

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: DIXIE COUNTY SO  
Time of Inspection: 10:55

Date of Inspection: 10/14/2020

Serial Number: 80-000809  
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
Diagnostic Check (Pre-Inspection): OK		No
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	
	Yes	

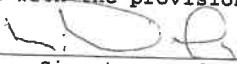
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:22419080A3 Exp: 10/05/2021
0.000	0.047	0.077	0.194	0.077
0.000	0.048	0.079	0.197	0.077
0.000	0.048	0.079	0.197	0.077

Number of Simulators Used: 4

Remarks:  
N

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.

  
Signature and Printed Name

MATTHEW MANDOLA

10/14/2020  
Date



Florida Department of Law Enforcement

### AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Dixie County Sheriff's Office

Instrument Serial Number: 80-000809

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: <u>Matthew Mandola</u>	Date of Inspection: <u>07/08/2020</u> Time of Inspection: <u>10:29:04</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>0.050 &amp; 0.080 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>The expiration date (day) for the 0.050 g/210 L alcohol reference solution is incorrect, and the expiration date (year) for the 0.080 g/210 L alcohol reference solution is incorrect.</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>07/09/2020</u> (Date). <u>09-07-2020</u> <i>AS</i>	
<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: _____	

*Israel Soto*

Signature of Alcohol Testing Program Staff Member

8/7/2020

Date

# Florida Department of Law Enforcement

## Alcohol Testing Program

### Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000809

<b>Agency</b> DIXIE COUNTY SO	<b>Date</b> 07/08/2020	<b>Type</b> Agency Inspection	
<b>Inspector</b> MANDOLA, MATTHEW,	<b>Time</b> 10:29:04	<b>Software</b> 8100.27	
<b>0.05 Lot #</b> 201811C	<b>0.08 Lot #</b> 201808E	<b>0.20 Lot #</b> 201902C	<b>0.08 Gas Lot #</b> 22419080A3
<b>Expiration</b> 11/12/2020	<b>Expiration</b> 08/22/2018	<b>Expiration</b> 02/20/2021	<b>Expiration</b> 10/05/2021

**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	0.046
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.076
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.196
Alcohol Free Subject Test: 0.000	Yes	0.08 g/210L Dry Gas Std Test # 1	0.077
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	0.047
Alcohol Free Test: OK	Yes	0.08 g/210L Test # 2	0.076
0.05 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.196
0.08 g/210L Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.077
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	0.047
		0.08 g/210L Test # 3	0.076
		0.20 g/210L Test # 3	0.197
		0.08 g/210L Dry Gas Std Test # 3	0.077
		Interferent Detect Test # 3	INT

**Remarks:**

**Data Download Date/Time** 07/08/2020 10:33

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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: <del>11/12/2020</del> 11/13/2020	0.08g/210L Test (g/210L) Lot#:201808E Exp: 08/22/2018	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:22419080A3 Exp: 10/05/2021
0.000	0.046	0.076	0.196	0.077
0.000	0.047	0.076	0.196	0.077
0.000	0.047	0.076	0.197	0.077

Number of Simulators Used: 4 Corrected on 8-28-2020 At 9:57AM

Remarks:

*Matthew Mandola*

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.

Signature and Printed Name

MATTHEW MANDOLA

*Matthew Mandola*

07/08/2020  
Date