

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GULF COUNTY SO  
Time of Inspection: 16:57

Date of Inspection: 07/09/2020

Serial Number: 80-000795  
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		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 201811C Exp: 11/13/2020	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:
/ 0.000	0.041 / 0.040			
/ 0.000	0.041 / 0.041			
/ 0.000	0.041 / 0.042			

Number of Simulators Used: 5

**Remarks:**

00: Ambient Fail. 05: Control Outside Tolerance, Control Outside Tolerance. Non-compliance: .

- 00: Post mouth alcohol test Ambient fail displayed. Allowed instrument to purge before re-running. This corrected this issue.
- 05: Low outside tolerance w/ 0.05 solution. Reran this test and received near same result.

*NOTE: Agency Inspector William Dickey completed monthly on this instrument on July 15<sup>th</sup> documenting instrument passed inspection. Insp. Dickey advised he wet the seals on simulators providing a tight seal during tests. This appeared to have resolved the low reading on prior test inspection.*

*Sgt Russell L Burch*

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.

*Russell L Burch*

RUSSELL L BURCH

Signature and Printed Name

07/09/2020  
Date



Florida Department of Law Enforcement

# AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Gulf County Sheriff's Office

Instrument Serial Number: 80-000795

AGENCY INSPECTION DATA REVIEW		
Agency Inspector:	Date of Inspection:	Time of Inspection:
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input 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 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 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>When the dry gas cylinder was changed, the expiration date was entered incorrectly. See below for corrective action and notify your Department Inspector when completed. Please address as soon as possible.</u>
<input checked="" type="checkbox"/> Cylinder Change Records Date: <u>07/15/2020</u> Time: <u>15:15:05</u>	
<input type="checkbox"/> Control Test Records Date: _____	
<input type="checkbox"/> Diagnostic Check Records Date: _____	

CORRECTIVE ACTION
<input 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 _____ (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 checked="" type="checkbox"/> Other: <u>On the Level 2 Agency Inspector menu, select "S" and perform a Gas Cylinder Change. Enter the lot number and correct expiration date of the dry gas cylinder. Then notify your Department Inspector. Please address as soon as possible.</u>

*Taylor Hirschman*

Signature of Alcohol Testing Program Staff Member

TJG

8/26/2020  
Date

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*Russell L Burch*

RUSSELL L BURCH

Signature and Printed Name

07/09/2020

Date