

## Graham, Thomas

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**From:** Nathan Gardner <ngardner@police.zephyrhills.fl.us>  
**Sent:** Thursday, June 20, 2019 2:02 PM  
**To:** Graham, Thomas  
**Subject:** RE: Data Review  
**Attachments:** SKM\_C25819062014081.pdf

Amended files for april 29 and may 31

LT NG

Lieutenant Nathan Gardner  
Zephyrhills Police Department  
6118 8<sup>th</sup> St Zephyrhills, FL 33542  
813-780-0050 ext 3304  
813-714-6791 cell

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**From:** Graham, Thomas <[ThomasGraham@fdle.state.fl.us](mailto:ThomasGraham@fdle.state.fl.us)>  
**Sent:** Monday, June 17, 2019 3:50 PM  
**To:** Nathan Gardner <[ngardner@police.zephyrhills.fl.us](mailto:ngardner@police.zephyrhills.fl.us)>  
**Subject:** Data Review

### *EXTERNAL EMAIL*

Mr. Gardner,

Please see the attachment regarding two Agency Inspections you performed on instrument #80-001076.

If you have any questions, please feel free to call.

TJ Graham, D-ABFT-FA  
Quality Assurance Manager  
Alcohol Testing Program  
Florida Department of Law Enforcement  
Office:850-617-1285  
Cell: 850-445-7938

PLEASE NOTE : Florida has a very broad public records law. Most written communications to or from state officials regarding state business are considered to be public records and will be made available to the public and the media upon request. Your e-mail messages may, therefore, be subject to public disclosure.



Florida Department of Law Enforcement

# AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Zephyrhills PD

Instrument Serial Number: 80-80-001076

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: Nathan R Gardner	Date of Inspection: 04/29/2019	Time of Inspection: 15:53:50
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input checked="" 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 checked="" 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 checked="" 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 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>06/30/2019</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: _____

  
Signature of Alcohol Testing Program Staff Member

6/17/2019  
Date

# Florida Department of Law Enforcement

## Alcohol Testing Program

### Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-001076

<b>Agency</b> ZEPHYRHILLS PD	<b>Date</b> 04/29/2019	<b>Type</b> Agency Inspection
<b>Inspector</b> GARDNER,NATHAN,R	<b>Time</b> 15:53:50	<b>Software</b> 8100.27
<b>0.05 Lot #</b> 201802B	<b>0.08 Lot #</b> 201808E	<b>0.20 Lot #</b> 201802G
<b>Expiration</b> 02/06/2020	<b>Expiration</b> 08/22/2020	<b>0.08 Gas Lot #</b> 00919080A3
	<b>Expiration</b> 02/22/2020	<b>Expiration</b> 03/05/2021

**Number of Simulators** 4

**Compliance** Yes

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test # (Repeat) 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	0.197
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 # (Repeat) 2	0.000
Diagnostic Check (Post-Inspection): OK	Yes	0.05 g/210L Test # 2	0.048
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	0.201
0.08 g/210L Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.080
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 # (Repeat) 3	0.000
		0.05 g/210L Test # 3	0.048
		0.08 g/210L Test # 3	0.079
		0.20 g/210L Test # 3	0.201
		0.08 g/210L Dry Gas Std Test # 3	0.081
		Interferent Detect Test # 3	INT

**Remarks:**

00: Ambient Fail.

**Data Download Date/Time** 04/29/2019 16:08

# Florida Department of Law Enforcement Alcohol Testing Program

6/20/19  
JO

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: ZEPHYRHILLS PD  
Time of Inspection: 15:53

Date of Inspection: 04/29/2019

Serial Number: 80-001076  
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#: 201802B Exp: 02/06/2020	0.08g/210L Test (g/210L) Lot#: 201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#: 201802G Exp: 02/22/2020	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 00919030A3 Exp: 03/05/2021
/ 0.000	0.049	0.080	0.197	0.081
/ 0.000	0.048	0.079	0.201	0.080
/ 0.000	0.048	0.079	0.201	0.081

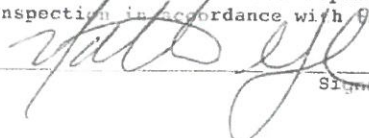
Number of Simulators Used: 4

Remarks:  
00: Ambient Fail.

AMENDED : UNKNOWN CAUSE. TEST REPEATED w/ NO PROBLEM. 6/20/19 <sup>11</sup>/<sub>16</sub>

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.



NATHAN R. GARDNER  
Signature and Printed Name

04/29/2019  
Date



Florida Department of Law Enforcement

# AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Zephyrhills PD

Instrument Serial Number: 80-001076

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: Nathan Gardner	Date of Inspection: 5/31/2019	Time of Inspection: 12:38:57
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input checked="" 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>6/30/2019</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: _____

  
Signature of Alcohol Testing Program Staff Member

6/17/2019  
Date

# Florida Department of Law Enforcement

## Alcohol Testing Program

### Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-001076

<b>Agency</b> ZEPHYRHILLS PD	<b>Date</b> 05/31/2019	<b>Type</b> Agency Inspection
<b>Inspector</b> GARDNER, NATHAN, R	<b>Time</b> 12:38:57	<b>Software</b> 8100.27
<b>0.05 Lot #</b> 201811C	<b>0.08 Lot #</b> 201808E	<b>0.20 Lot #</b> 201802G
<b>Expiration</b> 11/13/2020	<b>Expiration</b> 08/22/2020	<b>0.08 Gas Lot #</b> 00919080A3
	<b>Expiration</b> 02/22/2020	<b>Expiration</b> 03/05/2021

**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	0.049
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.078
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.176
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test # (Repeat) 1	0.200
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	0.049
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	0.201
0.20 g/210L Test: OK	Yes	0.20 g/210L Test # (Repeat) 2	0.201
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	0.049
		0.08 g/210L Test # 3	0.079
		0.20 g/210L Test # 3	0.201
		0.20 g/210L Test # (Repeat) 3	0.201
		0.08 g/210L Dry Gas Std Test # 3	0.080
		Interferent Detect Test # 3	INT

**Remarks:**

A F / M A: Improper Sample. 20: Control Outside Tolerance.

**Data Download Date/Time** 06/03/2019 15:11

# Florida Department of Law Enforcement Alcohol Testing Program

6/20/19  
JD

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: ZEPHYRHILLS PD  
Time of Inspection: 12:38

Date of Inspection: 05/31/2019

Serial Number: 80-001076  
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#: 201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#: 201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#: 201802G Exp: 02/22/2020	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 00919080A3 Exp: 03/05/2021
0.000	0.049	0.078	0.176 / 0.200	0.079
0.000	0.049	0.079	0.201 / 0.201	0.080
0.000	0.049	0.079	0.201 / 0.201	0.080

Number of Simulators Used: 4

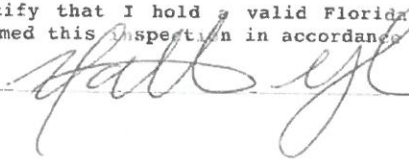
**Remarks:**

A F / M A: Improper Sample. 20: Control Outside Tolerance. A/F M/A SAMPLE STARTED TOO EARLY. CORRECTED.

*AWARDED*  
20: SIMULATOR LID NOT TIGHTENED, CORRECTED BETWEEN 1ST & 2ND CONTROL TEST. IN COMPLIANCE. *5/31/19 CT 16*

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.



Signature and Printed Name

NATHAN R GARDNER

05/31/2019  
Date