



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: High Springs PD

Instrument Serial Number: 80-001283

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: Adam O. Joy or James Yakubsin	Date of Inspection: 5/2015
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input checked="" type="checkbox"/> Procedural <input type="checkbox"/> Other _____	
<input checked="" 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 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 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 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: _____	

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____	Comments: <u>Provide a memo as to why an agency inspection was not completed during May 2015. If an inspection was completed, please upload and notify me ASAP.</u>
<input type="checkbox"/> Cylinder Change Records Date: _____	
<input type="checkbox"/> Control Test Records Date: _____	
<input type="checkbox"/> Diagnostic Check Records Date: _____	

CORRECTIVE ACTION
<input 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 _____ (Date).
<input checked="" type="checkbox"/> Provide a written explanation regarding the referenced item(s) to the Department Inspector by <u>June 30, 2015</u> (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: _____

[Handwritten Signature]

Signature of Alcohol Testing Program Staff Member

6/9/2015
Date

80-001283

Florida Department of Law Enforcement
Alcohol Testing Program

RECEIVED

FEB 21 2015

FDLE

AGENCY INSPECTION REPORT - INTOXILYZER 8000 Alcohol Testing Program

Agency: HIGH SPRINGS PD
Time of Inspection: 20:10

Date of Inspection: 02/17/2015

Serial Number: 80-001283
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 #: 05514080A1 Exp: 04/01/2016
0.048 / 0.000	0.017 / 0.048	0.076	0.195	0.078
0.000 / 0.000	0.048 / 0.048	0.077	0.200	0.079
0.000 / 0.000	0.048 / 0.048	0.078	0.200	0.078

Number of Simulators Used: 5

Remarks:

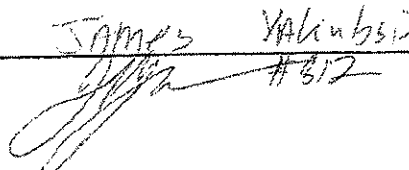
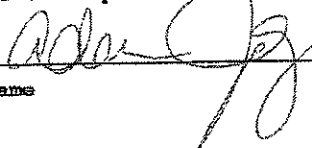
00: Control Outside Tolerance. 05: Control Outside Tolerance.

Hooked up .050

Tubing Got pinched during Test

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.


ADAM O JOY


Signature and Printed Name

02/17/2015
Date

Florida Department of Law Enforcement
Alcohol Testing Program

RECEIVED

FEB 21 2015

AGENCY INSPECTION REPORT - INTOXILYZER 8000 FDLE
Alcohol Testing Program

Agency: HIGH SPRINGS PD
Time of Inspection: 19:20

Date of Inspection: 02/17/2015

Serial Number: 80-001283
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		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 : . OPERATOR ERROR - ALCOHOL WAS NOT DONE

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 VAKUBAN ADAM Q JOY

Signature and Printed Name

02/17/2015
Date