

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: EVERGLADES NAT PARK
Time of Inspection: 07:34

Date of Inspection: 12/21/2017

Serial Number: 80-001360
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: 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#:201707D Exp: 07/25/2019	0.08g/210L Test (g/210L) Lot#:201707E Exp: 07/25/2019	0.20g/210L Test (g/210L) Lot#:201707C Exp: 07/24/2019	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG626604 Exp: 09/22/2018
0.000	0.048	0.079	0.200	0.079
0.000	0.049	0.080	0.200	0.079
0.000	0.048	0.081	0.200	0.079
0.000	0.049	0.080	0.201	0.079
0.000	0.049	0.080	0.201	0.079
0.000	0.049	0.080	0.200	0.079
0.000	0.049	0.080	0.200	0.079
0.000	0.049	0.080	0.200	0.079
0.000	0.049	0.080	0.200	0.079
0.000	0.050	0.081	0.201	0.079
0.000	0.050	0.081	0.201	0.079

Standard Deviations	0.0006	0.0006	0.0005	0.0000
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 Number of Simulators Used: 5

Remarks:

The above instrument complies () does not comply () with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

David E Reyes Rivera Signature and Printed Name DAVID E REYES-RIVERA

12/21/2017
Date

*1/3/18
JD*

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: EVERGLADES NAT PARK
Time of Inspection: 08:05

Date of Inspection: 12/11/2017

Serial Number: 80-001360
Software: 8100.27

BC

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK		No	Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
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: _____

Standard Deviations				
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: _____ Number of Simulators Used: _____

Remarks:
TEMPERATURE FAIL NO OBVIOUS REASON NOTICED Non-compliance: FAILED TEMPERATURE.

Dean

The above instrument complies () does not comply (X) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

David E Reyes Rivera _____ DAVID E REYES-RIVERA
Signature and Printed Name

12/11/2017
Date

12/26/17
20

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: EVERGLADES NAT PARK
Time of Inspection: 08:10

Date of Inspection: 12/11/2017

Serial Number: 80-001360
Software: 8100.27

vac

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK		No	Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
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: _____

Standard Deviations				
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: _____ Number of Simulators Used: _____

DDM

Remarks:
BREATH HOSE TEMPERATURE Non-compliance: FAILED TEMPERATURE DIAGNOSTIC TEST.

The above instrument complies () does not comply (X) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Signature and Printed Name

DAVID E REYES-RIVERA

12/11/2017
Date

*12/11/17
DR*