FDLE
Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Charlotte County SO

Instrument Serial Number: 80-000946

AGENCY INSPECTION DATA REVIEW

Agency Inspector: Michael Kern	Date of Inspection: 04/29/2019	Time of Inspection: 07:27:12

Agency Inspection Discrepancy: ☐ Incomplete ☐ Untimely/Not Received ☐ Erroneous Information ☒ Procedural ☐ Other ____

☐ Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.

☐ Lot Number ☐Expiration Date for ____g/ 210L ☐Alcohol Reference Solution ☐Dry Gas Standard is ☐Incorrect ☐Expired.

☒ 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 ☒REASON for repeating the following test(s); OR the ☒ Possible Cause and Corrective Action Taken on the following test(s) was not recorded:

☐ Alcohol Free Subject Test ☐ Mouth Alcohol Test ☒ Alcohol Free Test ☐ Interferent Detect Test
☐ 0.05 g/210L Test ☐ 0.08 g/210L Test ☐ 0.20 g/210L Test ☐ 0.08 g/210L Dry Gas Standard Test

☐ 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."

- ☐ 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.
- ☐ 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.
- ☐ 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.

☐ The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.

☐ Other: ____

OTHER ELECTRONIC DATA REVIEW

☐ Login Records Date: ____	Comments: ____
☐ Cylinder Change Records Date: ____	
☐ Control Test Records Date: ____	
☐ Diagnostic Check Records Date: ____	

CORRECTIVE ACTION

☒ 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 06/07/2019 (Date).
☐ Provide a written explanation regarding the referenced item(s) to the Department Inspector by ____ (Date).
☐ Upload the Agency Inspection(s).
☐ Remove the instrument from evidentiary use until otherwise directed by the Department.
☐ No action required
☐ Other: ____

Shayla Platt
Signature of Alcohol Testing Program Staff Member

5/20/2019
Date