

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Hillsborough Co. SO

Time of Inspection:

Date of Inspection: 10/17/2024

Serial Number: 80-003387

Software: 8100.27

CHECK OR TEST	YES	NO
Date and/or Time Adjusted		
Diagnostic Check (Pre-Inspection): OK		
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: _____ J. Hammond #264409 was present.

Remarks:

An agency inspection could not be conducted due to a prong breaking off from the Keyboard plug and becoming immovably lodged in the adapter. Department Inspector Taylor Gutschow was immediately notified. Instrument files were uploaded by FDLE and instrument will be shipped to CMI for repair.

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] #13793
Signature and Printed Name

10/17/2024
Date

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: HILLSBOROUGH CO SO
Instrument Serial Number: 80-003387 Software: 8100.27
Date of Test: 09/21/2024

Date of Last Agency Inspection: 09/05/2024

Observation Period Began: 04:56

Subject's Name: KAIO M LANGAME DE SOUZA EMERICK  DOB: 10/18/1995 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	05:17
	Air Blank	0.000	05:18
	Control Test	0.082	05:18
	Air Blank	0.000	05:18
	Subject Sample #1	0.222	05:20
	Air Blank	0.000	05:21
	Air Blank	0.000	05:23
	Subject Sample #2	0.210	05:24
	Air Blank	0.000	05:24
	Control Test	0.080	05:25
	Air Blank	0.000	05:25
	Diagnostics Check	OK	05:25

Cylinder Lot: 28423080A2
Exp: 11/05/2025

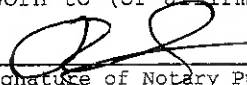
State of Florida, County of Hillsborough

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 ALECIA L MONTGOMERY, 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: Alecia Montgomery Date: 9/21/24
Signature

Sworn to (or affirmed) before me this 21 day of September, 2024

 Signature of Notary Public-State of Florida
David Tenaz 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: HILLSBOROUGH CO SO
Time of Inspection: 14:39

Date of Inspection: 03/06/2024

Serial Number: 80-003387
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		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:_____

Number of Simulators Used: 5

Remarks:

A F / M A: Range Exceeded. TOO MUCH M/A.Ambient FAIL . AI J. DAIL #254236 PRESENT FOR INSPECTI
ON.Non-compliance:M/A RANGE EXCEEDED, AMBIENT AND PURGE FAIL. / *quie Brio*

The above instrument complies () does not comply (X) 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] 261252

Signature and Printed Name

STEPHANIE R KNOX

03/06/2024
Date