AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SEMINOLE CC

Time of Inspection: 14:03

Date of Inspection: 10/18/2016

Serial Number: 80-001351

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted	- 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995	ens for metalistics (technology eghodessle)
		No
Diagnostic Check (Pre-Inspection): OK	processing and property of the second	
	Yes	
Alcohol Free Subject Test: 0.000	di aliangagan ng apanangan babasa kandandan ng ng ng ng ng ng ng na na ng	the second secon
NAME OF THE PARTY	Yes	***
Mouth Alcohol Test: Slope Not Met		Name of the College of Discovers Minister
The state of the s	Yes	
Interferent Detect Test: Interferent Detect		
	Yes	The state of the s
Diagnostic Check (Post-Inspection): OK		
	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201403F Exp: 03/25/2017	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2017	0.20g/210L Test (g/210L) Lot#:201402A Exp: 02/11/2017	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:20314080A4 Exp: 08/05/2017
0.000	0.047	0.079	0.199	0.078
0.000	0.047	0.079	0.199	0.078
0.000	0.047	0.079	0.198	0.078

Number	ο£	Simulators	Usod:	5	

Remarks:

The above instrument complies (X) does not comply () with Chapter 11D	-8, FAC.
I certify that I hold a valid Florida Supertment of Law Enforcement Agency I	inspector Permit and that I
performed that inspection in accordance with the provisions of Chapter 110-8, FA	4.
REGIV M MEG	YII.E
Signature and Printed Name	Construction of the second construction of the construction of the second c
10000000	
D 10/18/2016	
tor Training Purposes	
For Training Purpose's	

FDLE/ATP Form 40 - March 2004

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

Instrument Type: Intoxilyzer 8000 Instrument Registered To: SEMINOLE CC Instrument Serial Number: 80-001351 Software: 8100.27

Date of Test: 10/J8/2016

Date of hast Agency Inspection: 10/17/2016

Observation Period Began: 12:00

DOB: 06/01/1965 Sex: P

Subject's Name: KELLY M MELVILLE

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 requigitate.

		anan an	propriet to the contract of th
newn17et	Test	g/210t	Time
	Diagnostics Check	OK	12:28
	Air Blank	0.000	12:29
	Control Test	0.078	12:29
	Air Blank	0.000	12:29
	Subject Sample #1	0.000	12:30
	Air Blank	0.000	12:30
	Air Blank	0.000	12:32
	Subject Sample #2	0.000	12:32
	Air Blank	0.000	12:33
	Control Test	0.079	12:33
	Air Blank	0.000	12:34
	Diagnostics Check	OK	12:34

Cylinder Lot: 20114080A4 Esp: 08/05/2017

State of Florida, County of DMNO1e

Personally appeared before me the undersigned authority, who ($m{\chi}$) is personally known to me or (_) produced N/A as identification, and who after being placed under oath, states:

, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, Ladministered 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

Signature

before me this 18th day of

Defile-State of Florida

Sterry Riggins /L.E.O./Somia Printed Name of North Public-State of Clorida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic intraction 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 authoritication and is presumptive proof of the results becein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 372.2615, F.S.

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

For Training purposes

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SEMINOLE CC

Time of Inspection: 13:27

Date of Inspection: 10/18/2016

Serial Number: 80-001351

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted	konselektioniset til til med til det som til med til state om til state om til state om til state om til state I state om til state	The second of the second section is a second
		No
Diagnostic Check (Pre-Inspection): OK	And the second s	***************************************
	Yes	
Alcohol Free Subject Test: 0.000	2 () () () () () () () () () (· ·
	Yes	
Mouth Alcohol Test: Slope Not Met		Tellips (- Let II again and a second
	Yes	
Interferent Detect Test: Interferent Detect		
18 July July July July July July Control of Control for a 193 of Control	Yes	
Diagnostic Check (Post-Inspection): OK		
	Yes	*

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201403F Exp: 03/25/2017	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/28/2017	0.20g/210L Test (g/210L) Lot#:201402A Exp: 02/11/2017	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:20314080A4 Exp: 08/05/2017
0.000	0.047	0.079	0.199	0.078
0.000	0.047	0.079	0.199	0.078
0.000	0.047	0.079	0.199	0.078

Number	οf	Simulators	Used:	5	
FO 54 5 81 3 3 C. 10	~ A.	STREET	#4 (3-20) #4 ~		

Remarks:

The above	instrument complies (X) does not comply () with Chapter 11D-8, PAC.	
I certify performed	that I hold a valid	Florida Department of Law ordance with the provisions	Enforcement Agondy Inspector of Chapter 11D-8, FAC.	Permit and that I
1000		Signature and Pri	ARMAND G MILLS	e destination of the second of

10/18/2016 Date

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

Instrument Type: Intoxilyzer 8000 Instrument Registered To: SEMINOLE CC Instrument Serial Number: 80-001351 Software: 8100.27

Date of Test: 10/18/2016

Date of Last Agency Inspection: 10/17/2016

Observation Period Began: 11:50

DOB: 06/21/1957 Sex: M

Subject's Name: ARMAND G MILLS

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 regurgitute.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	12:17
	Air Blank	0.000	12:17
	Control Test	0.079	12:18
	Air Blank	0.000	12:18
	Subject Sample #1	0.000	12:19
	Air Blank	0.000	12:19
	Air Blank	0.000	12:21
	Subject Sample #2	0.000	12,21
	Air Blank	0.000	12:22
	Control Test	0.079	12:22
	Air Blank	0.000	12:23
	Diagnostics Check	OK	12:23

Cylinder Lot: 20314080A4 Exp: 08/05/2017

State of Florida, County of

Personally appeared before me the undersigned authority, who (\mathcal{M} is personally known to me or (_____ as identification, and who after being placed under oath, states:

I ARRANG C MILLS , 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:

Sworn to (or affirmed) before me this

day of

Public-State of Florida

Printed Name of Notar

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), P.S., and in administrative proceedings pursuant to 322.2615, P.S.

FDLE/ATP FORM J8 - MARCH 2004, Ref. 11D-8.007

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SEMINOLE STATE COLLE

Time of Inspection: 14:00

Date of Inspection: 10/18/2016

Serial Number: 80-002562

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: 03/25/2017	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2017	0.20g/210L Test (g/210L) Lot#:201402A Exp: 02/11/2017	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:13413080A1 Exp: 06/01/2017
0.000	0.048	0.079	0.198	0.077
0.000	0.048	0.079	0.199	0.078
0.000	0.049	0.079	0.199	0.078

Number of Simulators Used: 5

Remarks:

The above instrument complies (X) does not comply () with Chapter 11D-8,	FAC.
I centify that I hold a valid Florida Department of Law Enforcement Agency Inspection in accordance with the provisions of Chapter 11D-8, FAC.	ector Permit and that 1
Signature and Frinted Name	

10/18/2016

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

Instrument Type: Intoxilyzer 8000 Instrument Registered To: SEMINOLE CC Instrument Serial Number: 80-001967 Software: 8100.27 Date of Test: 10/18/2016

Date of Last Agency Inspection: 10/17/2016

Observation Period Began: 11:50

DOB: 08/09/1966 Sex: F

Subject's Name: MARCIE L PADRON

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.

المراجع المراجع المراجع المراجع المراجع المراجع والمراجع والمراجع المراجع المر				
wesults:	Test	g/210L	Time	And the second s
	Diagnostics Check	OK	12:17	
	Air Blank	0.000	12:18	
	Control Test	0.080	12:18	
	Air Blank	0.000	12:18	
	Subject Sample #1	0.000	12:19	
	Air Blank	0.000	12:19	
	Air Blank	0.000	12:21	
	Subject Sample #2	0.000	12:22	
	Air Blank	0.000	12:22	
	Control Test	0.080 .	12:22	
	Air Blank	0.000	12:23	
	Diagnostics Check	OK	12:23	

Cylinder Lot: 13413080A1 Exp: 06/01/2016 Seminole 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: ... hold a valid Breath Test Operator permit issued by the Florida I MARKEES I MARROW Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Plorid Administrative Code, and this form is a true and accurate report of that breath Lest Breath Test Operator: Sworn to (organization) before me this 18 day of Oct Frinted Name of Rendry Public-State of Florida sry 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), P.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/ATF FORM 38 - MARCH 2004, Ref. 11D-8.007

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SEMINOLE CC

Time of Inspection: 14:33

Date of Inspection: 09/21/2016

Serial Number: 80-001351

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	1
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: 03/25/2017	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2017	0.20g/210L Test (g/210L) Lot#:201402A Exp: 02/11/2017	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:20314080A4 Exp: 08/05/2017
0.000	0.047	0.078	0.197	0.078
0.000	0.048	0.078	0.198	0.079
0.000	0.047	0.078	0.198	0.077.

Manhan	~=	Simulators	Manda	æ
number	OΙ	SIMULATORS	usea:	5

Remarks:

The	above	instrument	complies	(X)	does n	ot	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

09/21/2016

Date

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

Instrument Type: Intoxilyzer 8000 Instrument Registered To: SEMINOLE CC

Instrument Serial Number: 80-001351 Software: 8100.27

Date of Test: 09/21/2016

Date of Last Agency Inspection: 09/20/2016

Observation Period Began: 13:20 Subject's Name: MATTHEW J GRIEVES

Cylinder Lot: 20314080A4

DOB: 09/23/1982 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	13:43	
	Air Blank	0.000	13:44	
	Control Test	0.078	13:44	
	Air Blank	0.000	13:45	
	Subject Sample #1	0.000	13:45	
	Air Blank	0.000	13:46	
	Air Blank	0.000	13:48	
	Subject Sample #2	0.000	13:48	
	Air Blank	0.000	13:48	
	Control Test	0.078	13:49	
	Air Blank	0.000	13:49	
	Diagnostics Check	OK	13:49	

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

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SEMINOLE STATE COLLE

Date of Inspection: 09/21/2016

Serial Number: 80-002562 Software: 8100.27

Timo	of	Inspect	ion: 1	4:24

Check or Test	YES	NO
Date and/or Time Adjusted	politikansk de met dan entstatiget Start forståndelinge styden og en delet filipliktionen fre ombesseringe sommer ombesseringe som en en en	
	***	No
Diagnostic Check (Pre-Inspection): OK	and the state of t	Min annua Pari, Marija - Anggari, mang-1945,
	Yes	
Alcohol Free Subject Test: 0.000	* Section development in the section (PAS) and the development of the section of	The east Incommunity of the special state of the sp
	Yes	
Mouth Alcohol Test: Slope Not Met	of appropriate programment, and appropriate space of the	the districtly containing account decrease debuggiously
	Yes	ļ
Interferent Detect Test: Interferent Detect	TO THE CONTRACT OF THE PROPERTY OF THE PROPERT	To age, programme assessment to the same
	Yes	
Diagnostic Check (Post-Inspection): OK		an a state of a second
	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201403F Exp: 03/25/2017	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2017	0.20g/210L Test (g/210L) Lot#:201402A Exp: 02/11/2017	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:13413080A1 Exp: 06/01/2017
0.000	0.048	0.079	0.197	0.078
0.000	0.048	0.079	0.198	0.078
0.000	0.048	0.079	0.198	0.078

Number	nε	Simulators	lised:	tt,	
namber	O.L	STRUTHULD	useu,		

Remarks:

The above	instrument comp	lies (X)	loes not comply () with Chapter	11D-8, FAC.		
I certify performed	that hold a	valid Florida in accordance	Department of Lawith the provision	aw Enforcement Agend ns of Chapter 110-8,	y Inspector	Permit and	that I
de	<u> </u>	_ 07.L	CONTRACTOR CONTRACTOR AND	BRIAN S	PARE	e for alleger to the control	Alternative Special Section 1
			Signature and E	rinlog Name			

09/21/2016

FLOK DA DEPARTMENT OF LAW ENFORCEMENT ALCOHOL TESTING PROGRAM BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: SEMINOLE STATE COLLE
Instrument Serial Number: 80-002562 Software: 8100.27

Date of Test: 09/21/2016

Date of Last Agency Inspection: 09/21/2016

Observation Period Began: 13:10 Subject's Name: BRIAN S PARE

DOB: 02/09/1982 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 regargitate.

Person liter	Test	g/210L	rine
	Diagnostics Check	CK	13:43
	Air Blank	0.000	13:43
	Control Test	0.077	13:44
	Air Blank	0.000	13:44
	Subject Sample #1	0.000	13:45
	Air Blank	0.000	13:45
	Air Blank	0.000	33:47
	Subject Sample #2	0.000	13:47
	Air Blank	0.000	13:48
	Control Test	0.078	13:48
	Air Blank	0.000	13:49
	Diagnostics Check	OK	13:49

Cylinder Lot: 13413080A1 Exp: 06/01/2017 State of Florida, County of Personally appeared before me the undersigned authority, who $(\cup(x))$ is personally known to me or () produced as identification, and who after being placed under oath, states: hold a walid 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: Signature _ day of September, 2016 Sworn to (or affirmed) before me this 21 SKIEURS ESG Public-State of Florida Printed Name of Notary Public-State of Plorina

Rote: 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.

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SEMINOLE CC

Time of Inspection: 14:30

Date of Inspection: 09/21/2016

Serial Number: 80-001352

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted	Agentung der Erne Steffen former i Se C. Gr. 100	Addit from monechab choor pricate conduc
		No
Diagnostic Check (Pre-Inspection): OK	remove addition in management property on a 18 per problem on the William only of a second of a	
	Yes	
Alcohol Free Subject Test: 0.000		and the state of t
	Yes	
Mouth Alcohol Test: Slope Not Met	adjuncting gradients; ungest angelder mitted bil meritians design deb ride. Hebber 1885 - Mereco Area collected delter i 1885 - Mer	to the received the second of
	Yes	
Interferent Detect Test: Interferent Detect	THE PART OF THE PART OF THE CONTRACT OF THE CO	

Interferent Detect Test: Interferent Detect		
A STATE OF THE PARTY OF THE PAR	Yes	
Diagnostic Check (Post-Inspection): OK		
	Yes	opijan, nije mooonspor moje inderjek, je ili

•	Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201403F Exp: 03/25/2017	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2017	0.20g/210L Test (g/210L) Lot#:201402A Exp: 02/11/2017	0.08 g/210L
(*b0W	0.000	0.047	0.078	0.198	0.081
	0.000	0.048	0.078	0.198	0.081
}	0.000	0.047	0.079	0.199	0.081

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, FRC.

and most

DAMON J PULASKI

Signature and Printed Name

09/21/2016 Date

FLOW DA DEPARTMENT OF LAW EMFORCMENT ALCOHOL TESTING PROGRAM BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: SEMINOLE CC
Instrument Serial Number: 80-001352 Software: 8100.27

Date of Test: 09/21/2016

Date of Last Agency Inspection: 09/20/2016

Observation Period Began: 13:00 Subject's Name: DAMON J PULASKI

DOB: 10/07/1977 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 requrgitate.

Results:	Test	g/210L	Time		
	Diagnostics Check	OK	13:43		
	Air Blank	0.000	13:44		
	Control Test	0.079	13:44		
	Air Blank	0.000	13:45		
	Subject Sample #1	0.000	13:45		
	Air Blank	0.000	13:45		
	Air Blank	0.000	13:47		
	Subject Sample #2	0.000	13:48		
	Air Blank	0.000	13:48		
	Control Test	0.080	13:49		
	Air Blank	0.000	13:49		
	Diagnostics Check	OK	13:49		

Cylinder Lat: 13413080Al Exp: 06/08/2017
State of Florida, County of PASCO
Personally appeared before me the undersigned authority, who () is personally known to me or () produced as identification, and who after being placed under oath, ptates:
I only the state 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: Signature Date: 9/21/16
Sworn to ar affirmed) before me this 21 day of SCOT , 2016 Thin large of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Fursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic adcident 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.