



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Sarasota County SO

Instrument Serial Number: 80-000861

AGENCY INSPECTION DATA REVIEW

Agency Inspector: Mike Feltovic

Date of Inspection: 9/27/17

9:12

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: Please enter your first name last name and middle initial for inspections

OTHER ELECTRONIC DATA REVIEW

☐ Login Records

Date: _____

☐ Cylinder Change Records

Date: _____

☐ Control Test Records

Date: _____

☐ Diagnostic Check Records

Date: _____

Comments:

Please DO NOT delete comments generated by the instrument. Your comments should follow what is enter by the instrument.

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 _____ (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: _____

Shayla Platt
Signature of Alcohol Testing Program Staff Member

10/19/2017
Date

Florida Department of Law Enforcement

Alcohol Testing Program

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000861

Agency SARASOTA COUNTY SO	Date 09/27/2017	Type Agency Inspection
Inspector FELTOVIC, DEP, M	Time 09:12:55	Software 8100.27
0.05 Lot # 201703A	0.08 Lot # 201611B	0.20 Lot # 201702B
Expiration 03/07/2019	Expiration 11/15/2018	Expiration 02/23/2019
		0.08 Gas Lot # 09216080A2
		Expiration 05/05/2018

Number of Simulators 5

Compliance Yes

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test # 1	0.000
Date and/or Time Adjusted	No	0.05 g/210L Test # 1	0.049
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.080
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.196
Alcohol Free Subject Test: 0.000	Yes	0.08 g/210L Dry Gas Std Test # 1	0.000
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test # (Repeat) 1	0.081
Interferent Detect Test: Interferent Detect	Yes	Interferent Detect Test # 1	INT
Diagnostic Check (Post-Inspection): OK	Yes	Alcohol Free Test # 2	0.000
Alcohol Free Test: OK	Yes	0.05 g/210L Test # 2	0.050
0.05 g/210L Test: OK	Yes	0.08 g/210L Test # 2	0.081
0.08 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.197
0.20 g/210L Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.080
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test # (Repeat) 2	0.081
		Interferent Detect Test # 2	INT
		Alcohol Free Test # 3	0.000
		0.05 g/210L Test # 3	0.050
		0.08 g/210L Test # 3	0.081
		0.20 g/210L Test # 3	0.197
		0.08 g/210L Dry Gas Std Test # 3	0.080
		0.08 g/210L Dry Gas Std Test # (Repeat) 3	0.082
		Interferent Detect Test # 3	INT

Remarks:

GAS TUBE NOT CONNECTED.

Data Download Date/Time 09/27/2017 09:18

Printed: 18 October 2017

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Florida Department of Law Enforcement

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SARASOTA COUNTY SO
Time of Inspection: 08:23

Date of Inspection: 05/29/2017

Serial Number: 80-000861
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#:201507A Exp: 07/14/2017	0.08g/210L Test (g/210L) Lot#:201601F Exp: 01/26/2018	0.20g/210L Test (g/210L) Lot#:201604C Exp: 04/05/2021 <i>01/05/2018</i>	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:19615080A2 Exp: 09/05/2017
0.000	0.049	0.078	0.193	0.081
0.000	0.049	0.078	0.194	0.081
0.000	0.049	0.079	0.195	0.081

Number of Simulators Used: 5

Remarks:

INSPECTED AT N JAIL

*20g SOLUTION - CORRECT EXPIRATION DATE
SHOULD BE 04/05/2018*

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.

Dep. M. Felto 1965

DEP M FELTOVIC

Signature and Printed Name

05/29/2017
Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Sarasota County SO

Instrument Serial Number: 80-000861

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: Michael Feltovic	Date of Inspection: 5/29/17
Time of Inspection: 8:23	
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" 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 checked="" type="checkbox"/> Lot Number <input checked="" type="checkbox"/> Expiration Date for 0.200g/210L <input checked="" type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input checked="" 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 checked="" type="checkbox"/> Other: <u>See Comments Below</u>	

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____	Comments: Please enter first name, last name and middle initial when logging in to instrument. <u>as well as entering name for inspection.</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 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>6/22/17</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: _____	

Shayla Platt
Signature of Alcohol Testing Program Staff Member

6/8/2017
Date

Florida Department of Law Enforcement

Alcohol Testing Program

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000861

Agency SARASOTA COUNTY SO	Date 05/29/2017	Type Agency Inspection
Inspector FELTOVIC,DEP,M	Time 08:23:52	Software 8100.27

0.05 Lot # 201507A	0.08 Lot # 201601F	0.20 Lot # 201604C	0.08 Gas Lot # 19615080A2
Expiration 07/14/2017	Expiration 01/26/2018	Expiration 04/05/2021	Expiration 09/05/2017

Number of Simulators 5 **Compliance** Yes

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test # 1	0.000
Date and/or Time Adjusted	No	0.05 g/210L Test # 1	0.049
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.078
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.193
Alcohol Free Subject Test: 0.000	Yes	0.08 g/210L Dry Gas Std Test # 1	0.081
Mouth Alcohol Test: Slope Not Met	Yes	Interferent Detect Test # 1	INT
Interferent Detect Test: Interferent Detect	Yes	Alcohol Free Test # 2	0.000
Diagnostic Check (Post-Inspection): OK	Yes	0.05 g/210L Test # 2	0.049
Alcohol Free Test: OK	Yes	0.08 g/210L Test # 2	0.078
0.05 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.194
0.08 g/210L Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.081
0.20 g/210L Test: OK	Yes	Interferent Detect Test # 2	INT
0.08 g/210L Dry Gas Std Test: OK	Yes	Alcohol Free Test # 3	0.000
		0.05 g/210L Test # 3	0.049
		0.08 g/210L Test # 3	0.079
		0.20 g/210L Test # 3	0.195
		0.08 g/210L Dry Gas Std Test # 3	0.081
		Interferent Detect Test # 3	INT

Remarks:

INSPECTED AT N JAIL

Data Download Date/Time 05/29/2017 08:25

Printed: 08 June 2017

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RECEIVED

Florida Department of Law Enforcement

Alcohol Testing Program

FEB 16 2017

FDLE

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SARASOTA COUNTY SO
Time of Inspection: 09:28

Date of Inspection: 02/16/2017

Serial Number: 80-000861
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:_____

Number of Simulators Used: _____

Remarks:

BYPASSED AI TO OPERATE INSTRUMENT

ADJ
B.K.

N/A COMPLIANCE
NOT DETERMINED

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.

Shayla Platt

SHAYLA D PLATT

Signature and Printed Name

02/16/2017
Date