1441 SP

RECEIVED

Florida Department of Law Enforcement 2 2 2016 Alcohol Testing Program Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: KENNEDY SPACE CENTER

Time of Inspection: 01:41

Date of Inspection: 11/17/2016

Serial Number: 80-001441

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#:201505A Exp: 05/12/2017 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:01316080A1 Exp: 02/05/2018 |
|----------------------------------|--|--|--|---|
| 0.000 | 0.050 | 0.079 | 0.202 | 0.077 |
| 0.000 | 0.051 | 0.081 | 0.204 | 0.078 |
| 0.000 | 0.051 | 0.081 | 0.205 | 0.077 |

| Number | οf | Simulators | Used: | |
|--------|----|------------|-------|--|
| | | | | |

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.

| pro po | | | | | | CARTHY | | |
|--------|-----------|-----|---------|------|--|--------|------|--|
| • | Signature | and | Printed | Name | | | | |
| | | | | | | | | |

1441 8f

RECEIVED

Florida Department of Law Enforcement Alcohol Testing Program

NOV **0 3** 2016

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: KENNEDY SPACE CENTER Time of Inspection: 00:04

Date of Inspection: 10/31/2016

Serial Number: 80-001441

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#:201505A Exp: 05/12/2017 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:01316080A1 Exp: 02/05/2018 |
|----------------------------------|--|--|--|---|
| / 0.000 | 0.050 | 0.079 / 0.080 | 0.202 | 0.078 |
| / 0.000 | 0.051 | 0.080 / 0.081 | 0.203 | 0.077 |
| / 0.000 | 0.051 | 0.080 / 0.080 | 0.205 | 0.078 |

| Number | of | Simulators | Used: | 5 |
|--------|----|------------|-------|---|
| | | | | |

Remarks:

00: Ambient Fail POOR VENTILATION IN ROOM. 08: RFI Detect CELL PHONEIN HALLWAY.

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.

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MAC W MC CARTHY

Signature and Printed Name

RECEIVED

Florida Department of Law Enforcement FDLE Alcohol Testing Program Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: KENNEDY SPACE CENTER Time of Inspection: 23:38

Date of Inspection: 09/22/2016

Serial Number: 80-001441

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/:201502G Exp 02/24/2017 | 0.08g/210L Test (g/210L) Lot#:201502G Exp: 02/24/2017 | 0.20g/210L Test (g/210L) Lot#:201505A Exp: 05/12/2017 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:01316080A1 Exp: 02/05/2018 |
|----------------------------------|---|--|--|---|
| 0.000 | 0.049 | 0.078 | 0.201 | / 0.077 |
| 0.000 | 0.049 | 0.078 | 0.202 | / 0.077 |
| 0.000 | 0.050 | 0.079 | 0.203 | / 0.076 |

Number of Simulators Used: 5

Remarks:

08: RFI Detect.

u HC

ENTERED WRONG INFO 0.06 SOLUTION LOT # 201607A, EXPIRY DATE 07/14/2017

22 SEPT 14

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.

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MAC W MC CARTHY

Signature and Printed Name

09/22/2016

Florida Department of Law Enforcement AUG 1-6 2016 Alcohol Testing Program FDLE

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: KENNEDY SPACE CENTER Time of Inspection: 23:34

Date of Inspection: 08/11/2016

Serial Number: 80-001441

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#:201505A Exp: 05/12/2017 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:01316080A1 Exp: 02/05/2018 |
|----------------------------------|--|--|--|---|
| 0.000 | 0.048 | 0.078 | 0.199 | 0.086 / 0.076 |
| 0.000 | 0.048 | 0.078 | 0.200 | 0.083 / 0.076 |
| 0.000 | 0.049 | 0.079 | 0.201 | 0.083 / 0.076 |

| Number | οf | Simulators | Used: | 5 |
|--------|----|------------|--------------|---|
| | | | | |

Remarks:

08: Control Outside Tolerance.

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.

Mac H C=

MAC W MC CARTHY

Signature and Printed Name

08/11/2016 Date

RECEIVED Florida Department of Law Enforcement Alcohol Testing Program

MAY94 2016 FDLE

INTOXILYZER ANAPhol Testing Program ACENCY INSDECTION DEDODT

| | ACE CENTER 09:03 Da | te of Inspection: | | ial Number: tware: 8100 | |
|--|--|--|--|---|----------|
| Check or Test | | | | YES | NO |
| ate and/or Time | Adjusted | | | | No |
| iagnostic Check | (Pre-Inspection) | : OK | | | No |
| Alcohol Free Subject Test: 0.000 | | | | | No |
| outh Alcohol Te | st: Slope Not Met | , | | | No |
| | ct Test: Interfer | | | | No |
| iagnostic Check | (Post-Inspection |): 01k | | | No |
| lcohol Free est 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/2 Dry Gas (g/210L) Lot#: Exp: | |
| | | | | | |
| | | | | | |
| , | | | | | |
| , | | | | | |
| e above instrument of certify that I holerformed this inspec | complies () does d a valid Florida) De tion in accordance wit | partment of Law Enf | with Chapter 11D-8, orcement Agency Insp Chapter 11D-8, FAC. | | and that |
| certify that I hol | d a valid Florida De | partment of Law Enf | orcement Agency Insp Chapter 11D-8, FAC. JAKE L SHANAHAN | ector Permit | and that |

Date

FEB 0 2 2016

çiççççççççççççççç Florida Department of Law Enforcement Alcohol Testing Program

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: KENNEDY SPACE CENTER

Time of Inspection: 23:24

Date of Inspection: 01/26/2016

Serial Number: 80-001441

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#:201505A Exp: 05/12/2017 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:22315080A3 Exp: 09/05/2017 |
|----------------------------------|--|--|--|---|
| 0.000 | 0.048 | 0.076 | 0.198 | 0.078 |
| 0.000 | 0.049 | 0.078 | 0.199 | 0.077 |
| 0.000 | 0.050 | 0.078 | 0.200 | 0.077 |

Number of Simulators Used: $\underline{4}$

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.

Signature and Printed Name

01/26/2016 Date