

RECEIVED

Florida Department of Law Enforcement

Alcohol Testing Program

AUG 02 2017

FDLE
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COCOA BEACH P.D.
Time of Inspection: 11:09

Date of Inspection: 08/02/2017

Serial Number: 80-000995
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

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

08/02/2017
Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Cocoa Beach PD

Instrument Serial Number: 80-000995

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: Ronald Betts	Date of Inspection: 5/29/17 Time of Inspection: 10:13
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input checked="" type="checkbox"/> Other <u>Deleted Remarks</u>	
<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 <u> </u> 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 checked="" type="checkbox"/> Other: <u>Do not delete remarks generated by the instrument when a test is repeated. Your comments should follow these remarks.</u>	

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: <u> </u>	Comments: <u> </u>
<input type="checkbox"/> Cylinder Change Records Date: <u> </u>	
<input type="checkbox"/> Control Test Records Date: <u> </u>	
<input type="checkbox"/> Diagnostic Check Records Date: <u> </u>	

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 <u> </u> (Date).
<input type="checkbox"/> Provide a written explanation regarding the referenced item(s) to the Department Inspector by <u> </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 checked="" type="checkbox"/> No action required
<input type="checkbox"/> Other: <u> </u>

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: 80-000995

Agency COCOA BEACH P.D.	Date 05/29/2017	Type Agency Inspection	
Inspector BETTS, RONALD, E	Time 10:13:04	Software 8100.27	

0.05 Lot # 201507A	0.08 Lot # 201601F	0.20 Lot # 201604C	0.08 Gas Lot # 26316080A2
Expiration 07/14/2017	Expiration 01/26/2018	Expiration 04/05/2018	Expiration 11/05/2018

Number of Simulators 2 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	0.047
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.077
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.188
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test # (Repeat) 1	0.193
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test # 1	0.077
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	0.048
0.05 g/210L Test: OK	Yes	0.08 g/210L Test # 2	0.079
0.08 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.191
0.20 g/210L Test: OK	Yes	0.20 g/210L Test # (Repeat) 2	0.194
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.078
		Interferent Detect Test # 2	INT
		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	0.193
		0.20 g/210L Test # (Repeat) 3	0.194
		0.08 g/210L Dry Gas Std Test # 3	0.077
		Interferent Detect Test # 3	INT

Remarks:

20:SEAL ON SIM WAS LOOSE

Data Download Date/Time 05/29/2017 10:12



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: COCOA BEACH PD

Instrument Serial Number: 80-000995

AGENCY INSPECTION DATA REVIEW

Agency Inspector: RONALD BETTS

Date of Inspection: 4/30/17

Time of Inspection: 13:53

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: _____

☐ Cylinder Change Records
Date: _____

☐ Control Test Records
Date: _____

☐ Diagnostic Check Records
Date: _____

Comments:

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 6/1 (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

5/23/2017
Date

Florida Department of Law Enforcement

Alcohol Testing Program

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000995

Agency COCOA BEACH P.D.	Date 04/30/2017	Type Agency Inspection	
Inspector BETTS, RONALD, E	Time 13:53:14	Software 8100.27	
0.05 Lot # 201507A	0.08 Lot # 201601F	0.20 Lot # 201604C	0.08 Gas Lot # 26316080A2
Expiration 07/14/2017	Expiration 01/26/2018	Expiration 04/05/2018	Expiration 11/05/2018

Number of Simulators 2 **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	0.075
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.184
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test # (Repeat) 1	0.195
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test # 1	0.079
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	0.078
0.08 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.193
0.20 g/210L Test: OK	Yes	0.20 g/210L Test # (Repeat) 2	0.196
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.079
		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	0.079
		0.20 g/210L Test # 3	0.194
		0.20 g/210L Test # (Repeat) 3	0.197
		0.08 g/210L Dry Gas Std Test # 3	0.078
		Interferent Detect Test # 3	INT

Remarks:

20: Control Outside Tolerance.

Data Download Date/Time 05/04/2017 07:54

AMENDED

995
SP

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COCOA BEACH P.D.
Time of Inspection: 13:53

Date of Inspection: 04/30/2017

Serial Number: 80-000995
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: 04/05/2018	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:26316080A2 Exp: 11/05/2018
0.000	0.049	0.075	0.184 / 0.195	0.079
0.000	0.050	0.078	0.193 / 0.196	0.079
0.000	0.050	0.079	0.194 / 0.197	0.078

Number of Simulators Used: 2

Remarks:

20: Control Outside Tolerance.

Sim NOT sealed - Rescaled - RB

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]

RONALD E BETTS

Signature and Printed Name

04/30/2017
Date

Florida Department of Law Enforcement Alcohol Testing Program

RECEIVED

FEB 10 2017

FDLE

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COCOA BEACH P.D.
Time of Inspection: 09:25

Date of Inspection: 02/09/2017

Serial Number: 80-000995
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted	Yes	
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:

Time-Date changed. BYPASSED AI TO OPERATE INSTRUMENT

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

02/09/2017
Date