

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CORAL GABLES PD  
Time of Inspection: 10:59

Date of Inspection: 10/01/2020

Serial Number: 80-000871  
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#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/27/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:32518080AI Exp: 02/05/2021
0.000	0.048	0.078	0.198	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.200	0.080

Number of Simulators Used: 4

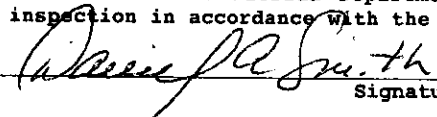
Remarks:

The Expiration date for the .08g/210L should read 08-07-2021

D. Smith  
03-7340

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.

  
 \_\_\_\_\_ DANIEL A SMITH 03-7340  
 Signature and Printed Name

10/01/2020  
Date



Florida Department of Law Enforcement

### AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Coral Gables PD

Instrument Serial Number: 80-000871

<b>AGENCY INSPECTION DATA REVIEW</b>		
Agency Inspector: Daniel Smith	Date of Inspection: 10/01/2020	Time of Inspection: 10:59:16
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>0.08 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: _____		

<b>OTHER ELECTRONIC DATA REVIEW</b>	
<input type="checkbox"/> Login Records Date: _____	Comments: <u>The expiration date (day) for the 0.08 g/210 L Alcohol Reference Solution is incorrect. Please see below for required corrective action and return to your Department Inspector by 02/04/2021.</u>
<input type="checkbox"/> Cylinder Change Records Date: _____	
<input type="checkbox"/> Control Test Records Date: _____	
<input type="checkbox"/> Diagnostic Check Records Date: _____	

<b>CORRECTIVE ACTION</b>	
<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>02/04/2021</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: _____	

*Taylor Gussnow*

Signature of Alcohol Testing Program Staff Member

1/2/2021  
Date



Florida Department of Law Enforcement

### AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Coral Gables PD

Instrument Serial Number: 80-000871

<b>AGENCY INSPECTION DATA REVIEW</b>		
Agency Inspector: Daniel Smith	Date of Inspection: 10/01/2020	Time of Inspection: 10:59:16
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>0.08</u> g/ 210L <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: _____		

<b>OTHER ELECTRONIC DATA REVIEW</b>	
<input type="checkbox"/> Login Records Date: _____ <input type="checkbox"/> Cylinder Change Records Date: _____ <input type="checkbox"/> Control Test Records Date: _____ <input type="checkbox"/> Diagnostic Check Records Date: _____	<b>Comments:</b> The expiration date (day) for the 0.08 g/210 L Alcohol Reference Solution is incorrect. Please see below for required corrective action and return to your Department Inspector by <u>02/04/2021</u> .

<b>CORRECTIVE ACTION</b>
<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>02/04/2021</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: _____

*Taylor Kuznow*

Signature of Alcohol Testing Program Staff Member

1/2/2021

Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CORAL GABLES PD  
Time of Inspection: 11:13

Date of Inspection: 12/28/2020

Serial Number: 80-000871  
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		No
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#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:202007A Exp: 07/21/2022	0.20g/210L Test (g/210L) Lot#:202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:32518080AI Exp: 02/05/2021
0.000	0.049	0.079	0.199	0.080
0.000	0.049	0.080	0.199	0.080
0.000	0.049	0.079	0.199	0.080

Number of Simulators Used: 4

**Remarks:**

A F / M A: Improper Sample. Int Det: RFI Detect.

*A mobile telephone activated the RFI during the Alcohol Free procedure. The procedure was completed and the agency inspection continued.*

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.

*Daniel A Smith*

DANIEL A SMITH

03-7340

Signature and Printed Name

12/28/2020  
Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Coral Gables Police Department

Instrument Serial Number: 80-000871

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Daniel Smith
Date of Inspection: 12/28/2020
Time of Inspection: 11:13:23
Agency Inspection Discrepancy: [ ] Incomplete [ ] Untimely/Not Received [ ] Erroneous Information [ ] Procedural [x] Other (Missing Required Information)
[ ] 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.
[x] 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 [x] REASON for repeating the following test(s); OR the [x] Possible Cause and Corrective Action Taken on the following test(s) was not recorded:
[x] Alcohol Free Subject Test [x] Mouth Alcohol Test [ ] Alcohol Free Test [x] 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: \_\_\_\_\_
[ ] Cylinder Change Records Date: \_\_\_\_\_
[ ] Control Test Records Date: \_\_\_\_\_
[ ] Diagnostic Check Records Date: \_\_\_\_\_
Comments:
The Alcohol Free / Subject Mouth Alcohol and Interferent Detect Tests were repeated.
The reason these tests were repeated, as well as any corrective action taken prior to repeating them, must be included. Please see below for corrective action.

CORRECTIVE ACTION
[x] 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 03/17/2021 (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: \_\_\_\_\_

Signature of Alcohol Testing Program Staff Member

2/12/2021
Date

David Reyes @ FDLE, STATE, FL, US

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CORAL GABLES PD  
Time of Inspection: 09:52

Date of Inspection: 07/24/2020

Serial Number: 80-000871  
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#: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#:32518080AI Exp: 02/05/2021
/ 0.000	0.047	0.078	0.200	0.081
/ 0.000	0.047	0.078	0.200	0.081
/ 0.000	0.048	0.078	0.199	0.082

Number of Simulators Used: 4

(Amended)

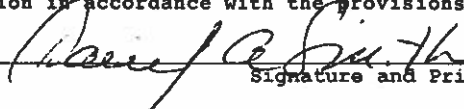
Remarks:

00: Ambient Fail.

Alcohol free testing completed after Ambient fail. Reason for fail is unknown

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.



DANIEL A SMITH

03-7340

Signature and Printed Name

07/24/2020  
Date