



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW


Agency: Pinellas County SO

Instrument Serial Number: 80-001273

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>Malcolm Deane</u>	Date of Inspection: <u>5/11/2019</u>	Time of Inspection: <u>21:56:50</u>
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" 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 checked="" type="checkbox"/> Lot Number <input type="checkbox"/> Expiration Date for <u>0.20g/ 210L</u> <input checked="" type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input checked="" 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 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

Graham, Thomas

From: Graham, Thomas
Sent: Monday, June 17, 2019 4:02 PM
To: 'mdeane@pcsonet.com'
Subject: Data Review
Attachments: Deane Correspondence.pdf

Mr. Deane,

Please see the attachment regarding an Agency Inspection performed on instrument #80-001273.

If you have any questions, please give me a 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

Alcohol Testing Program

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-001273

Agency PINELLAS COUNTY SO	Date 05/11/2019	Type Agency Inspection	
Inspector DEANE, M.	Time 21:56:50	Software 8100.27	
0.05 Lot # 201802B	0.08 Lot # 201709A	0.20 Lot # AG201802G	0.08 Gas Lot # AG815602
Expiration 02/06/2020	Expiration 09/12/2019	Expiration 02/22/2020	Expiration 06/05/2020

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	0.047
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.077
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.190
Alcohol Free Subject Test: 0.000	Yes	0.08 g/210L Dry Gas Std Test # 1	0.080
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	0.048
Alcohol Free Test: OK	Yes	0.08 g/210L Test # 2	0.078
0.05 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.193
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 # 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	0.194
		0.08 g/210L Dry Gas Std Test # 3	0.080
		Interferent Detect Test # 3	INT

Remarks:

Data Download Date/Time 05/11/2019 22:04

Florida Department of Law Enforcement Alcohol Testing Program

6/21/19
JD

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO
Time of Inspection: 21:56

Date of Inspection: 05/11/2019

Serial Number: 80-001273
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#: 201709A Exp: 09/12/2019	0.20g/210L Test (g/210L) Lot#: 201802G ^(MD) 201802G Exp: 02/22/2020	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: AG815602 Exp: 06/05/2020
0.000	0.047	0.077	0.190	0.080
0.000	0.048	0.078	0.193	0.080
0.000	0.048	0.079	0.194	0.080

Number of Simulators Used: 5

Remarks: HUMAN ERROR RECORDING, 20 ARS - CORRECTED ABOVE. (MD) 6-20-19

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.

M. Deane

M DEANE

Signature and Printed Name

05/11/2019
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SHERIFFS OFFICE

Serial Number: 80-001273

Time of Inspection: 23:00

Date of Inspection: 3-20-19

Software: 8100.27

CHECK OR TEST	YES	NO
Date and/or Time Adjusted		X
Diagnostic Check (Pre-Inspection): OK (MODEM TEST FAIL)		X
Alcohol Free Subject Test: 0.000		
Mouth Alcohol Test: Slope Not Met		
Interferent Detect Test: Interferent Detect		
Diagnostic Check (Post-Inspection): OK		

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: 5

Remarks: "MODEM TEST FAIL" UPON PRE-INSPECTION DIAGNOSTIC CHECK
(WOULD NOT ALLOW ME TO OBTAIN INSPECTION)

The above instrument complies () does not comply (X) 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.

M. Deane

M. DEANE

Signature and Printed Name

3-20-19
Date