



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Charlotte County SO Instrument Serial Number: 80-000946

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>Michael Kern</u>	Date of Inspection: <u>4/25/18</u>	Time of Inspection: <u>9:46</u>
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>Remarks Section</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 ___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>See Comments</u>		

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____	Comments: <u>Please do not delete remarks generated by the instrument. See attached Electronic Data</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 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 checked="" type="checkbox"/> No action required	
<input type="checkbox"/> Other: _____	

Shayla Platt
Signature of Alcohol Testing Program Staff Member

6/13/2018
Date

Florida Department of Law Enforcement

Alcohol Testing Program

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000946

Agency CHARLOTTE COUNTY SO	Date 04/25/2018	Type Agency Inspection	
Inspector KERN, MICHAEL, P	Time 09:46:14	Software 8100.27	
0.05 Lot # 201703A	0.08 Lot # 201611B	0.20 Lot # 201702B	0.08 Gas Lot # 12716080A6
Expiration 03/17/2019	Expiration 11/15/2018	Expiration 03/23/2019	Expiration 06/05/2018

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	0.048
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.078
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.194
Alcohol Free Subject Test: 0.000	No	0.08 g/210L Dry Gas Std Test # 1	0.079
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	0.079
0.05 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.196
0.08 g/210L Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.077
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	0.078
		0.20 g/210L Test # 3	0.196
		0.08 g/210L Dry Gas Std Test # 3	0.077
		Interferent Detect Test # 3	INT

Remarks:

MOUTH ALCOHOL PRESENT DURING AF TEST

Data Download Date/Time 05/10/2018 10:16