

8980-000775

Florida Department of Law Enforcement Alcohol Testing Program

RECEIVED

JAN 05 2016

AGENCY INSPECTION REPORT - INTOXILYZER 8000

FDLE
Alcohol Testing Program

Agency: COLUMBIA COUNTY SO
Time of Inspection: 05:01

Date of Inspection: 12/28/2015

Serial Number: 80-000775
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#:201507A Exp: 07/14/2017	0.08g/210L Test (g/210L) Lot#:201502G Exp: 02/24/2017	0.20g/210L Test (g/210L) Lot#:201408B Exp: 08/12/2016	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1686772 Exp: 06/02/2017
0.000	0.045	0.078	0.196	0.080
0.000	0.046	0.078	0.198	0.082
0.000	0.047	0.078	0.198	0.082

Number of Simulators Used: 5

Remarks:

The above instrument complies () 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.

CHRISTOPHER A PARKER
Signature and Printed Name

12/28/2015
Date

80-000775

RECEIVED

Florida Department of Law Enforcement Alcohol Testing Program

APR 08 2015

FDLE

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COLUMBIA COUNTY SO
Time of Inspection: 11:58

Date of Inspection: 03/09/2015

Serial Number: 80-000775
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#:201403F Exp: 03/25/2016	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2016	0.20g/210L Test (g/210L) Lot#:201306G Exp: 06/25/2015	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1686772 Exp: 06/02/2017
/ 0.000	0.050	0.074 / 0.078	0.190	0.081
/ 0.000	0.048	0.075 / 0.078	0.193	0.080
/ 0.000	0.048	0.076 / 0.078	0.195	0.080

Number of Simulators Used: 5

Remarks:

00: Ambient Fail. 08: Control Outside Tolerance.

00: I repeated the alcohol free test. I made no changes to the room or instrument.

08: I allowed the 08 simulator more time to warm up.

The above instrument complies () 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.

CHRISTOPHER A PARKER

Signature and Printed Name

03/09/2015
Date

80-000775

RECEIVED

Florida Department of Law Enforcement Alcohol Testing Program

APR 08 2015

FDLE

AGENCY INSPECTION REPORT - INTOXILYZER 8000 Alcohol Testing Program

Agency: COLUMBIA COUNTY SO
Time of Inspection: 09:18

Date of Inspection: 03/08/2015

Serial Number: 80-000775
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#:201403F Exp: 03/25/2016	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2016	0.20g/210L Test (g/210L) Lot#:201306G Exp: 06/25/2015	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1686772 Exp: 06/02/2017
/ 0.000	0.045	0.076	0.196	0.082
/ 0.000	0.045	0.076	0.197	0.082
/ 0.000	0.046	0.077	0.197	0.082

Number of Simulators Used: 5

Remarks:

00: Ambient Fail.

Deputy Parker.

Retried the alcohol free test.

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.

CHRISTOPHER A PARKER

Signature and Printed Name

03/08/2015
Date



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

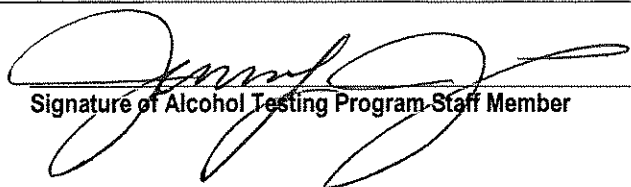
Agency: Columbia County SO

Instrument Serial Number: 80-000775

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: Christopher A. Parker	Date of Inspection: 3/9/2015	Time of Inspection: 11:58:06
Agency Inspection Discrepancy: <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input type="checkbox"/> Other _____		
<input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.		
<input type="checkbox"/> Lot Number <input type="checkbox"/> Expiration Date for _____g/210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input type="checkbox"/> Expired.		
<input checked="" type="checkbox"/> FDLE/ATP Form 39 states 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. The <input checked="" type="checkbox"/> REASON for repeating the following test(s); OR the <input checked="" type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded:		
<input type="checkbox"/> Alcohol Free Subject Test <input type="checkbox"/> Mouth Alcohol Test <input checked="" type="checkbox"/> Alcohol Free Test <input type="checkbox"/> Interferent Detect Test <input type="checkbox"/> 0.05 g/210L Test <input checked="" type="checkbox"/> 0.08 g/210L Test <input type="checkbox"/> 0.20 g/210L Test <input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test		
<input type="checkbox"/> FDLE/ATP Form 39 states in part, "If the instrument does not comply with the requirements of Chapter 11D-8, FAC, remove the instrument from service and notify the Department Inspector."		
<input type="checkbox"/> The Department Inspector was not notified. However, the issue was satisfactorily corrected and the repeated Agency Inspection complies with the requirements of Chapter 11D-8, FAC.		
<input type="checkbox"/> The Department Inspector was not notified. However, the repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was correctly removed from evidentiary use.		
<input type="checkbox"/> The Department Inspector was not notified. The repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was not removed from evidentiary use.		
<input type="checkbox"/> The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.		
<input type="checkbox"/> Other: _____		

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____	Comments:
<input type="checkbox"/> Cylinder Change Records Date: _____	
<input type="checkbox"/> Control Test Records Date: _____	
<input type="checkbox"/> Diagnostic Check Records Date: _____	

CORRECTIVE ACTION
<input checked="" type="checkbox"/> Record hand-written amendments on the FDLE/ATP Form 40, Agency Inspection Report, initial and date the amendments, mark the report "AMENDED", and forward a copy to the Department Inspector by <u>April 30, 2015</u> (Date).
<input type="checkbox"/> Provide a written explanation regarding the referenced item(s) to the Department Inspector by _____ (Date).
<input type="checkbox"/> Upload the Agency Inspection(s).
<input type="checkbox"/> Remove the instrument from evidentiary use until otherwise directed by the Department.
<input type="checkbox"/> No action required
<input type="checkbox"/> Other: _____



 Signature of Alcohol Testing Program Staff Member

4/1/2015
 Date



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

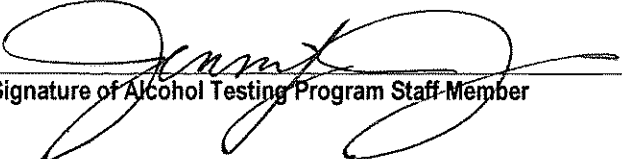
Agency: Columbia County SO

Instrument Serial Number: 80-000775

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: Christopher A. Parker	Date of Inspection: 3/8/2015	Time of Inspection: 09:18:14
Agency Inspection Discrepancy: <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input type="checkbox"/> Other _____		
<input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.		
<input type="checkbox"/> Lot Number <input type="checkbox"/> Expiration Date for _____ g/210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input type="checkbox"/> Expired.		
<input checked="" type="checkbox"/> FDLE/ATP Form 39 states 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. The <input type="checkbox"/> REASON for repeating the following test(s); OR the <input checked="" type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded: <input type="checkbox"/> Alcohol Free Subject Test <input type="checkbox"/> Mouth Alcohol Test <input checked="" type="checkbox"/> Alcohol Free Test <input type="checkbox"/> Interferent Detect Test <input type="checkbox"/> 0.05 g/210L Test <input type="checkbox"/> 0.08 g/210L Test <input type="checkbox"/> 0.20 g/210L Test <input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test		
<input type="checkbox"/> FDLE/ATP Form 39 states in part, "If the instrument does not comply with the requirements of Chapter 11D-8, FAC, remove the instrument from service and notify the Department Inspector." <input type="checkbox"/> The Department Inspector was not notified. However, the issue was satisfactorily corrected and the repeated Agency Inspection complies with the requirements of Chapter 11D-8, FAC. <input type="checkbox"/> The Department Inspector was not notified. However, the repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was correctly removed from evidentiary use. <input type="checkbox"/> The Department Inspector was not notified. The repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was not removed from evidentiary use.		
<input type="checkbox"/> The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.		
<input type="checkbox"/> Other: _____		

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____	Comments: _____
<input type="checkbox"/> Cylinder Change Records Date: _____	
<input type="checkbox"/> Control Test Records Date: _____	
<input type="checkbox"/> Diagnostic Check Records Date: _____	

CORRECTIVE ACTION
<input checked="" type="checkbox"/> Record hand-written amendments on the FDLE/ATP Form 40, Agency Inspection Report, initial and date the amendments, mark the report "AMENDED", and forward a copy to the Department Inspector by <u>April 30, 2015</u> (Date).
<input type="checkbox"/> Provide a written explanation regarding the referenced item(s) to the Department Inspector by _____ (Date).
<input type="checkbox"/> Upload the Agency Inspection(s).
<input type="checkbox"/> Remove the instrument from evidentiary use until otherwise directed by the Department.
<input type="checkbox"/> No action required
<input type="checkbox"/> Other: _____


Signature of Alcohol Testing Program Staff Member

4/1/2015
Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Columbia County SO

Instrument Serial Number: 80-000775

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>Darrel E. Clay</u>	Date of Inspection: <u>2/16/2015</u>	Time of Inspection: <u>04:39:41</u>
Agency Inspection Discrepancy: <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input type="checkbox"/> Other _____		
<input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.		
<input type="checkbox"/> Lot Number <input type="checkbox"/> Expiration Date for _____ g/210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input type="checkbox"/> Expired.		
<input checked="" type="checkbox"/> FDLE/ATP Form 39 states 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. The <input checked="" type="checkbox"/> REASON for repeating the following test(s); OR the <input checked="" type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded: <input type="checkbox"/> Alcohol Free Subject Test <input type="checkbox"/> Mouth Alcohol Test <input checked="" type="checkbox"/> Alcohol Free Test <input type="checkbox"/> Interferent Detect Test <input type="checkbox"/> 0.05 g/210L Test <input type="checkbox"/> 0.08 g/210L Test <input type="checkbox"/> 0.20 g/210L Test <input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test		
<input type="checkbox"/> FDLE/ATP Form 39 states in part, "If the instrument does not comply with the requirements of Chapter 11D-8, FAC, remove the instrument from service and notify the Department Inspector." <input type="checkbox"/> The Department Inspector was not notified. However, the issue was satisfactorily corrected and the repeated Agency Inspection complies with the requirements of Chapter 11D-8, FAC. <input type="checkbox"/> The Department Inspector was not notified. However, the repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was correctly removed from evidentiary use. <input type="checkbox"/> The Department Inspector was not notified. The repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was not removed from evidentiary use.		
<input type="checkbox"/> The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.		
<input type="checkbox"/> Other: _____		

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____	Comments: _____ _____
<input type="checkbox"/> Cylinder Change Records Date: _____	
<input type="checkbox"/> Control Test Records Date: _____	
<input type="checkbox"/> Diagnostic Check Records Date: _____	

CORRECTIVE ACTION
<input checked="" type="checkbox"/> Record hand-written amendments on the FDLE/ATP Form 40, Agency Inspection Report, initial and date the amendments, mark the report "AMENDED", and forward a copy to the Department Inspector by <u>April 30, 2015</u> (Date).
<input type="checkbox"/> Provide a written explanation regarding the referenced item(s) to the Department Inspector by _____ (Date).
<input type="checkbox"/> Upload the Agency Inspection(s).
<input type="checkbox"/> Remove the instrument from evidentiary use until otherwise directed by the Department.
<input type="checkbox"/> No action required
<input type="checkbox"/> Other: _____

[Handwritten Signature]

Signature of Alcohol Testing Program Staff Member

4/1/2015
Date

Florida Department of Law Enforcement
 Alcohol Testing Program

JAN 21 2015

FDLE

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COLUMBIA COUNTY SO
 Time of Inspection: 16:16

Date of Inspection: 01/12/2015

Serial Number: 80-000775
 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	

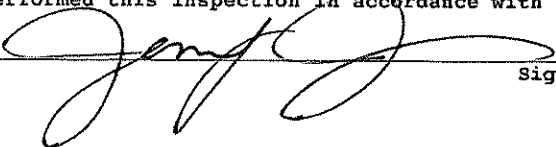
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201403F Exp: 03/25/2016	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2016	0.20g/210L Test (g/210L) Lot#:201402A Exp: 02/11/2016	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG425202 Exp: 09/09/2016
0.000	0.050	0.079	0.200	0.080
0.000	0.050	0.080	0.202	0.080
0.000	0.050	0.080	0.201	0.080

Number of Simulators Used: 5

Remarks:

The above instrument complies () 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.



 Signature and Printed Name JENNIFER H JACOBS

01/12/2015
 Date

JAN 21 2015

Florida Department of Law Enforcement

Alcohol Testing Program

FDLE Alcohol Testing Program
BK

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COLUMBIA COUNTY SO
 Time of Inspection: 14:33

Date of Inspection: 01/12/2015

Serial Number: 80-000775
 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	

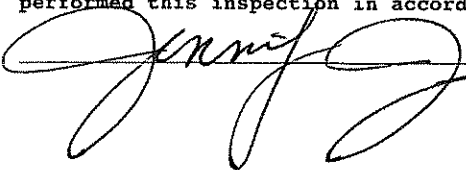
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201403F Exp: 03/25/2016	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2016	0.20g/210L Test (g/210L) Lot#:201402A Exp: 02/11/2016	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG425202 Exp: 09/09/2016
0.000	0.049	0.079	0.200	0.080
0.000	0.050	0.079	0.201	0.080
0.000	0.050	0.080	0.201	0.079

Number of Simulators Used: 5

Remarks:

The above instrument complies () 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.



JENNIFER H JACOBS

 Signature and Printed Name

01/12/2015
 Date

Florida Department of Law Enforcement Alcohol Testing Program

RECEIVED

JAN 12 2015

RJM

FDLE

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COLUMBIA COUNTY SO
Time of Inspection: 15:10

Date of Inspection: 01/08/2015

Serial Number: 80-000775
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	

✓ BK

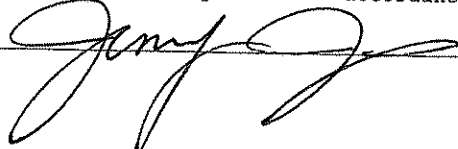
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 201403F Exp: 03/25/2016 ✓	0.08g/210L Test (g/210L) Lot#: 201404C Exp: 04/08/2016 ✓	0.20g/210L Test (g/210L) Lot#: 201402A Exp: 02/11/2016 ✓	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: AG425202 Exp: 09/09/2016 ✓
0.000	0.051	0.080	0.201	0.080
0.000	0.050	0.080	0.201	0.080
0.000	0.050	0.081	0.202	0.080

Number of Simulators Used: 5

Remarks:

The above instrument complies () 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.



 Signature and Printed Name JENNIFER H JACOBS

 Date 01/08/2015

 Date

Florida Department of Law Enforcement Alcohol Testing Program *PSM*

RECEIVED

JAN 12 2015

FDLE

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COLUMBIA COUNTY SO
Time of Inspection: 14:28

Date of Inspection: 01/08/2015

Serial Number: 80-000775
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
Diagnostic Check (Pre-Inspection): OK		No
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	
	Yes	

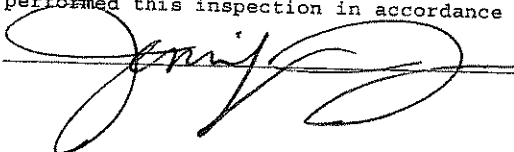
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201403F Exp: 03/25/2016 ✓	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2016 ✓	0.20g/210L Test (g/210L) Lot#:201402A Exp: 02/11/2016 ✓	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG425202 Exp: 09/09/2016 ✓
0.000	0.051	0.081	0.202	0.080
0.000	0.051	0.080	0.203	0.080
0.000	0.052	0.080	0.203	0.079

Number of Simulators Used: 5

Remarks:

The above instrument complies () 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.



JENNIFER H JACOBS
Signature and Printed Name

01/08/2015
Date

RECEIVED

JAN 12 2015

Florida Department of Law Enforcement Alcohol Testing Program

BM

FDLE
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COLUMBIA COUNTY SO
Time of Inspection: 13:50

Date of Inspection: 01/08/2015

Serial Number: 80-000775
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#:201403F Exp: 03/25/2016 ✓	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2016 ✓	0.20g/210L Test (g/210L) Lot#:201402A Exp: 02/11/2016 ✓	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG425202 Exp: 09/09/2016 ✓
0.000	0.050	0.080	0.200	0.081
0.000	0.051	0.081	0.203	0.080
0.000	0.051	0.081	0.203	0.081

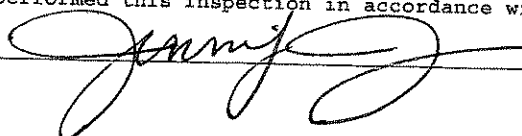
BK

Number of Simulators Used: 5

Remarks:

The above instrument complies () 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.



JENNIFER H JACOBS
Signature and Printed Name

01/08/2015
Date

Florida Department of Law Enforcement Alcohol Testing Program

RECEIVED

JAN 12 2015

FDLE

AGENCY INSPECTION REPORT - INTOXILYZER 8000 Alcohol Testing Program

Agency: COLUMBIA COUNTY SO
Time of Inspection: 09:19

Date of Inspection: 01/08/2015

Serial Number: 80-000775
Software: 8100.27

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

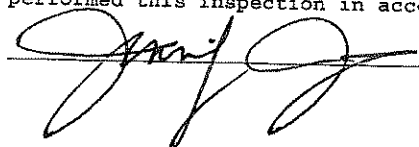
Number of Simulators Used: _____

Remarks:
SKIPPED AI TO OPERATE INSTRUMENT

*AI not conducted
Compliance not determined* *JK / BK*

The above instrument complies () 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.



Signature and Printed Name

01/08/2015
Date