80-000816

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SUMTER COUNTY SO
Serial Number: 80-000816
Time of Inspection: 13:22
Date of Inspection: 03/22/2015
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#:201411K Exp: 11/25/2016	0.08g/210L Test (g/210L) Lot#:201404C Exp: 04/08/2016	0.20g/210L Test (g/210L) Lot#:201408B Exp: 08/12/2016	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:28814080A3 Exp: 11/05/2016
/ 0.000	0.049	0.078	0.200	0.080
/ 0.000	0.049	0.079	0.201	0.080
/ 0.000	0.050	0.078	0.201	0.080

Number of Simulators Used: 5

Remarks:
00: Ambient Fail. Amended: Mouth alcohol Solution was open and in the area. When discovered, the Solution was covered and removed from area. 4-5-15

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.

JAMES W JACOBSON
Signature and Printed Name

03/22/2015
Date

FDLE/ATP Form 40 – March 2004

80-000816

FDLE
Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Sumter County SO

Instrument Serial Number: 80-000816

AGENCY INSPECTION DATA REVIEW

Agency Inspector: James Jacobson | Date of Inspection: 03/22/2015 | Time of Inspection: 13:22

Agency Inspection Discrepancy: ☒ Incomplete ☐ Untimely/Not Received ☐ Erroneous Information ☐ Procedural ☐ Other ____

☐ Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.

☐ Lot Number ☐Expiration Date for ____g/210L ☐Alcohol Reference Solution ☐Dry Gas Standard is ☐Incorrect ☐Expired.

☒ FDLE/ATP Form 39 states in part, "If a test must be repeated, the REASON must be entered when prompted and recorded in the Remarks section of FDLE/ATP Form 40 Agency Inspection Report – Intoxilyzer 8000. The ☐REASON for repeating the following test(s); OR the ☒ Possible Cause and Corrective Action Taken on the following test(s) was not recorded:

☐ Alcohol Free Subject Test ☐ Mouth Alcohol Test ☒ Alcohol Free Test ☐ Interferent Detect Test
☐ 0.05 g/210L Test ☐ 0.08 g/210L Test ☐ 0.20 g/210L Test ☐ 0.08 g/210L Dry Gas Standard Test

☐ FDLE/ATP Form 39 states in part, "If the instrument does not comply with the requirements of Chapter 11D-8, FAC, remove the instrument from service and notify the Department Inspector."

- ☐ The Department Inspector was not notified. However, the issue was satisfactorily corrected and the repeated Agency Inspection complies with the requirements of Chapter 11D-8, FAC.
- ☐ The Department Inspector was not notified. However, the repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was correctly removed from evidentiary use.
- ☐ The Department Inspector was not notified. The repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was not removed from evidentiary use.

☐ The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.

☐ Other: ____

OTHER ELECTRONIC DATA REVIEW

☐ Login Records Date: ____	Comments: Please indicate the reason for the Ambient Fail during both the Alcohol Free Simulator tests and what you did prior to repeating the test.
☐ Cylinder Change Records Date: ____	
☐ Control Test Records Date: ____	
☐ Diagnostic Check Records Date: ____	

CORRECTIVE ACTION

☒ Record hand-written amendments on the FDLE/ATP Form 40, Agency Inspection Report, initial and date the amendments, mark the report "AMENDED", and forward a copy to the Department Inspector by 04/10/2015 (Date).
☐ Provide a written explanation regarding the referenced item(s) to the Department Inspector by ____ (Date).
☐ Upload the Agency Inspection(s).
☐ Remove the instrument from evidentiary use until otherwise directed by the Department.
☐ No action required
☐ Other: ____

Signature of Alcohol Testing Program Staff Member

4/1/2015
Date