



Florida Department of Law Enforcement

# INTOXILYZER 8000 SUBJECT TESTS ELECTRONIC DATA REVIEW INQUIRY

Agency: Okeechobee CO SO Instrument Serial Number: 80-001321

<b>Inquiry Information</b>	
Date of Inquiry: <u>1-6-08</u>	<input checked="" type="checkbox"/> Training Purpose Inquiry
ATP Member: <u>Laura Barfield</u>	<input type="checkbox"/> Instrument Functionality Inquiry
Breath Test Operator: <u>Mark Garland</u>	<input type="checkbox"/> Other Inquiry: _____
Agency: <u>Okeechobee CO SO</u>	
Date of Test: <u>11-11-07 01:41:21</u>	
Inquiry Background: <u>sequence aborted</u>	

<b>Action</b>	
ATP Member: <u>Dwite Hackney</u>	Person Contacted: <u>Paul Ferrell</u>
Date of Contact: <u>01-08-08</u>	Contact Made By:
Agency: <u>OKEECHOBEE S.O.</u>	<input checked="" type="checkbox"/> Telephone
Agency Inspector: <u>PAUL FERRELL</u>	<input type="checkbox"/> In Person
	<input type="checkbox"/> Other: _____
Inquiry Notes: <u>A/I CONTACTED OPERATOR AND EXPLAINED PROPER PROCEDURE FOR REFUSING SUBJECT.</u>	

<b>Training Purpose Inquiry:</b> <input type="checkbox"/> No Additional Re-Training <input checked="" type="checkbox"/> Additional Re-Training <input type="checkbox"/> Permit Action Notes: <u>Instruction to press R key for refusal</u>	<b>Instrument Functionality Inquiry:</b> <input type="checkbox"/> Remain in Service <input type="checkbox"/> Remove From Service Notes: _____	<b>Other Inquiry:</b> Notes: _____
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01-10-08  
Date

Signature of Alcohol Testing Program Staff Member



Florida Department of Law Enforcement


# INTOXILYZER 8000 SUBJECT TESTS ELECTRONIC DATA REVIEW INQUIRY

Agency: Okeechobee CO SO Instrument Serial Number: 80-001321

<b>Inquiry Information:</b>	
Date of Inquiry: <u>1-16-08</u>	<input checked="" type="checkbox"/> Training Purpose Inquiry
ATP Member: <u>Laura Barfield</u>	<input type="checkbox"/> Instrument Functionality Inquiry
Breath Test Operator: <u>Aric Majere</u>	<input type="checkbox"/> Other Inquiry: _____
Agency: <u>Okeechobee CO SO</u>	
Date of Test: <u>11-21-07 23:57:14</u>	
Inquiry Background: <u>Data entry</u>	
<u>Amend affidavit</u>	

ATP Member: <u>Dwite Hackney</u>	Person Contacted: <u>PAUL FERRELL</u>
Date of Contact: <u>01-08-08</u>	Contact Made By:
Agency: <u>OKEECHOBEE S.O.</u>	<input checked="" type="checkbox"/> Telephone
Agency Inspector: <u>PAUL FERRELL</u>	<input type="checkbox"/> In Person
	<input type="checkbox"/> Other: _____
Inquiry Notes: <u>A/I CONTACTED OPERATOR TO REMIND TO ALWAYS REVIEW DATA DURING INPUT AND AFTER PRINTING OF AFFIDAVIT - ALSO TO AMEND AFFIDAVIT</u>	

<b>Training Purpose Inquiry:</b> <input type="checkbox"/> No Additional Re-Training <input checked="" type="checkbox"/> Additional Re-Training <input type="checkbox"/> Permit Action Notes: <u>review data</u>	<b>Instrument Functionality Inquiry:</b> <input type="checkbox"/> Remain in Service <input type="checkbox"/> Remove From Service Notes: _____	<b>Other Inquiry:</b> Notes: _____
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 Signature of Alcohol Testing Program Staff Member

01-10-08  
 Date



Florida Department of Law Enforcement

# INTOXILYZER 8000 SUBJECT TESTS ELECTRONIC DATA REVIEW INQUIRY

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Agency: DeSoto Co SO

Instrument Serial Number: 80-0013410

### Inquiry Information

Date of Inquiry: 11-26-07  
ATP Member: Laura Barfield  
Breath Test Operator: Benton C. Rain  
Agency: DeSoto Co. SO  
Date of Test: 10-8-07 21:03:37

- Training Purpose Inquiry
- Instrument Functionality Inquiry
- Other Inquiry: \_\_\_\_\_

Inquiry Background: Not a valid test. No additional test conducted? Refusal? Ensure operator understands why this test is not valid. Review requirements of a valid test & the location of the subject during the testing process.

ATP Member: George Venturi  
Date of Contact: 1/15/08  
Agency: DeSoto Co. S.O.  
Agency Inspector: L. Brian Harris

Person Contacted: Benton C Rain  
Contact Made By: L. B Harris  
 Telephone  
 In Person 1/15/08  
 Other: \_\_\_\_\_

Inquiry Notes: L. Harris advised me on 1/15/08 that he spoke w/ Benton C Rain the BTO. Mr Rain acknowledges that he erred in not retesting the subject. L. Harris further explained the need to keep the subject away from the instrument during testing.

**Training Purpose Inquiry:**  
 No Additional Re-Training  
 Additional Re-Training  
 Permit Action  
Notes: What constitutes valid test.

**Instrument Functionality Inquiry:**  
 Remain in Service  
 Remove From Service  
Notes: \_\_\_\_\_

**Other Inquiry:**  
Notes: RECEIVED  
JAN 22 2008 CMA  
FILE  
Alcohol Testing Program

Signature of Alcohol Testing Program Staff Member

Date



Florida Department of Law Enforcement

# INTOXILYZER 8000 SUBJECT TESTS ELECTRONIC DATA REVIEW INQUIRY

WOB

Agency: Sarasota Co SO

Instrument Serial Number: 80-001344

Date of Inquiry: <u>11-21-07</u> ATP Member: <u>LAURA BARFIELD</u> Breath Test Operator: <u>Dep. C Flint</u> Agency: <u>Sarasota Co SO</u> Date of Test: <u>9-19-07 21:14:33</u>	<input checked="" type="checkbox"/> Training Purpose Inquiry <input type="checkbox"/> Instrument Functionality Inquiry <input type="checkbox"/> Other Inquiry: _____
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Inquiry Background: Did subject provide additional breath during display of volume not met (1st sample)? Review how to obtain breath sample and ensure sample not provided during display of vum + in mouth inbre.

ATP Member: <u>George Venturi</u> Date of Contact: <u>2/16/2008</u> Agency: <u>Sarasota Co. SO</u> Agency Inspector: <u>Dep. C. Butler</u>	Person Contacted: <u>Dep. C. Butler</u> Contact Made By: <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Other: _____
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Inquiry Notes: Note: instrument had hardware failure of pressure sensor causing difficulty in providing minimum acceptable volume. Subject was advised by S/O of pressure sensor failure affecting these tests. Instrument was removed from service for repair 9/24/2007.

<b>Training Purpose Inquiry:</b> <input checked="" type="checkbox"/> No Additional Re-Training <input type="checkbox"/> Additional Re-Training <input type="checkbox"/> Permit Action Notes: _____	<b>Instrument Functionality Inquiry:</b> <input type="checkbox"/> Remain in Service <input type="checkbox"/> Remove From Service Notes: _____	<b>Other Inquiry:</b> Notes: <u>RECEIVED</u> <u>JAN 22 2008 CMA</u> FDLE Alcohol Testing Program
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2/16/2008  
Date



Florida Department of Law Enforcement

INTOXILYZER 8000 SUBJECT TESTS  
ELECTRONIC DATA REVIEW INQUIRY

JAN 08 REC'D  
*[Signature]*

Agency: Fruitland Park PD Instrument Serial Number: 80-001350

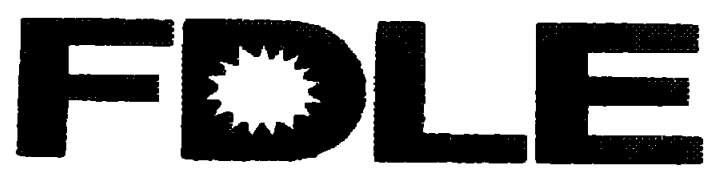
<b>Inquiry Information</b> Date of Inquiry: <u>1-6-08</u> ATP Member: <u>Laura Barfield</u> Breath Test Operator: <u>John Matey</u> Agency: <u>Fruitland Park PD</u> Date of Test: <u>11-24-07 03:56:55 + 11-4-07 00:18:43</u>		<input checked="" type="checkbox"/> Training Purpose Inquiry <input type="checkbox"/> Instrument Functionality Inquiry <input type="checkbox"/> Other Inquiry: _____
Inquiry Background: <u>sequence aborted</u> <u>(two different subjects)</u>		

ATP Member: <u>Roger Skipper</u> Date of Contact: <u>01/14/08</u> Agency: <u>Fruitland Park PD</u> Agency Inspector: <u>Sgt D. Cutler</u>	Person Contacted: <u>Sgt D. Cutler</u> Contact Made By: <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Other: _____
Inquiry Notes: <u>THIS OCCURRED PRIOR TO CONTACT WITH CUTLER ON 11/26/07, SAME SUBJECT, FROM INQUIRY ON TEST CONDUCTED 09/22/07. CUTLER POSTED NOTICE BY INSTRUMENT REMINDING OPERATORS TO USE "R" KEY AT THAT TIME.</u>	

<b>Training Purpose Inquiry:</b> <input checked="" type="checkbox"/> No Additional Re-Training <input type="checkbox"/> Additional Re-Training <input type="checkbox"/> Permit Action Notes: _____ _____ _____	<b>Instrument Functionality Inquiry:</b> <input type="checkbox"/> Remain in Service <input type="checkbox"/> Remove From Service Notes: _____ _____ _____	<b>Other Inquiry:</b> Notes: _____ _____ _____
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RG Skipper  
Signature of Alcohol Testing Program Staff Member

01/14/08  
Date



Florida Department of Law Enforcement

INTOXILYZER 8000 SUBJECT TESTS  
ELECTRONIC DATA REVIEW INQUIRY

WOB

Agency: FHP Instrument Serial Number: 80-001361

<b>Inquiry Information:</b> Date of Inquiry: <u>1-10-08</u> ATP Member: <u>LAURA BARFIELD</u> Breath Test Operator: <u>?</u> Agency: <u>FHP TROOP D</u> Date of Test: <u>11-9-07 20:58:33</u>		<input checked="" type="checkbox"/> Training Purpose Inquiry <input type="checkbox"/> Instrument Functionality Inquiry <input type="checkbox"/> Other Inquiry: _____
Inquiry Background: <u>Data entry</u>  <u>Amend Affidavit</u>		

ATP Member: <u><del>DON SURETHA DWITE HACKLEY</del></u> Date of Contact: <u>01-18-08</u> Agency: <u>FHP COCOA</u> Agency Inspector: <u>MIKE DONKER</u>	Person Contacted: <u>MIKE DONKER</u> Contact Made By: <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Other: _____
Inquiry Notes: <u>SPOKE WITH A/I WHO WAS AWARE OF THIS. OPERATOR AMENDED REPORT BEFORE FORWARDING</u>	

<b>Training Purpose Inquiry:</b> <input checked="" type="checkbox"/> No Additional Re-Training <input type="checkbox"/> Additional Re-Training <input type="checkbox"/> Permit Action Notes: _____	<b>Instrument Functionality Inquiry:</b> <input type="checkbox"/> Remain in Service <input type="checkbox"/> Remove From Service Notes: _____	<b>Other Inquiry:</b> Notes: _____ <div style="text-align: center;"> <b>RECEIVED</b>            JAN 24 2008 CNB            FDLE            Alcohol Testing Program         </div>
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01-23-08  
Date

Signature of Alcohol Testing Program Staff Member

Original - FDLE





Florida Department of Law Enforcement

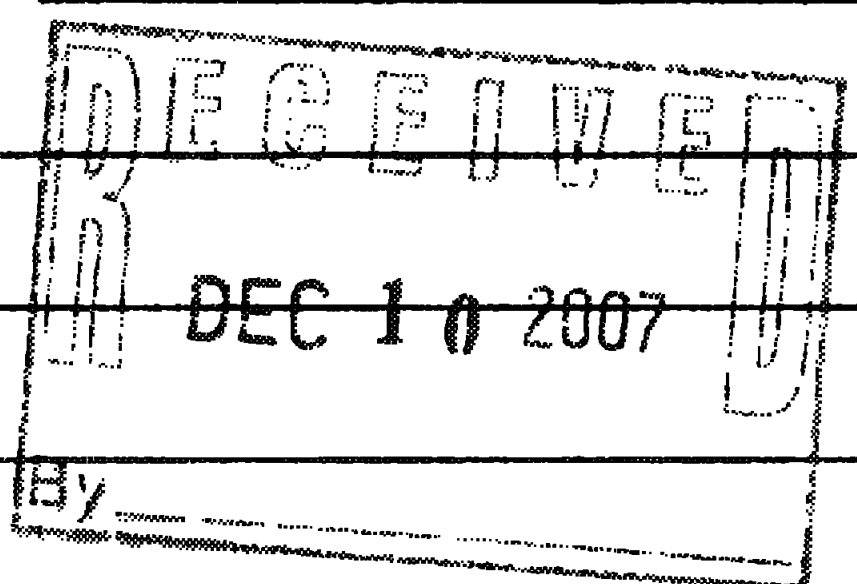
# INTOXILYZER 8000 SUBJECT TESTS ELECTRONIC DATA REVIEW INQUIRY

Agency: Gainesville PD

Instrument Serial Number: 80-001364

<b>Inquiry Information</b>	
Date of Inquiry: <u>11-26-07</u>	<input checked="" type="checkbox"/> Training Purpose Inquiry
ATP Member: <u>Laura Barfield</u>	<input type="checkbox"/> Instrument Functionality Inquiry
Breath Test Operator: <u>?</u>	<input type="checkbox"/> Other Inquiry: _____
Agency: <u>Gainesville PD</u>	
Date of Test: <u>10-14-07 21:40:48</u>	
Inquiry Background: <u>Get w/ arresting officer to determine who the <del>imp</del> operator was. Review w/operator data entry and the importance of checking info entered. ensure the affidavit is corrected.</u>	

ATP Member: <u>Matt Malhiot</u>	Person Contacted: <u>Joe Raulerson</u>
Date of Contact: <u>1/15/08</u>	Contact Made By:
Agency: <u>Gainesville PD</u>	<input type="checkbox"/> Telephone
Agency Inspector: <u>Joe Raulerson</u>	<input type="checkbox"/> In Person
	<input checked="" type="checkbox"/> Other: <u>E-mail</u>
Inquiry Notes: <u>Affidavit has been amended and the operator re-trained</u>	

<b>Training Purpose Inquiry:</b> <input type="checkbox"/> No Additional Re-Training <input checked="" type="checkbox"/> Additional Re-Training <input type="checkbox"/> Permit Action Notes: <u>Done by Sgt Raulerson</u>	<b>Instrument Functionality Inquiry:</b> <input type="checkbox"/> Remain in Service <input type="checkbox"/> Remove From Service Notes: <b>RECEIVED</b> <u>JAN 18 2008</u> FDLE Alcohol Testing Program	<b>Other Inquiry:</b> Notes: 
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Matt Malhiot

Signature of Alcohol Testing Program Staff Member

1/17/08

Date



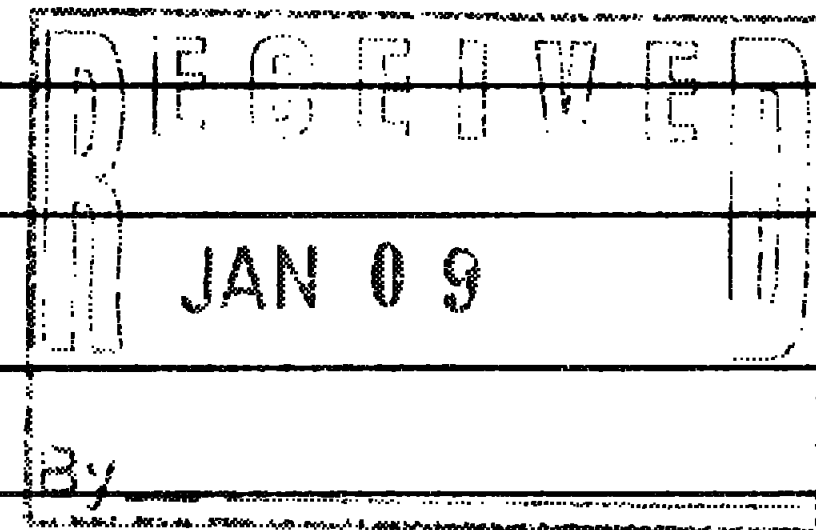
Florida Department of Law Enforcement

# INTOXILYZER 8000 SUBJECT TESTS ELECTRONIC DATA REVIEW INQUIRY

Agency: Gainesville PD

Instrument Serial Number: 80-001364

<b>Inquiry Information</b>	
Date of Inquiry: <u>1-16-08</u>	<input checked="" type="checkbox"/> Training Purpose Inquiry <input type="checkbox"/> Instrument Functionality Inquiry <input type="checkbox"/> Other Inquiry: _____
ATP Member: <u>Laura Barfield</u>	
Breath Test Operator: <u>?</u>	
Agency: <u>Gainesville PD</u>	
Date of Test: <u>11-26-07 00:39:03</u>	
Inquiry Background: <u>Data entry</u>	
<u>Amend Affidavit</u>	



ATP Member: <u>Matt Mahiot</u>	Person Contacted: <u>1/15/08</u>
Date of Contact: <u>1/15/08</u>	Contact Made By:
Agency: <u>GAINESVILLE PD</u>	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Other: _____
Agency Inspector: <u>Joe Raulerson</u>	
Inquiry Notes: <u>Affidavit was amended and the operator re-trained</u>	

<b>Training Purpose Inquiry:</b> <input type="checkbox"/> No Additional Re-Training <input checked="" type="checkbox"/> Additional Re-Training <input type="checkbox"/> Permit Action Notes: <u>Done by</u> <u>Sgt Raulerson</u>	<b>Instrument Functionality Inquiry:</b> <input type="checkbox"/> Remain in Service <input type="checkbox"/> Remove From Service Notes: _____	<b>Other Inquiry:</b> Notes: <u>RECEIVED</u> <u>JAN 18 2008</u> FDLE Alcohol Testing Program
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Matt Mahiot

Signature of Alcohol Testing Program Staff Member

1/17/08

Date