

1001
SP

AMENDED

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SATELLITE BEACH P.D.

Time of Inspection: 07:42

Date of Inspection: 05/27/2017

Serial Number: 90-001001

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	
Interferant Detect Test: Interferant Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 201603D Exp: 03/08/2018	0.08g/210L Test (g/210L) Lot#: 201611B Exp: 11/15/2018	0.20g/210L Test (g/210L) Lot#: 201604C Exp: 04/05/2018	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 606545 Exp: 12/05/2019
0.000	0.048	0.080	0.178 / 0.192	0.080
0.000	0.050	0.081	0.186 / 0.195	0.080
0.000	0.050	0.080	0.191 / 0.194	0.080

Number of Simulators Used: 4

Remarks:

20: Control Outside Tolerance.

Simulator for 0.20g/210L was not warm enough. Waited longer for simulator to warm up and re did test. *SP* 6-19-17

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.

Cpl. Don R. Triebell

Signature and Printed Name

DON R. TRIEBELL

05/27/2017
Date

Florida Department of Law Enforcement

Alcohol Testing Program

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Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-001001

Agency SATELLITE BEACH P.D.	Date 05/27/2017	Type Agency Inspection	
Inspector TRIEBELL, DON, R	Time 07:42:42	Software 8100.27	
0.05 Lot # 201603D	0.08 Lot # 201611B	0.20 Lot # 201604C	0.08 Gas Lot # 646645
Expiration 03/08/2018	Expiration 11/15/2018	Expiration 04/05/2018	Expiration 12/05/2019

Number of Simulators 4

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	0.048
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.080
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.178
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test # (Repeat) 1	0.192
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test # 1	0.080
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	0.186
0.20 g/210L Test: OK	Yes	0.20 g/210L Test # (Repeat) 2	0.195
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.080
		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	0.080
		0.20 g/210L Test # 3	0.191
		0.20 g/210L Test # (Repeat) 3	0.194
		0.08 g/210L Dry Gas Std Test # 3	0.080
		Interferent Detect Test # 3	INT

Remarks:

20: Control Outside Tolerance.

Data Download Date/Time 05/27/2017 07:48

**AGENCY INSPECTION AND OTHER
ELECTRONIC DATA REVIEW**

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Agency: Satellite Beach PD

Instrument Serial Number: 80-001001

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: <u>Don Triebell</u>	Date of Inspection: <u>5/27/17</u> Time of Inspection: <u>7:42</u>
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: _____	

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>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