



Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol

Instrument Serial Number: 80-001361

AGENCY INSPECTION DATA REVIEW									
Agency Inspector: <u>William Hitchcock</u>	Date of Inspection: _____ Time of Inspection: _____								
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 checked="" 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: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Alcohol Free Subject Test</td> <td><input type="checkbox"/> Mouth Alcohol Test</td> <td><input type="checkbox"/> Alcohol Free Test</td> <td><input type="checkbox"/> Interferent Detect Test</td> </tr> <tr> <td><input type="checkbox"/> 0.05 g/210L Test</td> <td><input type="checkbox"/> 0.08 g/210L Test</td> <td><input type="checkbox"/> 0.20 g/210L Test</td> <td><input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test</td> </tr> </table>		<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"/> 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." <table style="width: 100%; margin-top: 5px;"> <tr> <td><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.</td> </tr> <tr> <td><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.</td> </tr> <tr> <td><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.</td> </tr> </table>		<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 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: <u>Our records indicate an agency inspection was not completed during the month of April.</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 checked="" type="checkbox"/> <u>Provide a written explanation regarding the referenced item(s) to the Department Inspector by 7/15/18 (Date).</u>
<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: _____

*Shaun Platt*  
Signature of Alcohol Testing Program Staff Member

7/2/2018  
Date