



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: **FWCC**

Instrument Serial Number: **80-000904**

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: Juan Blanco	Date of Inspection: 06/30/2020 Time of Inspection: 21:46:14
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input checked="" 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 checked="" 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 checked="" type="checkbox"/> REASON for repeating the following test(s); OR the <input checked="" 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 checked="" 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: _____
<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 8/20/2020 (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: _____

David Eliezer Reyes Rivera Digitally signed by David Eliezer Reyes
Rivera
Date: 2020.07.15 11:50:46 -04'00'

Signature of Alcohol Testing Program Staff Member

7/15/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FFWCC SOUTH REGION
Time of Inspection: 21:46

Date of Inspection: 06/30/2020

Serial Number: 80-000904
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted	Yes	
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#: 201811C Exp: 11/13/2020	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#: 1217042 Exp: 10/10/2022
0.000	0.051	0.079	0.201	0.000 / 0.081
0.000	0.050	0.079	0.201	0.081 / 0.081
0.000	0.050	0.079	0.200	0.081 / 0.080

Number of Simulators Used: 5

Remarks:

Time-Date changed. 08: Control Outside Tolerance.

0.08 g / 210 L DRY GAS STD TEST (g/210L)
 DONE TWICE OR REPEATED DUE TO THE
 DRY GAS HOSE BEING DISCONNECTED.
 INTOX IN COMPLIANCE.
 JS N827

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.

JS N827

JUAN S BLANCO

Signature and Printed Name

06/30/2020
Date