

Florida Department of Law Enforcement Alcohol Testing Program

6/16/8


RECEIVED

JUN 17 2016

AGENCY INSPECTION REPORT - INTOXILYZER 8000

**FDLE
Alcohol Testing Program**

Agency: Martin County Sheriff's Office

Serial Number: 80-00618

Time of Inspection:

Date of Inspection:

Software: 8100.27

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

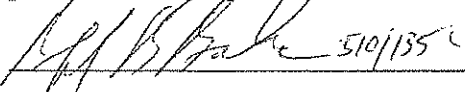
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08g/210L Test (g/210L) Lot#: _____ Exp: _____	0.20g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: _____ Exp: _____

Number of Simulators Used: _____

Remarks: Diagnostics check failed. Voltage/current test failed. Taken out of service 6-13-16. Agency Inspection could not be performed. Uploaded information 6-17-16 2310. Instrument sent to C.M.I for repairs. FDLE inspector advised on 6-14-15. Moved instrument to another power source and different power cord. Did not resolve the issue.

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.

 510/135
BRADFORD BAKER
 Signature and Printed Name

6-17-16

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

6/16/16
RECEIVED

JUN 17 2016

Instrument Type: Intoxilyzer 8000
Instrument Registered To: MARTIN COUNTY SO
Instrument Serial Number: 80-006168 Software: 8100.27
Date of Test: 06/13/2016

FDLE
Alcohol Testing Program

Date of Last Agency Inspection: 05/18/2016
Observation Period Began: 21:03
Subject's Name: CHARLES C SATRIANI

DOB: 03/14/1968 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	Fail*	21:39
	Air Blank	0.000	21:40

* Voltage/Current Test

Cylinder Lot: 06616080A2
Exp: 04/05/2018

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, 2 A PRCI, 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.

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

6168
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JUN 17 2016

Instrument Type: Intoxilyzer 8000
Instrument Registered To: MARTIN COUNTY SO
Instrument Serial Number: 80-006168 Software: 8100.27
Date of Test: 06/13/2016

FDLE
Alcohol Testing Program

Date of Last Agency Inspection: 05/18/2016
Observation Period Began: 21:03
Subject's Name: CHARLES C SATRIANI

DOB: 03/14/1968 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	21:41
	Air Blank	0.000	21:41
	Control Test	0.078	21:42
	Air Blank	0.000	21:42
	Subject Sample #1	0.219	21:43
	Air Blank	0.000	21:44
	Air Blank	0.000	21:46
	Subject Sample #2	0.210	21:46
	Air Blank	0.000	21:47
	Control Test	0.076	21:47
	Air Blank	0.000	21:48
	Diagnostics Check	Fail*	21:48
	Air Blank	0.000	21:48

Notification of
Diag. Fail →

* Voltage/Current Test

SAT.
DOS
6-13-16
E.M. ATP.

Cylinder Lot: 06616080A2
Exp: 04/05/2018

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, 2. A. PECCI, 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.