

80-001113

RECEIVED  
AUG 01 2015

# Florida Department of Law Enforcement Alcohol Testing Program

FDLE  
Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL  
Time of Inspection: 00:04

Date of Inspection: 07/17/2015

Serial Number: 80-001113  
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	

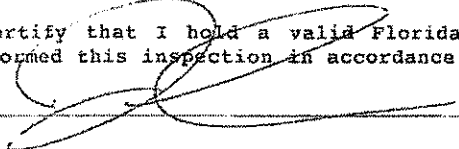
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201308G Exp: 08/27/2015	0.08g/210L Test (g/210L) Lot#:201308H Exp: 08/27/2015	0.20g/210L Test (g/210L) Lot#:201408B Exp: 08/12/2016	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:16014080A2 Exp: <del>07/05/2015</del> 7/5/15
0.000	0.048	0.081	0.199	0.076
0.000	0.048	0.081	0.200	0.076
0.000	0.049	0.079	0.199	0.076

Number of Simulators Used: 2

Remarks:  
N/A

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.

  
Signature and Printed Name JOSHUA C CAMPBELL

07/17/2015  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

**RECEIVED**  
JUL 02 2015  
FDLE  
Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL  
Time of Inspection: 16:15

Date of Inspection: 05/01/2015

Serial Number: 80-001113  
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#: 201308G Exp: 08/27/2015	0.08g/210L Test (g/210L) Lot#: 201308H Exp: 08/27/2015	0.20g/210L Test (g/210L) Lot#: 201306G Exp: 06/25/2015	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 16014080A2 Exp: 07/05/2016
0.000	0.045	0.078	0.175 / 0.195	0.078
0.000	0.047	0.078	0.186 / 0.195	0.078
0.000	0.047	0.079	0.189 / 0.196	0.077

Number of Simulators Used: 2

Remarks:

20: Control Outside Tolerance. SIMULATOR LED WAS TIGHTENED + ALLOWED TO

SIT FOR AN ADDITIONAL 30 MIN APPROXIMATELY BEFORE RE-RUN  
ON INSTRUMENT  
JEL 7/2/15

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.

JAMES E LAROSE

Signature and Printed Name

05/01/2015  
Date



Florida Department of Law Enforcement

### AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

80-001113

Agency: FL Highway Patrol

Instrument Serial Number: 80-001113

<b>AGENCY INSPECTION DATA REVIEW</b>		
Agency Inspector: James LaRose	Date of Inspection: 05/01/2015	Time of Inspection: 16:15
Agency Inspection Discrepancy: <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input type="checkbox"/> Other _____		
<input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.		
<input type="checkbox"/> Lot Number <input type="checkbox"/> Expiration Date for _____ g/210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input type="checkbox"/> Expired.		
<input checked="" type="checkbox"/> 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 <input type="checkbox"/> REASON for repeating the following test(s); OR the <input checked="" type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded: <input type="checkbox"/> Alcohol Free Subject Test <input type="checkbox"/> Mouth Alcohol Test <input type="checkbox"/> Alcohol Free Test <input type="checkbox"/> Interferent Detect Test <input type="checkbox"/> 0.05 g/210L Test <input type="checkbox"/> 0.08 g/210L Test <input checked="" type="checkbox"/> 0.20 g/210L Test <input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test		
<input type="checkbox"/> 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." <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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.		
<input type="checkbox"/> The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.		
<input type="checkbox"/> Other: _____		

<b>OTHER ELECTRONIC DATA REVIEW</b>	
<input type="checkbox"/> Login Records Date: _____	Comments: <u>Please provide a possible cause and corrective action taken prior to repeating the 0.20 reference solution test.</u>
<input type="checkbox"/> Cylinder Change Records Date: _____	
<input type="checkbox"/> Control Test Records Date: _____	
<input type="checkbox"/> Diagnostic Check Records Date: _____	

<b>CORRECTIVE ACTION</b>	
<input checked="" type="checkbox"/> 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 <u>07/10/2015</u> (Date).	
<input type="checkbox"/> Provide a written explanation regarding the referenced item(s) to the Department Inspector by _____ (Date).	
<input type="checkbox"/> Upload the Agency Inspection(s).	
<input type="checkbox"/> Remove the instrument from evidentiary use until otherwise directed by the Department.	
<input type="checkbox"/> No action required	
<input type="checkbox"/> Other: _____	

Signature of Alcohol Testing Program Staff Member

6/30/2015  
Date

**Miller, Danielle**

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**From:** LaRose, James <JamesLaRose@flhsmv.gov>  
**Sent:** Monday, July 06, 2015 7:44 AM  
**To:** Miller, Danielle  
**Subject:** RE: May Agency Inspection

Thank you, and you're welcome

Trooper Jim LaRose

**From:** Miller, Danielle [<mailto:DanielleMiller@fdle.state.fl.us>]  
**Sent:** Monday, July 06, 2015 7:42 AM  
**To:** LaRose, James  
**Subject:** RE: May Agency Inspection

Looks good, Thanks!

*Danielle S. Miller*

Department Inspector  
Florida Department of Law Enforcement  
Alcohol Testing Program  
(850) 617-1286 (Office)  
(850) 274-2757 (Cell)  
(850) 921-3787 (Fax)

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**From:** LaRose, James [<mailto:JamesLaRose@flhsmv.gov>]  
**Sent:** Thursday, July 02, 2015 11:46 PM  
**To:** Miller, Danielle  
**Cc:** Hollis, Michael; Campbell, Joshua  
**Subject:** RE: May Agency Inspection

Good Morning,

Please find attached the amended agency inspection for May 2015. If it needs anything else, please let me know.

Thank you,

Jim

**From:** Miller, Danielle [<mailto:DanielleMiller@fdle.state.fl.us>]  
**Sent:** Tuesday, June 30, 2015 9:06 AM  
**To:** LaRose, James  
**Subject:** May Agency Inspection  
**Importance:** High

Good morning,

I was reviewing May's Agency Inspections and found a discrepancy on the inspection for Instrument #80-001113. Please review the attached report and make your corrections on the ORIGINAL Form 40 you signed after the inspection. Initial and date your amendments and submit a copy to me. If you have any questions, please feel free to call or email me.

Thanks,

*Danielle S. Miller*

Department Inspector  
Florida Department of Law Enforcement  
Alcohol Testing Program  
(850) 617-1286 (Office)  
(850) 274-2757 (Cell)  
(850) 921-3787 (Fax)

# Florida Department of Law Enforcement Alcohol Testing Program

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JUN 12 2015

FDLE

## AGENCY INSPECTION REPORT - INTOXILYZER 8000 Testing Program

Agency: FL HIGHWAY PATROL  
Time of Inspection: 01:16

Date of Inspection: 06/04/2015

Serial Number: 80-001113  
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		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201308G Exp: 08/27/2015	0.08g/210L Test (g/210L) Lot#:201308H Exp: 08/27/2015	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000	0.047	0.069 / 0.073		
0.000	0.048	0.072 / 0.074		
0.000	0.048	0.072 / 0.074		

Number of Simulators Used: 2

Remarks:

08: Control Outside Tolerance, Control Outside Tolerance. Non-compliance: FAILED 0.08 STANDARD AT WILL BE RE-RUN.

*AFTER CONSULTING WITH FDLE, IT WAS DETERMINED THAT THE SIMULATOR USED MAY HAVE BEEN THE ISSUE. INFORMATION ON HOW TO TEST AND VERIFY THAT WAS GIVEN, AND WHEN THE INSPECTION IS RE-RUN, THOSE STEPS WILL BE TAKEN*

*J 6/11/15*

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.

JAMES E LAROSE

Signature and Printed Name

06/04/2015  
Date

RECEIVED

MAY 22 2015

FDLE Alcohol Testing Program

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL      Serial Number: 80-001113  
Time of Inspection: 19:14      Date of Inspection: 04/04/2015      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)	0.08g/210L Test (g/210L)	0.20g/210L Test (g/210L)	0.08 g/210L Dry Gas Std Test (g/210L)
	Lot#:      Exp:	Lot#:      Exp:	Lot#:      Exp:	Lot#:      Exp:
				16014080A2

Number of Simulator Used:

Remarks:  
0.08 Gas Standard  
Lot # missing digit MB  
16014080A2

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.

*Capt. Dan M. Bay*  
Signature and Printed Name

Date

**Miller, Danielle**

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**From:** Miller, Danielle  
**Sent:** Wednesday, May 20, 2015 8:10 AM  
**To:** Sue Barge  
**Subject:** April Agency Inspection  
**Attachments:** 1113.pdf

Good morning,

I was reviewing April's Agency Inspections and found a discrepancy on the inspection for Instrument #80-001113. Please review the attached report and make your corrections on the ORIGINAL Form 40 you signed after the inspection. Initial and date your amendments and submit a copy to me. If you have any questions, please feel free to call or email me.

Thanks,

*Danielle S. Miller*

Department Inspector  
Florida Department of Law Enforcement  
Alcohol Testing Program  
(850) 617-1286 (Office)  
(850) 274-2757 (Cell)  
(850) 921-3787 (Fax)





80-01113

RECEIVED

APR 04 2015

FDLE

Alcohol Testing Program

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL  
Time of Inspection: 19:14

Date of Inspection: 04/04/2015

Serial Number: 80-001113  
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#: 201308G Exp: 08/27/2015	0.08g/210L Test (g/210L) Lot#: 201308H Exp: 08/27/2015	0.20g/210L Test (g/210L) Lot#: 201306G Exp: 06/26/2015	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 1601408AD Exp: 07/05/2016
0.000	0.048	0.079	0.199	0.078
0.000	0.049	0.079	0.199	0.077
0.000	0.048	0.079	0.199	0.077

Number of Simulators Used: 5

Remarks:  
NA

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.

SUSAN M. BARGE

Signature and Printed Name

04/04/2015  
Date

80-001113

# Florida Department of Law Enforcement Alcohol Testing Program

RECEIVED

MAR 06 2015

FDLE

## AGENCY INSPECTION REPORT - INTOXILYZER 8000 Alcohol Testing Program

Agency: FL HIGHWAY PATROL  
Time of Inspection: 11:48

Date of Inspection: 03/06/2015

Serial Number: 80-001113  
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	

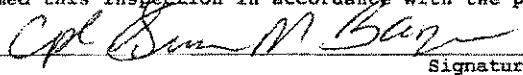
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 201308G Exp: 08/27/2015	0.08g/210L Test (g/210L) Lot#: 201308H Exp: 08/27/2015	0.20g/210L Test (g/210L) Lot#: 201306G Exp: 06/25/2015	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 16014080A2 Exp: 07/05/2016
0.000	0.049	0.076	0.197	0.078
0.000	0.048	0.076	0.196	0.077
0.000	0.049	0.076	0.196	0.077

Number of Simulators Used: 5

Remarks:  
N/A

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.



SUSAN M BARGE

Signature and Printed Name

03/06/2015  
Date

80-001113

(DAS)

RECEIVED

FEB 11 2015

FDLE

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000 Alcohol Testing Program

Agency: FL HIGHWAY PATROL

Serial Number: 80-001113

Time of Inspection: 18:19

Date of Inspection: 02/04/2015

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#: 201306G Exp: 06/27/2015	0.08g/210L Test (g/210L) Lot#: 201308H Exp: 06/27/2015	0.20g/210L Test (g/210L) Lot#: 201306G Exp: 06/25/2015	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 16014060A.2 Exp: 07/05/2016
0.000	0.047	0.071 / 0.078	0.197	0.079
0.000	0.047	0.078 / 0.079	0.197	0.079
0.000	0.047	0.078 / 0.079	0.198	0.078

Number of Simulators Used: 5

Remarks:

08: Control Outside Tolerance TIGHTENED LID ON SIM.

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.

SUSAN M. BARGE

Signature and Printed Name

02/04/2015

Date

80-00113  
RECEIVED

# Florida Department of Law Enforcement Alcohol Testing Program

JAN 02 2015

FDLE

## AGENCY INSPECTION REPORT - INTOXILYZER 8000 Alcohol Testing Program

Agency: FL HIGHWAY PATROL

Serial Number: 80-001113

Time of Inspection: 18:11

Date of Inspection: 01/02/2015

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#: 201302B Exp: 02/05/2015	0.08g/210L Test (g/210L) Lot#: 201302C Exp: 02/05/2015	0.20g/210L Test (g/210L) Lot#: 201306G Exp: 06/25/2015	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 16014080A2 Exp: 07/05/2016
0.000	0.048	0.077	0.195	0.079
0.000	0.048	0.077	0.196	0.079
0.000	0.047	0.077	0.196	0.079

Number of Simulators Used: 5

Remarks:  
N/A

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 and Printed Name: SUSAN M. EARPE

01/02/2015  
Date