



Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

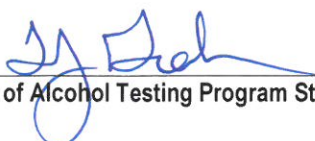
Agency: Broward County SO

Instrument Serial Number: 80-007107

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: Anaya S Frazier	Date of Inspection: 6/13/2019	Time of Inspection: 14:33
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>0.08g/ 210L</u> <input checked="" type="checkbox"/> Alcohol Reference Solution <input checked="" 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: _____	<b>Comments:</b> <u>The lot numbers and expiration dates for the 0.08 alcohol reference solution and the 0.08 dry gas standard are incorrect. Please verify the lot of 0.08 alcohol reference solution used and 0.08 dry gas standard used and correct the Form 40.</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 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>7/15/2019</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

6/28/2019  
\_\_\_\_\_  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY S.O.  
Time of Inspection: 14:33

Date of Inspection: 06/13/2019

Serial Number: 80-007107  
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	

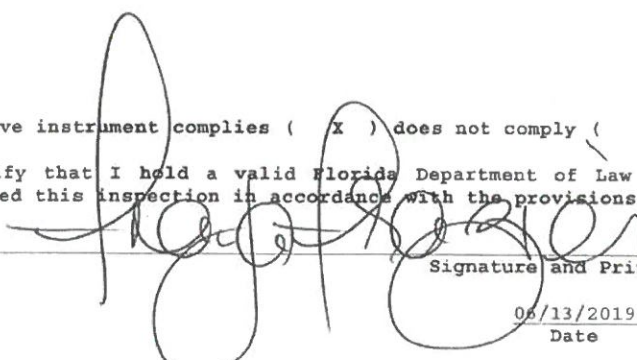
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:970670 Exp: 06/07/2021	0.20g/210L Test (g/210L) Lot#:201802G Exp: 02/22/2020	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:201802G Exp: 02/22/2020
0.000	0.045	0.075	0.191	0.077
0.000	0.045	0.075	0.192	0.077
0.000	0.046	0.076	0.193	0.077

Number of Simulators Used: 5

Remarks: **WRONG EXPIRATION DATE ON .08 ALCOHOL REFERENCE SOLUTION. CORRECT DATE IS 08/22/2020.**

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.



ANAYA S FRAZIER

Signature and Printed Name

06/13/2019  
Date



# Florida Department of Law Enforcement Alcohol Testing Program

7/8/19  
JO

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY S.O.  
Time of Inspection: 14:33

Date of Inspection: 06/13/2019

Serial Number: 80-007107  
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	

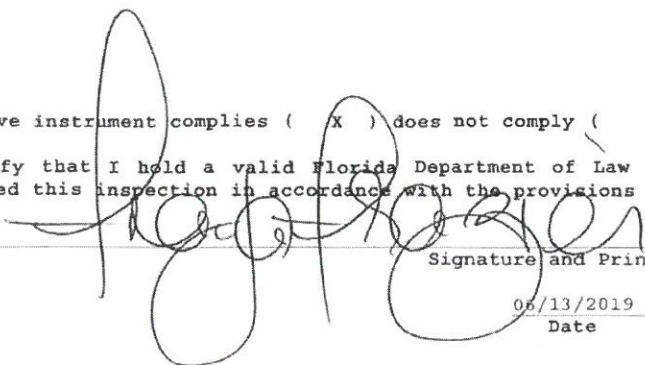
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:970670 Exp: 06/07/2021	0.20g/210L Test (g/210L) Lot#:201802G Exp: 02/22/2020	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:201802G Exp: 02/22/2020
0.000	0.045	0.075	0.191	0.077
0.000	0.045	0.075	0.192	0.077
0.000	0.046	0.076	0.193	0.077

Number of Simulators Used: 5

Remarks: *IRONIA EXPIRATION DATE ON .08 ALCOHOL REFERENCE SOLUTION. CORRECT DATE IS 08/22/2020. DRY GAS SOLUTION & .08 REFERENCE SOLUTION TRANSPOSED.*

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.



ANAYA S FRAZIER  
Signature and Printed Name

06/13/2019  
Date

## Graham, Thomas

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**From:** Washington, Yvette <Yvette\_Washington@sheriff.org>  
**Sent:** Monday, July 01, 2019 8:38 PM  
**To:** Graham, Thomas  
**Subject:** RE: 80-007107 Agency Inspection

**Follow Up Flag:** FollowUp  
**Flag Status:** Flagged

TJ,

In speaking with Ms. Frazier, the .08 dry gas was accidentally entered in as the .08 reference solution and the .08 reference solution expiration was entered 02/22/2020 and should have been 08/22/2020. I hope this clears up the confusion and I will add the additional comments on Form 40.

Yvette



Detective Yvette D. Washington #16806  
Broward Sheriff's Office  
Regional Traffic Investigations Unit  
DUI Task Force  
200 NW 27<sup>th</sup> Ave  
Fort Lauderdale, FL 33311  
Telephone: 954-321-4849  
Fax: 954-321-4684  
E-mail: [Yvette\\_Washington@sheriff.org](mailto:Yvette_Washington@sheriff.org)

*Please note that Florida has a broad public records law, and that all correspondence to me via email may be subject to disclosure.*

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**From:** Graham, Thomas [<mailto:ThomasGraham@fdle.state.fl.us>]  
**Sent:** Friday, June 28, 2019 7:45 AM  
**To:** Washington, Yvette <[Yvette\\_Washington@sheriff.org](mailto:Yvette_Washington@sheriff.org)>  
**Subject:** 80-007107 Agency Inspection

Yvette,

Will you check with Deputy Frazier about the inspection she performed 6/13/2019 on instrument #80-007107. Lot numbers are incorrect on the Form 40. Please see the attachment for details. 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.