

Kirkland, Brett

From: Kirkland, Brett
Sent: Tuesday, February 19, 2019 2:04 PM
To: billyc6hcj@hotmail.com; curryw@FLCJN.NET
Subject: Alcohol Testing Program: Instrument 80-000770
Attachments: EDR 80-000770 Jan 19.pdf

Sgt. Curry,

Upon reviewing your January Agency Inspection, I noticed that the incorrect expiration date was entered on the 0.05 solution. Looks like you put the manufacture date instead of the expiration date. Instructions for corrective action are attached.

Thank you,

Brett Kirkland, Ph.D.

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Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Hamilton County SO

Instrument Serial Number: 80-000770

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>William Curry</u>	Date of Inspection: <u>1/31/19</u>	Time of Inspection: <u>17:55:39</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 type="checkbox"/> Lot Number <input checked="" type="checkbox"/> Expiration Date for <u>.05 g/ 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: <u>Looks like the manufacture date was recorded instead of the expiration date.</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>3/15/19</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

2/19/2019
Date

Florida Department of Law Enforcement

Alcohol Testing Program

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000770

Agency HAMILTON COUNTY SO	Date 01/31/2019	Type Agency Inspection	
Inspector CURRY, WILLIAM, C	Time 17:55:39	Software 8100.27	
0.05 Lot # 201802B	0.08 Lot # 201808E	0.20 Lot # 201802G	0.08 Gas Lot # 03417080A1
Expiration 02/06/2018	Expiration 08/22/2020	Expiration 02/22/2020	Expiration 03/05/2019

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	0.050
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.079
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.193
Alcohol Free Subject Test: 0.000	Yes	0.08 g/210L Dry Gas Std Test # 1	0.076
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	0.050
Alcohol Free Test: OK	Yes	0.08 g/210L Test # 2	0.080
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	0.076
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	0.051
		0.08 g/210L Test # 3	0.080
		0.20 g/210L Test # 3	0.193
		0.08 g/210L Dry Gas Std Test # 3	0.076
		Interferent Detect Test # 3	INT

Remarks:

Data Download Date/Time 01/31/2019 18:00