

Florida Department of Law Enforcement Alcohol Testing Program

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		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	

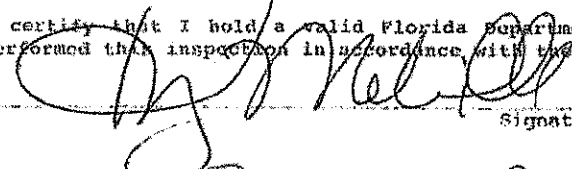
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 201403F Exp: 03/25/2017	0.08g/210L Test (g/210L) Lot#: 201404C Exp: 04/08/2017	0.20g/210L Test (g/210L) Lot#: 201402A Exp: 02/11/2017	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 20314080A4 Exp: 08/05/2017
0.000	0.047	0.079	0.199	0.078
0.000	0.047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

Number 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.



KELLY N MELVILLE

Signature and Printed Name

10/18/2016
Date

For Training Purposes

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: 12:00
Subject's Name: KELLY M MELVILLE DOB: 06/01/1965 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		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: 20114000A4
Exp: 08/05/2017

State of Florida, County of Seminole

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

I, Kelly M Melville, 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: [Signature] Date: 10/18/16
Signature

Sworn to or affirmed before me this 18th day of October, 2016

Signature of Notary Public-State of Florida: [Signature] Printed Name of Notary Public-State of Florida: D/S. Jerry Riggins / L.E.O. / Seminole Co. Sheriff's Ofc.

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.

For Training purposes

Florida Department of Law Enforcement Alcohol Testing Program

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		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: 04/28/2017	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 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

ARMAND G MILLS

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
Subject's Name: ARMAND G MILLS

DOB: 06/21/1957 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	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 Seminole

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, ARMAND G 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: _____

Signature

Date: 10/18/16

Sworn to (or affirmed) before me this 18 day of October, 2016

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.

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SEMINOLE STATE COLLEGE
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	

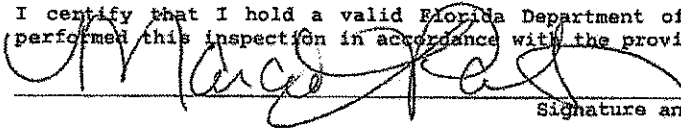
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201403F Exp: 03/25/2017	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2017	0.20g/210L Test (g/210L) Lot#:201402A Exp: 02/11/2017	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:13413080A1 Exp: 06/01/2017
0.000	0.048	0.079	0.198	0.077
0.000	0.048	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 () 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.



MARCIE L. PADRON

Signature and Printed Name

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: 80-001967 Software: 8100.27
Date of Test: 10/18/2016

Date of Last Agency Inspection: 10/17/2016

Observation Period Began: 11:50

Subject's Name: MARCIE L PADRON

DOB: 08/09/1966 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	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

State of Florida, County of Seminole

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, MARCIE L. PADRON, 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: [Signature] Date: 10/18/16
Signature

Sworn to (or affirmed) before me this 18 day of Oct, 2016

Signature of Notary Public-State of Florida [Signature] LEO Printed Name of Notary Public-State of Florida PS Regius

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.

Florida Department of Law Enforcement Alcohol Testing Program

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	
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

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.

Matthew J. Grievess
Signature and Printed Name

MATTHEW J GRIEVES

09/21/2016
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: 09/21/2016

Date of Last Agency Inspection: 09/20/2016

Observation Period Began: 13:20

Subject's Name: MATTHEW J GRIEVES

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

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

State of Florida, County of Lake

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 MATTHEW J GRIEVES, 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: Sc. 119 OR [Signature] F26 Date: 9/21/16
Signature

Sworn to (or affirmed) before me this 21 day of September, 2016

[Signature] Signature of Notary Public-State of Florida
DAMON PULASKI MS88 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.

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SEMINOLE STATE COLLEGE
Time of Inspection: 14:24

Date of Inspection: 09/21/2016

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	0.197	0.078
0.000	0.048	0.079	0.198	0.078
0.000	0.048	0.079	0.198	0.078

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.



BRIAN S PATE

Signature and Printed Name

09/21/2016
Date

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: SEMINOLE STATE COLLEGE
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 regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	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	13:47
	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 Palm Beach

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, BRIAN S. PARE, 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: _____

Signature

Date: 9/21/16

Sworn to (or affirmed) before me this 21 day of September, 2016

S. KA. G. H. [Signature] E36
Signature of Notary Public-State of Florida

M. GRIEVE E36
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.

Florida Department of Law Enforcement Alcohol Testing Program

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		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	

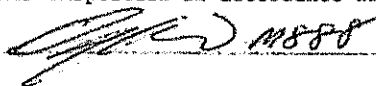
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 201403F Exp: 03/25/2017	0.08g/210L Test (g/210L) Lot#: 201404C Exp: 04/08/2017	0.20g/210L Test (g/210L) Lot#: 201402A Exp: 02/11/2017	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 13413080A1 Exp: 06/01/2017
0.000	0.047	0.078	0.198	0.081
0.000	0.048	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 () 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.



DAMON J PULASKI

Signature and Printed Name

09/21/2016
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: 80-001352 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 regurgitate.

Results:	Test	g/210L	Time
	<14XX/>		
	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 Lot: 13413080A1
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, states:

I DAMON J PULASKI, 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: *Damon J Pulaski* Date: 9/21/16
Signature

Sworn to (or affirmed) before me this 21 day of SEPT, 2016

[Signature] 671 Brian Pare
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.