

RECEIVED

# Florida Department of Law Enforcement Alcohol Testing Program

DEC 14 2016

FDLE  
Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: NAS KEY WEST  
Time of Inspection: 08:19

Date of Inspection: 12/07/2016

Serial Number: 80-002170  
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		No
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: _____

*gpm*

Number of Simulators Used: \_\_\_\_\_

Remarks:

COMPLIANCE NOT DETERMINED, AI NOT CONDUCTED, DISSABLED MODE

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.

*David E Reyes Rivera*

DAVID E REYES-RIVERA

Signature and Printed Name

12/07/2016  
Date

RECEIVED

# Florida Department of Law Enforcement Alcohol Testing Program

SEP 06 2016

FDLE  
Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: NAS KEY WEST

Time of Inspection: 17:40

Date of Inspection: 06/07/2016

Serial Number: 80-002170

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#:201601F Exp: 01/26/2018	0.20g/210L Test (g/210L) Lot#:201408B Exp: 08/12/2016	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:366849 Exp: 03/30/2019
0.000	0.047	0.079	0.195	0.081
0.000	0.047	0.079	0.196	0.081
0.000	0.047	0.079	0.196	0.081

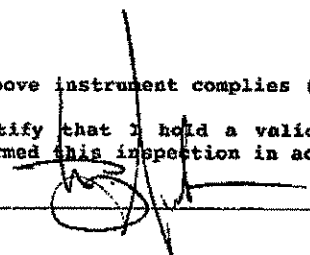
Number of Simulators Used: 5

Remarks: INSTRUMENT DID NOT PASS INITIAL TEST DUE TO OPERATOR INPUTTING INCORRECT DATA ON DRY GAS STANDARD TEST. SECONDARY INSPECTION COMPLETED WITH PROPER DATA VERIFYING INSTRUMENT IN COMPLIANCE.

*LEE B ANDERSON*

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.



LEE B ANDERSON

Signature and Printed Name

06/07/2016

Date



Florida Department of Law Enforcement

**AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW**

Agency: Naval Air Station Key West

Instrument Serial Number: 80-002170

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>LT. Lee Anderson</u>	Date of Inspection: <u>06/07/2016</u>	Time of Inspection: <u>16:55:31</u>
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 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 checked="" 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 type="checkbox"/> 0.20 g/210L Test <input checked="" 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: _____
<input type="checkbox"/> Cylinder Change Records Date: _____	
<input type="checkbox"/> Control Test Records Date: _____	
<input type="checkbox"/> Diagnostic Check Records Date: _____	

CORRECTIVE ACTION
<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>8/6/2016</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

7/7/2016  
Date