐ Annual ☐ Inspection After Repair ☐ Other: _____ ☒ Remain In Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☒ Other Call out Request Date: 1/31/08	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments: Spit Into Instrument by subject - failed A.I. Did not Read Acetone. Low Dry gas Readings After subject spit Into Instrument

Instrument/Area:	Equipment:	Supplies:
☐ Clean/Dry ☑ Secure ☐ Other	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments: Checked BVM, Ran Air Blank - Ran Dry gas control test .079

Recommended Action/Action Taken:

Complete a new A.I. with new Acetone stick -

Signature of Alcohol Testing Program Staff Member 1/31/08 Date

Original – FDLE Copy – Agency

June 2007

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COLUMBIA COUNTY SO
Serial Number: 80-000775
Time of Inspection: 08:39
Date of Inspection: 01/31/2008
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000				
0.000				
0.000				

Number of Simulators Used: 2

Remarks:
DID NOT READ ACETONE, . DID NOT READ ACETONE.

The above instrument complies ( ) does not comply (X) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

RUSSELL C CARSON
Signature and Printed Name

01/31/2008
Date

FDLE/ATP Form 40 -- March 2004

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

LDB

Agency: Columbia CO SO Instrument Serial Number: 80-000775

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☐ Annual ☐ Inspection After Repair ☐ Other: ☒ Remain In Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☒ Other Call out Repair Date: 1/31/08	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments: Spit into Instrument as instructed failed A.I. Did not read Acetone. Low Dry gas readings after cleaned spit in Instrument

Instrument/Area:	Equipment:	Supplies:
☐ Clean/Dry ☐ Secure ☐ Other	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments: Checked AIM, and did Instrument Dry gas control test .079

Recommended Action/Action Taken:

Complete a new A.I. with new Acetone stock.

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FEB 23 2008
FDLE
Alcohol Testing Program

Signature of Alcohol Testing Program Staff Member — Date 1/31/08

Original – FDLE Copy – Agency

June 2007

Inspection Tests

Instrument Serial #80-000775

Agency Operator	Date	Time	Software	Source	
COLUMBIA COUNTY SO CARSON,RUSSELL,C	01/31/2008	08:39:48	8100.27	Agency	Inspection

 # Sims 2 **Complies** No

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test #1	0.000
Date and/or Time Adjusted	No	Interferent Detect Test #1	0.000
Minimum Sample Volume Check: OK		Interferent Detect Test #1 (Retry)	0.000
Barometric Pressure Sensor Check: OK		Alcohol Free Test #2	0.000
Alcohol Free Subject Test: 0.000	Yes	Interferent Detect Test #2	0.000
Mouth Alcohol Test: Slope Not Met	Yes	Interferent Detect Test #2 (Retry)	0.000
Interferent Detect Test: Interferent Detect	No	Alcohol Free Test #3	0.000
Diagnostic Check (Post-Inspection): OK	No	Interferent Detect Test #3	0.000
Alcohol Free Test: OK	Yes	Interferent Detect Test #3 (Retry)	0.000
0.05 g/210L Test: OK	No		
0.08 g/210L Test: OK	No		
0.20 g/210L Test: OK	No		
0.08 g/210L Dry Gas Std Test: OK	No		

Remarks:

DID NOT READ ACETONE, . DID NOT READ ACETONE.

COBRA ©1997-2006 CMI, Inc.

Inspection Tests

Instrument Serial #80-000775

Agency Operator	Date	Time	Software	Source	
COLUMBIA COUNTY SO CARSON.RUSSELL,C	01/31/2008	08:20:04	8100.27	Agency	Inspection

 # Sims 2 **Complies** No

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test #1	0.000
Date and/or Time Adjusted	No	Interferent Detect Test #1	0.000
Minimum Sample Volume Check: OK		Interferent Detect Test #1 (Retry)	0.000
Barometric Pressure Sensor Check: OK		Alcohol Free Test #2	0.000
Alcohol Free Subject Test: 0.000	Yes	Interferent Detect Test #2	0.000
Mouth Alcohol Test: Slope Not Met	Yes	Interferent Detect Test #2 (Retry)	0.000
Interferent Detect Test: Interferent Detect	No	Alcohol Free Test #3	0.000
Diagnostic Check (Post-Inspection): OK	No	Interferent Detect Test #3	0.000
Alcohol Free Test: OK	Yes	Interferent Detect Test #3 (Retry)	0.000
0.05 g/210L Test: OK	No		
0.08 g/210L Test: OK	No		
0.20 g/210L Test: OK	No		
0.08 g/210L Dry Gas Std Test: OK	No		

Remarks:

. Non-compliance: .

COBRA ©1997 2006 CMI, Inc.

Inspection Tests

Instrument Serial #80-000775

Agency Operator	Date	Time	Software	Source	
COLUMBIA COUNTY SO CARSON,RUSSELL,C	01/31/2008	12:32:56	8100.27	Agency	Inspection

0.05 Lot# 200708A
Expiration 08/01/2009

 # Sims 2 **Complies** No

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test #1	0.000
Date and/or Time Adjusted	No	0.05 g/210L Test #1	0.043
Minimum Sample Volume Check: OK		0.05 g/210L Test #1 (Retry)	0.046
Barometric Pressure Sensor Check: OK		Interferent Detect Test #1	
Alcohol Free Subject Test: 0.000	Yes	Alcohol Free Test #2	0.000
Mouth Alcohol Test: Slope Not Met	Yes	0.05 g/210L Test #2	0.045
Interferent Detect Test: Interferent Detect	Yes	0.05 g/210L Test #2 (Retry)	0.045
Diagnostic Check (Post-Inspection): OK	No	Interferent Detect Test #2	
Alcohol Free Test: OK	Yes	Alcohol Free Test #3	0.000
0.05 g/210L Test: OK	No	0.05 g/210L Test #3	0.045
0.08 g/210L Test: OK	No	Interferent Detect Test #3	
0.20 g/210L Test: OK	No		
0.08 g/210L Dry Gas Std Test: OK	No		

Remarks:

05: Control Outside Tolerance, NEW O RINGS, RFI Detect CELL. CELL PHONE TOO CLOSENon-compliance: .

Printed: 18 February 2008

COBRA ©1997-2006 CMI, Inc.

Inspection Tests

Instrument Serial #80-000775

Agency Operator	Date	Time	Software	Source	
COLUMBIA COUNTY SO CARSON,RUSSELL,C	01/31/2008	14:32:43	8100.27	Agency	Inspection

0.05 Lot#	200708A	**0.08 Lot#**	200708C	**0.20 Lot#**	200605F	**0.08 Gas Lot#**	724701G
Expiration	08/01/2009	**Expiration**	08/01/2009	**Expiration**	05/10/2008	**Expiration**	06/09/2009

 # Sims 2 **Complies** Yes

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test #1	0.000
Date and/or Time Adjusted	No	0.05 g/210L Test #1	0.046
Minimum Sample Volume Check: OK		0.08 g/210L Test #1	0.076
Barometric Pressure Sensor Check: OK		0.20 g/210L Test #1	0.188
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test #1 (Retry)	0.193
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test #1	0.078
Interferent Detect Test: Interferent Detect	Yes	Interferent Detect Test #1	
Diagnostic Check (Post-Inspection): OK	Yes	Alcohol Free Test #2	0.000
Alcohol Free Test: OK	Yes	0.05 g/210L Test #2	0.047
0.05 g/210L Test: OK	Yes	0.08 g/210L Test #2	0.078
0.08 g/210L Test: OK	Yes	0.20 g/210L Test #2	0.193
0.20 g/210L Test: OK	Yes	0.20 g/210L Test #2 (Retry)	0.194
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test #2	0.078
		Interferent Detect Test #2	
		Alcohol Free Test #3	0.000
		0.05 g/210L Test #3	0.046
		0.08 g/210L Test #3	0.079
		0.20 g/210L Test #3	0.194
		0.20 g/210L Test #3 (Retry)	0.195
		0.08 g/210L Dry Gas Std Test #3	0.078
		Interferent Detect Test #3	

Remarks:

20: Control Outside Tolerance RUNNING COLD.

Printed: 18 February 2008

COBRA ©1997-2006 CMI, Inc.

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COLUMBIA COUNTY SO
Serial Number: 80-000775
Time of Inspection: 08:20
Date of Inspection: 01/31/2008
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000				
0.000				
0.000				

Number of Simulators Used: 2

Remarks:
. Non-compliance: .

The above instrument complies ( ) does not comply (X) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

RUSSELL C. CARSON
Signature and Printed Name

01/31/2008
Date

FDLE/ATP Form 40 – March 2004

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: LAFAYETTE CO SO
Serial Number: 80-000776
Time of Inspection: 14:30
Date of Inspection: 04/07/2008
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200708A Exp: 08/01/2008	0.08g/210L Test (g/210L) Lot#:200708C Exp: 01/08/2009	0.20g/210L Test (g/210L) Lot#:200708D Exp: 08/01/2009	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:805901T Exp: 03/04/2010
0.000	0.047	0.080	0.196	0.078
0.000	0.047	0.080	0.197	0.078
0.000	0.047	0.079	0.197	0.078
0.000	0.047	0.080	0.197	0.078
0.000	0.047	0.080	0.197	0.078
0.000	0.047	0.080	0.197	0.078
0.000	0.048	0.080	0.196	0.078
0.000	0.047	0.080	0.197	0.078
0.000	0.046	0.080	0.196	0.078
0.000	0.047	0.080	0.197	0.078

Standard Deviations	0.0004	0.0003	0.0004	0.0000

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0002 Number of Simulators Used: 5

Remarks:

RECD APR 09 2008

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

MATTHEW E MALHIOT
Signature and Printed Name

I HEREBY CERTIFY THE AUTHENTICITY OF THE SEAL AFFIXED HERETO.

04/07/2008
Date

FDLE/ATP Form 41 –Revised August 2005

FDLE

Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

LDB

Agency: Lafayette CO SO Instrument Serial Number: 80-000176

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☐ Annual ☒ Inspection After Repair ☐ Other: _____ ☒ Remain In Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: _____	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments: Check Local setup
Inspection Done AT JROC
Replace simulator Return "O" Ring

Instruments/Area:	Equipment:	Supplies:
☒ Clean/Dry Temp ☒ Secure ☒ Other BAC Sensor check 8000: 1015 / DPI: 1015	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments:

mouth Alcohol solution: 2007-B / Acetone stock solution: 2007-C

Recommendations/Action Taken:

RECD APR 09 2008

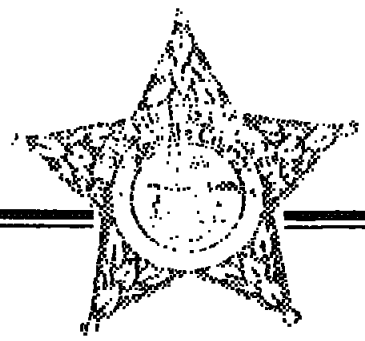
Signature of Alcohol Testing Program Staff Member

Date 4/7/08

Original – FDLE Copy – Agency

June 2007

Carson McCall
Sheriff



Office of the Sheriff
Lafayette County, Florida

Phone (386) 294-1222 Fax (386) 294-1190

January 24, 2008

To Whom It May Concern:

The Intoxilyzer 8000, #80-000773 and 80-000776, located at the Lafayette County Sheriff's Office were both sent out for repair in December, 2007. I will notify when placed back into service.

Thank you,

M. Mandola

I TOLD SgT mandola to Send Them out. Both Dry gas Regulators were Leaking

RECEIVED
8

Mailing Address:
P.O. Box 227
Mayo, Florida 32066

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: COLUMBIA COUNTY SO
Instrument Serial Number: 80-000775 Software: 8100.27
Date of Test: 01/27/2008

Date of Last Agency Inspection: 12/28/2007
Observation Period Began: 23:30
Subject's Name: JAMES S FOSTER DOB: 06/24/1971 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	00:05
Air Blank	0.000	00:06
Control Test	0.079	00:06
Air Blank	0.000	00:07
Subject Sample #1	0.000	00:08
Air Blank	0.000	00:09
Air Blank	0.000	00:10
Subject Sample #2	0.000	00:11
Air Blank	0.000	00:11
Control Test	0.076	00:11
Air Blank	0.000	00:12
Diagnostics Check	OK	00:12

Cylinder Lot: 724701G
Exp: 06/09/2009

State of Florida, County of _____,

Personally appeared before me the undersigned authority, who (_ _) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I [illegible], hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: _____
Signature

Sworn to (or affirmed) before me this _____ day of _____ , _____

_____ _____
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: COLUMBIA COUNTY SO
Instrument Serial Number: 80-000775 Software: 8100.27
Date of Test: 01/27/2008

Date of Last Agency Inspection: 12/28/2007
Observation Period Began: 22:51
Subject's Name: ROGER K OLIVE DOB: 02/28/1955 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	23:11
Air Blank	0.000	23:11
Control Test	0.080	23:12
Air Blank	0.000	23:12
Subject Sample #1	NSP*	23:15
Air Blank	0.000	23:16
Air Blank	0.000	23:16
Subject Sample #2	ABT**	23:18
Air Blank	0.000	23:19

*No Sample Provided
**Sequence Aborted

Cylinder Lot: 724701G
Exp: 06/09/2009

State of Florida, County of _____,

Personally appeared before me the undersigned authority, who (___) is personally known to me or (___) produced _____ as identification, and who after being placed under oath, states:

I [illegible] , hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: _____
Signature

Sworn to (or affirmed) before me this ____ day of _____ , ____

_____ _____
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: COLUMBIA COUNTY SO
Instrument Serial Number: 80-000775 Software: 8100.27
Date of Test: 01/25/2008

Date of Last Agency Inspection: 12/28/2007
Observation Period Began: 01:00
Subject's Name: ORESTE VILLAR DOB: 10/09/1984 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:24
Air Blank	0.000	01:25
Control Test	0.080	01:25
Air Blank	0.000	01:26
Subject Sample #1	VNM*	01:29
Air Blank	PUR**	01:30
Air Blank	PUR**	01:30

*Volume Not Met (0.138 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Purge Fail

Cylinder Lot: 724701G
Exp: 06/09/2009

State of Florida, County of _____,

Personally appeared before me the undersigned authority, who (___) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I JOHN PANASKI _____, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: _____
Signature

Sworn to (or affirmed) before me this _____ day of _____, _____

_____ _____
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: COLUMBIA COUNTY SO
Instrument Serial Number: 80-000775 Software: 8100.27
Date of Test: 01/25/2008

Date of Last Agency Inspection: 12/28/2007
Observation Period Began: 01:00
Subject's Name: ORESTE VILLAR DOB: 10/09/1984 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:33
Air Blank	0.000	01:34
Control Test	0.061*	01:34
Air Blank	0.000	01:35

*Control Outside Tolerance

Cylinder Lot: 724701G
Exp: 06/09/2009

State of Florida, County of _____,

Personally appeared before me the undersigned authority, who (__) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I [illegible], hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: _____
Signature

Sworn to (or affirmed) before me this _____ day of _____, _____

Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: COLUMBIA COUNTY SO
Instrument Serial Number: 80-000775 Software: 8100.27
Date of Test: 01/25/2008

Date of Last Agency Inspection: 12/28/2007
Observation Period Began: 01:00
Subject's Name: ORESTE VILLAR DOB: 10/09/1989 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:37
Air Blank	0.000	01:37
Control Test	0.065*	01:37
Air Blank	0.000	01:38

*Control Outside Tolerance

Cylinder Lot: 72470.G
Exp: 06/09/2009

State of Florida, County of _____,

Personally appeared before me the undersigned authority, who (__) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I [illegible], hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: _____
Signature

Sworn to (or affirmed) before me this _____ day of _____, _____

_____ _____
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: COLUMBIA COUNTY SO
Instrument Serial Number: 80-000775 Software: 8100.27
Date of Test: 01/25/2008

Date of Last Agency Inspection: 12/28/2007
Observation Period Began: 01:00
Subject's Name: ORESTE VILLAR DOB: 10/09/1984 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:42
Air Blank	0.000	01:43
Control Test	0.069*	01:42
Air Blank	0.000	01:44

*Control Outside Tolerance

Cylinder Lot: 7347010
Exp: 06/09/2009

State of Florida, County of _____,

Personally appeared before me the undersigned authority, who (__) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I [illegible], hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: _____
Signature

Sworn to (or affirmed) before me this _____ day of _____ ____ , _____

_____ _____
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: COLUMBIA COUNTY SO
Instrument Serial Number: 80-000775 Software: 8100.27
Date of Test: 01/25/2008

Date of Last Agency Inspection: 12/28/2007
Observation Period Began: 01:00
Subject's Name: ORESTE VILLAR DOB: 10/09/1984 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:49
Air Blank	0.000	01:49
Control Test	0.069*	01:50
Air Blank	0.000	01:50

*Control Outside Tolerance

Cylinder Lot: 724701G
Exp: 06/09/2009

State of Florida, County of _____,

Personally appeared before me the undersigned authority, who (__) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I [illegible] , hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: _____
Signature

Sworn to (or affirmed) before me this _____ day of _____, _____

_____ _____
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: COLUMBIA COUNTY SO
Instrument Serial Number: 80-000775 Software: 8100.27
Date of Test: 01/25/2008

Date of Last Agency Inspection: 12/28/2007
Observation Period Began: 01:00
Subject's Name: ORESTE VILLAR DOB: 10/09/1984 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	03:07
Air Blank	0.000	03:07
Control Test	0.074*	03:08
Air Blank	0.000	03:08

*Control Outside Tolerance

Cylinder Lot: 7247010
Exp: 06/09/2009

State of Florida, County of _____,

Personally appeared before me the undersigned authority, who (__) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I am a sworn _____, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: _____
Signature

Sworn to (or affirmed) before me this _____ day of _____, _____

_____ _____
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 327.7415, F.S

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MADISON COUNTY SO
Time of Inspection: 10:40
Date of Inspection: 01/25/2008
Serial Number: 80-000779
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200605B Exp: 05/04/2008	0.08g/210L Test (g/210L) Lot#:200605C Exp: 05/04/2008	0.20g/210L Test (g/210L) Lot#:200605F Exp: 05/~~04~~/2008 10 2-28-08	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:606002I Exp: 03/03/2008
0.000	0.052	0.083	0.206	0.078
0.000	0.052	0.083	0.206	0.079
0.000	0.052	0.082	0.205	0.079

Number of Simulators Used: 5

Remarks:
NONE

RECEIVED
MAR 0 7 2008 CMQ
FDLE
Alcohol Testing Program

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

JAMES M STRICKLAND
Signature and Printed Name

01/25/2008
Date

FDLE/ATP Form 40 – March 2004

FDLE

Florida Department of
Law Enforcement

Gerald M. Bailey
Commissioner

Pensacola Regional Operations Center

1301 North Palafox Street
Pensacola, Florida 32501-2640
(800) 226-8574
www.fdle.state.fl.us

DATE: 7 February 2008

TO: Mike Strickland
Agency Inspector
Madison County Sheriff Department
18290 Blue Star Hwy
Quincy, FL 32351-7164

RECEIVED
FEB 12 2008
FDLE
Alcohol Testing Program

FROM: Maggie Geddings
Department Inspector
1301 N. Palafox Street
Pensacola, FL 32501
(850) 595-2161

SUBJECT: Agency Inspection Discrepancy for Instrument # 80-000779

Based on my review of the agency inspection dated 1/25/2008, of the above Intoxilyzer 8000 instrument, I have noted the following discrepancy.

DISCREPANCY:
Erroneous Information: You indicated on your inspection for the month of January for the above instrument, the expiration date for the Alcohol Reference Solution 0.20 g/210L to be 5/4/2008.

SUMMARY:
The expiration date should be 5/10/2008, please check the FDLE Alcohol Testing Program web site for the proper expiration dates for the Alcohol Reference Solution.

CORRECTIVE ACTION NEEDED:
Make the proper pen and ink changes to the original Agency Inspection Report – Intoxilyzer 8000 (FDLE/ATP Form 40) in your files and forward an amended copy to my office and any other agency you have sent the reports to. Please accomplish this within ten business days of your receipt of this notice.

Please contact me if you have any further questions.

cc: FDLE/ATP Headquarters
File

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MADISON COUNTY SO
Time of Inspection: 10:40
Date of Inspection: 01/25/2008
Serial Number: 80-000779
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200605B Exp: 05/04/2008	0.08g/210L Test (g/210L) Lot#:200605C Exp: 05/04/2008	0.20g/210L Test (g/210L) Lot#:200605F Exp: 05/04/2008	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:606002I Exp: 03/03/2008
0.000	0.052	0.083	0.206	0.078
0.000	0.052	0.083	0.206	0.079
0.000	0.052	0.082	0.205	0.079

Number of Simulators Used: 5

Remarks:
NONE

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

JAMES M STRICKLAND
Signature and Printed Name

01/25/2008
Date

FDLE/ATP Form 40 – March 2004

COLUMBIA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000775
01/31/2006
Software: 9193.27

DRY CONTROL TEST

Test	g/210L	Time
Air Blank	0.000	12:01
Control Test	0.079	12:01
Air Blank	0.000	12:02

Operator's Signature

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

L123

Agency: Broward County S.O. Instrument Serial Number: 80-000786

Department Inspection	Agency Inspection/Agency Contact	Records Audit
☑ Annual ☐ Inspection After Repair ☐ Other: _____ ☑ Remain in Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: _____	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments:
B.P. Instrument - 1017
B.P. Gauge - 1019
Unified set-up procedures.

Instrument/Area	Equipment	Supplies
☑ Clean/Dry ☑ Secure ☐ Other	☑ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☑ Class A Glassware	☑ Distilled/Deionized Water ☑ Mouth Alcohol Solution ☑ Acetone Stock Solution ☑ Alcohol Reference Solution ☑ Dry Gas Standard ☑ Mouth Pieces

Comments:
F. DiCienzo & Pat Nanz were present for the inspection.

Recommendations/Follow/Action Items

In compliance with 11D-8, F.A.C.

RECD APR 11 2008

Signature of Alcohol Testing Program Staff Member

04/09/08
Date

Original – FDLE Copy – Agency

June 2007

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: VERO BEACH PD
Time of Inspection: 19:33
Date of Inspection: 02/29/2008
Serial Number: 80-000790
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200708A Exp: 08/01/2009	0.08g/210L Test (g/210L) Lot#:200708C Exp: 08/01/2009	0.20g/210L Test (g/210L) Lot#:200708D Exp: 08/01/2009	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:706102I Exp: 03/05/2009
0.000 / 0.000	0.048	0.078	0.198	0.077
0.000 / 0.000	0.049	0.079	0.197	0.078
0.000 / 0.000	0.048	0.079	0.197	0.078

Number of Simulators Used: 4

Remarks:
A F / M A: Range Exceeded. 00: RFI Detect.

Too much mouth alcohol.

RECD MAR 06 2008

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

FRANK J ADAMSKI
Signature and Printed Name

02/29/2008
Date

FDLE/ATP Form 40 – March 2004

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: VERO BEACH PD
Time of Inspection: 18:39
Date of Inspection: 02/29/2008
Serial Number: 80-000790
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000				
0.000				
0.000				

Number of Simulators Used: 4

Remarks:
Int Det: , . Non-compliance: .
The solution was weak.

RECD MAR 06 2008

The above instrument complies ( ) does not comply (X) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

FRANK J ADAMSKI
Signature and Printed Name

02/29/2008
Date

FDLE/ATP Form 40 – March 2004

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FDLE
Alcohol Testing Program

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: VERO BEACH PD
Time of Inspection: 11:59 Date of Inspection: 01/31/2008
Serial Number: 80-000790
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:

Number of Simulators Used: 4

Remarks:
PASSED

This test was aborted after I typed the wrong key when prompt by the instrument.

The above instrument complies ( ) does not comply (X) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

FRANK J ADAMSKI
Signature and Printed Name

01/31/2008
Date

FDLE/ATP Form 40 – March 2004

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FT PIERCE PD
Serial Number: 80-000791
Time of Inspection: 10:27
Date of Inspection: 03/27/2008
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200708A Exp: 08/01/2009	0.08g/210L Test (g/210L) Lot#:200708C Exp: 08/01/2009	0.20g/210L Test (g/210L) Lot#:200708D Exp: 08/01/2009	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:701201G Exp: 01/15/2009
0.000	0.050	0.076	0.187 / 0.194	0.077
0.000	0.050	0.078	0.193 / 0.195	0.077
0.000	0.050	0.078	0.195 / 0.195	0.077

Number of Simulators Used: 4

Remarks:
20: Control Outside Tolerance. simulator leak.

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

ROBERT E CURRY
Signature and Printed Name

03/27/2008
Date

FDLE/ATP Form 40 – March 2004

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FT PIERCE PD
Serial Number: 80-000791
Time of Inspection: 11:03
Date of Inspection: 02/25/2008
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200708A Exp: 08/01/2009	0.08g/210L Test (g/210L) Lot#:200708C Exp: 08/01/2009	0.20g/210L Test (g/210L) Lot#:200708D Exp: 08/01/2009	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:701201G Exp: 01/15/2009
0.000	0.050	0.079	0.189 / 0.193	0.078
0.000	0.050	0.079	0.194 / 0.195	0.078
0.000	0.050	0.079	0.196 / 0.196	0.078

Number of Simulators Used: 4

Remarks:
20: Control Outside Tolerance. Simulator leak.

RECD MAR 06 2008

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

ROBERT E CURRY
Signature and Printed Name

02/25/2008
Date

FDLE/ATP Form 40 – March 2004

Florida Department of Law Enforcement
Alcohol Testing Program

RECD APR 01 2008

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GULF COUNTY SO
Time of Inspection: 19:18 Date of Inspection: 03/30/2008

Serial Number: 80 [illegible]
Software: [illegible]

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200708A Exp: 08/01/2009	0.08g/210L Test (g/210L) Lot#:200708C Exp: 08/01/2009	0.20g/210L Test (g/210L) Lot#:200708D Exp: 08/01/2009	0.08 g/210L Dry Gas Sim Test (g/210L) Lot#: [illegible] Exp: [illegible]
0.000	0.049	0.079	0.193	0.078
0.000	0.050	0.081	0.195	0.078
0.000	0.050	0.081	0.195	0.078

Number of Simulators Used: 4

Remarks:

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

James A Newsome JAMES A NEWSOME
Signature and Printed Name

03/30/2008
Date

FDLE/ATP Form 40 – March 2004

Florida Department of Law Enforcement
Alcohol Testing Program

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FEB 07 2008
FDLE
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GULF COUNTY SO
Time of Inspection: 02:35 Date of Inspection: 02/01/2008

Serial Number: 80-000795
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200708A Exp: 08/01/2009	0.08g/210L Test (g/210L) Lot#:200708C Exp: 08/01/2009	0.20g/210L Test (g/210L) Lot#:200708D Exp: 08/01/2009	0.08 g/210L Dry Gas Sid Test (g/210L) Lot#:6261011 Exp: 09/20/2008
0.000	0.048	0.079	0.193	0.078
0.000	0.049	0.079	0.195	0.078
0.000	0.049	0.080	0.195	0.078

Number of Simulators Used: 4

Remarks:

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

James A. Newsome JAMES A NEWSOME
Signature and Printed Name

02/01/2008
Date

FDLE/ATP Form 40 – March 2004

Florida Department of Law Enforcement
Alcohol Testing Program

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FDLE
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GULF COUNTY SO
Time of Inspection: 02:35 Date of Inspection: 02/01/2008

Serial Number: 80-000795
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200708A Exp: 08/01/2009	0.08g/210L Test (g/210L) Lot#:200708C Exp: 08/01/2009	0.20g/210L Test (g/210L) Lot#:200708D Exp: 08/01/2009	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:6261011 Exp: 09/20/2008
0.000	0.048	0.079	0.193	0.078
0.000	0.049	0.079	0.195	0.078
0.000	0.049	0.080	0.195	0.078

Number of Simulators Used: 4

Remarks:

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

James A. Newsome JAMES A NEWSOME
Signature and Printed Name

02/01/2008
Date

FDLE/ATP Form 40 – March 2004

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

LDB

Agency: Gulf County S.O. **Instrument Serial Number:** 80-000795

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☐ Annual ☐ Inspection After Repair ☐ Other: _____ ☐ Remain in Service ☐ Remove from Service	☒ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: 12/30/07 / 12/31/07	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments:
AI James Newsome called to tell me the instrument did not comply ~~with~~ during his monthly insp. dated 12/30/07. I told him it rounded like a simulator problem + to try it again after checking the sims. 12/31/07, he repeated the AI, it did not comply again, so I told him to change his...

Instrument/Area:	Equipment:	Supplies:
☐ Clean/Dry ☐ Secure ☐ Other	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments:
...tubing + repeat the inspection. He did and it did comply at that time. He will replace all tubing on his sims and call me if he has any issue(s) during January's inspection.

Recommended Action/Action Taken:

RECEIVED
JAN 28 2008
FDLE
Alcohol Testing Program

Margaret Cullinan — 1/24/08
Signature of Alcohol Testing Program Staff Member — **Date**

Original – FDLE **Copy – Agency**

June 2007

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: HILLSBOROUGH CO SO
Time of Inspection: 14:06
Date of Inspection: 03/20/2008
Serial Number: 80-000808
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200612C Exp: 12/14/2008	0.08g/210L Test (g/210L) Lot#:200605C Exp: 05/04/2008	0.20g/210L Test (g/210L) Lot#:200612A Exp: 12/05/2008	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:709601I Exp: 04/08/2009
0.000	0.048	0.078	0.201	0.080
0.000	0.049	0.079	0.203	0.080
0.000	0.050	0.079	0.205	0.079
0.000	0.050	0.079	0.206	0.080
0.000	0.051	0.080	0.207	0.079
0.000	0.051	0.080	0.206	0.079
0.000	0.051	0.081	0.206	0.079
0.000	0.050	0.081	0.205	0.079
0.000	0.050	0.081	0.205	0.079
0.000	0.050	0.081	0.204	0.079
Standard Deviations	0.0009	0.0011	0.0017	0.0004

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0010 Number of Simulators Used: 5

Remarks:

RECD APR 09 2008

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

DONALD P SUERETH
Signature and Printed Name

I HEREBY CERTIFY THE AUTHENTICITY OF THE SEAL AFFIXED HERETO.

03/20/2008
Date

FDLE/ATP Form 41 –Revised August 2005

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

1 DB

Agency: Hillsborough S.O. Instrument Serial Number: SD-000308

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
Location: Enforcement Electronics ☑ Annual ☑ Inspection After Repair ☐ Other: _____ ☑ Remain in Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: _____	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments: Barometric pressure 1019 Instrument 1019.
Records not available.

Instrument Complies with FDLE 11D-8 FAC.

Instrument/Area:	Equipment:	Supplies:
☑ Clean/Dry ☑ Secure ☐ Other	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Room Temperature: 72.20°F
Comments: Equipment & Supplies not available

Recommendations/Comments:

- Set-up protocol checked
- Dept. Inspection
- Agency Inspection required prior to installation

Signature of Alcohol Testing Program Staff Member

05-20-08
Date

Original – FDLE Copy – Agency

June 2007

RECEIVED
FEB 22 2008
FDLE
Alcohol Testing Program

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: HILLSBOROUGH CO SO
Time of Inspection: 12:19
Date of Inspection: 02/20/2008
Serial Number: 80-000808
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:200612C Exp: 12/14/2008	0.08g/210L Test (g/210L) Lot#:200605C Exp: 05/04/2008	0.20g/210L Test (g/210L) Lot#:200612A Exp: 12/05/2008	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:709601I Exp: 04/08/2009
0.000	0.050	0.080	0.203	0.081
0.000	0.050	0.081	0.204	0.080
0.000	0.050	0.080	0.204	0.080
0.000	0.051	0.081	0.205	0.079
0.000	0.051	0.081	0.205	0.080
0.000	0.051	0.082	0.205	0.080
0.000	0.051	0.082	0.205	0.080
0.000	0.052	0.081	0.205	0.080
0.000	0.051	0.082	0.205	0.080
0.000	0.052	0.082	0.206	0.079
Standard Deviations	0.0007	0.0007	0.0008	0.0005

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0006 **Number of Simulators Used:** 5

Remarks:

The above instrument complies (X) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

DONALD P SUFRETH
Signature and Printed Name

I HEREBY CERTIFY THE AUTHENTICITY OF THE SEAL AFFIXED HERETO.

02/20/2008
Date

FDLE/ATP Form 41 –Revised August 2005

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

VAB

Agency: Hillsborough S.O. Instrument Serial Number: 80-000808

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
Location: Enforcement Electronics ☑ Annual ☑ Inspection After Repair ☐ Other: _____ ☑ Remain in Service ☐ Remove from Service	☐ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: _____	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments: Records not available.
Barometric pressure 1026 Instrument 1024.

Instrument Complies with FDLE 4D-8 FAC

Instrument/Area:	Equipment:	Supplies:
☑ Clean/Dry ☑ Secure ☐ Other	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Room Temperature: 75.39°F

Comments: Equipment & supplies not available.

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FEB 22 2008
FDLE
Alcohol Testing Program

Recommendations/Action Taken:

- Set-up protocol checked.
- Agency inspection required prior to installation.

Signature of Alcohol Testing Program Staff Member

02-20-08
Date

Original – FDLE Copy – Agency

June 2007

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

LB3

Agency: Dixie Co SO Instrument Serial Number: 80-000809

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☐ Annual ☐ Inspection After Repair ☒ Other: _____ ☒ Remain in Service ☐ Remove from Service	☒ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: 3/27/08	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments: MAH MANDOLA called. Both Instrument (80-000809-80-000810) showing "INT" during the -05 Test. I responded to the Agency on Monday (3/31) Both Instrument were fine. The problem was cleaning solutions used in the building

Instrument/Area:	Equipment:	Supplies:
☐ Clean/Dry ☐ Secure ☐ Other	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments:

Recommendations/Action Taken:

Return 80-000809 To service

RECD [illegible] 2008

Signature of Alcohol Testing Program Staff Member

4/1/08
Date

Original – FDLE Copy – Agency

June 2007

Illinois Department of Law Enforcement
Alcohol Testing Program

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] Method Used: Interferent Potent

[illegible] Check (Pre-inspection): OK

[illegible]	0.05g/210L Test (g/210L) Lot: [illegible] Exp: [illegible]	0.08g/210L Test (g/210L) Lot: [illegible] Exp: [illegible]	0.20g/210L Test (g/210L) Lot: [illegible] Exp: [illegible]	0.07 [illegible] (g/210L) Lot: [illegible] Exp: [illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

RECD [illegible] 05 2000

[illegible]

[illegible]

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: [illegible] COUNTY SO
Time of Inspection: 15:45 Date of Inspection: 01/24/2008 Report Number: [illegible]
Software: [illegible]

	YES	NO
Check of Test Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000 - 0.000				
- 0.000				

Number of Simulators Used: 2

Remarks: ~~[illegible] Non-compliance~~ ODOR IN Room
Cell Phone WENT OFF
3-10-08

RECEIVED
MAR 17 2008
FDLE
Alcohol Testing Program

RECEIVED
MAR 13
BY

The above instrument complies ( ) does not comply (X) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

MATTHEW [illegible]
Signature and Printed Name

01/24/2008
Date

FDLE ATP Form 10 - March 2004

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

LPB

Agency: Dixie CO SO Instrument Serial Number: 80-000810

Department Inspection	Agency Inspection/Agency Contact	Records Audit
☐ Annual ☐ Inspection After Repair ☐ Other: _____ ☒ Remain In Service ☐ Remove from Service	☒ Notification (Agency Inspection) ☐ Contact ☐ Other _____ Date: 3/27/08	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments: Matt Mandola called. Both Instruments (80-000809 - 80-000810) showing "INT" during 105 Test I Responded To The Agency on Monday (3/31/08) Both Instruments were fine. The problem was cleaning solution used in the Building

Instrument/Area	Equipment	Supplies
☐ Clean/Dry ☐ Secure ☐ Other	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments:

Recommendations/Action Taken

Return 80-000810 To service

RCD APR 2008

Signature of Alcohol Testing Program Staff Member

4/1/08
Date

Original – FDLE Copy – Agency

June 2007

FDLE
Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

UDB

Agency: Dixie CO SO Instrument Serial Number: 80-000810

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
☐ Annual ☐ Inspection After Repair ☐ Other: _____ ☐ Remain In Service ☐ Remove from Service	☒ Notification (Agency inspection) ☐ Contact ☐ Other _____ Date: 1/24/08	The following records were audited: ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate of Analysis

Comments: Matthew Mandela called problems with Low Readings and RFI on Agency Inspection

Instrument/Area:	Equipment:	Supplies:
☐ Clean/Dry ☐ Secure ☐ Other	☐ Proper Number of Simulators ☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware	☐ Distilled/Deionized Water ☐ Mouth Alcohol Solution ☐ Acetone Stock Solution ☐ Alcohol Reference Solution ☐ Dry Gas Standard ☐ Mouth Pieces

Comments:

Recommendation/Action Taken:

CLEAR ROOM MAKE SURE SIMULATORS WARM UP TO proper temp - check seals ("O" Rings) check Hoses.
RFI: MAKE SURE NO cell phone(s) in AREA and NO Radio(s) in AREA
Re-Do Agency Inspection

Signature of Alcohol Testing Program Staff Member — Date: 1/24/08

Original – FDLE Copy – Agency

Inspection Tests

Instrument Serial #80-000810

Agency Operator	Date	Time	Software	Source	
DIXIE COUNTY SO MANDOLA,MATTHEW,	01/24/2008	10:26:01	8100.27	Agency	Inspection

0.05 Lot#	200708A	**0.08 Lot#**	200612D	**0.20 Lot#**	200708D	**0.08 Gas Lot#**
Expiration	08/01/2009	**Expiration**	12/14/2008	**Expiration**	08/01/2009	

 # Sims 2 **Complies** No

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test #1	0.000
Date and/or Time Adjusted	No	0.05 g/210L Test #1	0.000
Minimum Sample Volume Check: OK		0.05 g/210L Test #1 (Retry)	0.047
Barometric Pressure Sensor Check: OK		0.08 g/210L Test #1	0.077
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test #1	0.180
Mouth Alcohol Test: Slope Not Met	Yes	0.20 g/210L Test #1 (Retry)	0.189
Interferent Detect Test: Interferent Detect	Yes	Interferent Detect Test #1	
Diagnostic Check (Post-Inspection): OK	No	Alcohol Free Test #2	0.000
Alcohol Free Test: OK	Yes	0.05 g/210L Test #2	0.046
0.05 g/210L Test: OK	Yes	0.05 g/210L Test #2 (Retry)	0.047
0.08 g/210L Test: OK	Yes	0.08 g/210L Test #2	0.078
0.20 g/210L Test: OK	No	0.20 g/210L Test #2	0.186
0.08 g/210L Dry Gas Std Test: OK	No	0.20 g/210L Test #2 (Retry)	0.189
		Interferent Detect Test #2	
		Alcohol Free Test #3	0.000
		0.05 g/210L Test #3	0.047
		0.05 g/210L Test #3 (Retry)	0.047
		0.08 g/210L Test #3	0.078
		0.20 g/210L Test #3	0.188
		0.20 g/210L Test #3 (Retry)	0.191
		Interferent Detect Test #3	

Remarks:

05: Control Outside ToleranceAIR LEAK. 20: Control Outside ToleranceLOW TEMP, Control Outside Tole.
Non-compliance: .

Printed: 18 February 2008

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Inspection Tests

Instrument Serial #80-000810

Agency Operator	Date	Time	Software	Source	
DIXIE COUNTY SO MANDOLA,MATTHEW,	01/24/2008	15:45:28	8100.27	Agency	Inspection

 # Sims 2 **Complies** No

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test #1	0.000
Date and/or Time Adjusted	No	Alcohol Free Test #1 (Retry)	0.000
Minimum Sample Volume Check: OK		Alcohol Free Test #2 (Retry)	0.000
Barometric Pressure Sensor Check: OK			
Alcohol Free Subject Test: 0.000	Yes		
Mouth Alcohol Test: Slope Not Met	Yes		
Interferent Detect Test: Interferent Detect	No		
Diagnostic Check (Post-Inspection): OK	No		
Alcohol Free Test: OK	No		
0.05 g/210L Test: OK	No		
0.08 g/210L Test: OK	No		
0.20 g/210L Test: OK	No		
0.08 g/210L Dry Gas Std Test: OK	No		

Remarks:

00: RFI Detect, RFI Detect. Non-compliance: .

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Inspection Tests

Instrument Serial #80-000810

Agency Operator	Date	Time	Software	Source	
DIXIE COUNTY SO MANDOLA,MATTHEW,	01/24/2008	17:41:21	8100.27	Agency	Inspection

0.05 Lot#	200708A	**0.08 Lot#**	200612D	**0.20 Lot#**	200708D	**0.08 Gas Lot#**
Expiration	08/01/2009	**Expiration**	12/14/2008	**Expiration**	08/01/2009	

 # Sims 2 **Complies** No

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test #1 (Retry)	0.000
Date and/or Time Adjusted	No	0.05 g/210L Test #1	0.044
Minimum Sample Volume Check: OK		0.05 g/210L Test #1 (Retry)	0.047
Barometric Pressure Sensor Check: OK		0.08 g/210L Test #1	0.074
Alcohol Free Subject Test: 0.000	Yes	0.08 g/210L Test #1 (Retry)	0.077
Mouth Alcohol Test: Slope Not Met	Yes	0.20 g/210L Test #1	0.183
Interferent Detect Test: Interferent Detect	Yes	0.20 g/210L Test #1 (Retry)	0.183
Diagnostic Check (Post-Inspection): OK	No	Interferent Detect Test #1	
Alcohol Free Test: OK	Yes	Alcohol Free Test #2 (Retry)	0.000
0.05 g/210L Test: OK	Yes	0.05 g/210L Test #2	0.045
0.08 g/210L Test: OK	Yes	0.05 g/210L Test #2 (Retry)	0.046
0.20 g/210L Test: OK	No	0.08 g/210L Test #2	0.076
0.08 g/210L Dry Gas Std Test: OK	No	0.08 g/210L Test #2 (Retry)	0.078
		0.20 g/210L Test #2 (Retry)	0.189
		Interferent Detect Test #2	
		Alcohol Free Test #3 (Retry)	0.000
		0.05 g/210L Test #3	0.046
		0.05 g/210L Test #3 (Retry)	0.048
		0.08 g/210L Test #3	0.077
		0.08 g/210L Test #3 (Retry)	0.078
		0.20 g/210L Test #3 (Retry)	
		Interferent Detect Test #3	

Remarks:

00: RFI DetectODORNon-compliance: .

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Inspection Tests

Instrument Serial #80-000810 ✓

Agency Operator	Date	Time	Software	Source	
DIXIE COUNTY SO MANDOLA,MATTHEW,	01/25/2008	08:45:06	8100.27	Agency	Inspection

0.05 Lot#	200708A	**0.08 Lot#**	200612D	**0.20 Lot#**	200708D	**0.08 Gas Lot#**	705001I
Expiration	08/01/2009	**Expiration**	12/14/2008	**Expiration**	08/01/2009	**Expiration**	02/22/2009

 # Sims 2 **Complies** Yes

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test #1	0.000
Date and/or Time Adjusted	No	0.05 g/210L Test #1	0.046
Minimum Sample Volume Check: OK		0.08 g/210L Test #1	0.078
Barometric Pressure Sensor Check: OK		0.20 g/210L Test #1	0.188
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test #1 (Retry)	0.194
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test #1	0.080
Interferent Detect Test: Interferent Detect	Yes	Interferent Detect Test #1	
Diagnostic Check (Post-Inspection): OK	Yes	Alcohol Free Test #2	0.000
Alcohol Free Test: OK	Yes	0.05 g/210L Test #2	0.047
0.05 g/210L Test: OK	Yes	0.08 g/210L Test #2	0.079
0.08 g/210L Test: OK	Yes	0.20 g/210L Test #2	0.193
0.20 g/210L Test: OK	Yes	0.20 g/210L Test #2 (Retry)	0.195
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test #2	0.079
		Interferent Detect Test #2	
		Alcohol Free Test #3	0.000
		0.05 g/210L Test #3	0.047
		0.08 g/210L Test #3	0.079
		0.20 g/210L Test #3	0.194
		0.20 g/210L Test #3 (Retry)	0.195
		0.08 g/210L Dry Gas Std Test #3	0.079
		Interferent Detect Test #3	

Remarks:

20: Control Outside ToleranceLOW TEMP.

Printed: 18 February 2008

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FDLE

Florida Department of Law Enforcement

Gerald M. Bailey
Commissioner

Jacksonville Regional Operations Center
921 N. Davis Street, Building E
Jacksonville, Florida 32209-6838
1-800-226-6481
www.fdle.state.fl.us

Charlie Crist, *Governor*
Bill McCollum, *Attorney General*
Alex Sink, *Chief Financial Officer*
Charles H. Bronson, *Commissioner of Agriculture*

DATE: 2/26/08

TO: Dixie County Sheriff's Office
Sgt Matthew Mandola
Agency Inspector
PO Box 470
Cross City, FL 32628

FROM: Matthew E. Malhiot
Department Inspector

SUBJECT: Discrepancy for Instrument # 80-000810

Based on my review of the January 2008 Agency Inspection Records of the above Intoxilyzer 8000 instrument, I have noted the following discrepancy.

DISCREPANCY:
Incomplete: On the January 24th inspection (15:45) the remarks shows ".00: RFI Detect, RFI detect, Non-compliance:", but no explanation as to why.

SUMMARY: FDLE/ATP Form 39 step # 5 says in part "... If a test must be repeated, the REASON must be entered when prompted and recorded in the Remarks section of FDLE/ATP form 40 Agency Inspection Report- Intoxilyzer 8000." It goes on to say "If the instrument does not comply with Chapter 11D-8, FAC, remove the instrument from service and notify the Department inspector".

CORRECTIVE ACTION: Within ten days of this letter please provide me with an amended Agency Inspection Report Form (FDLE/ATP Form 40) with a written explanation as to why the ".00: RFI Detect, RFI Detect, Non-Compliance:" appears on your inspection report. Annotate the amended form with the word "AMENDED" on the top of the form. Please let me know if you have any questions or if I can be of further assistance.

Cc: FDLE ATP/HQ
File

RECEIVED
FEB 2 0 2008

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: [illegible] COUNTY SO
Time of Inspection: 15:45 Date of Inspection: 01/24/2008

Serial Number: [illegible]
Software: [illegible]

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.03 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000 - 0.000				
- 0.000				

Number of Simulators Used: 2

Remarks: [redacted] . ODOR IN Room

The above instrument complies (; does not comply (X) with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

[illegible] [illegible]
Signature and Printed Name

01/24/2008
Date

FDLE ATP Form 10 - March 2004