

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O.  
Time of Inspection: 04:42

Date of Inspection: 08/23/2020

Serial Number: 80-000948  
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#:201808E Exp: 08/23/2020 <i>08/22/2020</i>	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:_____ Exp:_____
0.000	0.047	0.075	0.145 / 0.145	
0.000	0.047	0.077	0.146 / 0.146	
0.000	0.047	0.077	0.146 / 0.146	

Number of Simulators Used: 3

**Remarks:**

SEAL NOT TIGHT. SEAL NOT TIGHT.

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.

*[Handwritten Signature]*

FELICIA MADRUGO

Signature and Printed Name

08/23/2020  
Date



Florida Department of Law Enforcement

### AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Glades County Sheriff's Office

Instrument Serial Number: 80-000948

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: Felicia Madrugo	Date of Inspection: 08/23/2020	Time of Inspection: 04:42:33
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" 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 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 checked="" 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: _____	<b>Comments:</b> <u>As previously discussed over the phone, the expiration date (day) of the 0.08 Alcohol Reference Solution is incorrect, and the solution itself is expired. Please correct the expiration date as discussed below and return to the Department Inspector.</u>  <u>A second Agency Inspection, performed later within the month using a non-expired solution, was in compliance.</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>10/08/2020</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 Guadalupe  
Signature of Alcohol Testing Program Staff Member

9/8/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O.  
Time of Inspection: 16:03

Date of Inspection: 05/31/2020

Serial Number: 80-000948  
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#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:34917080A2 Exp: 02/05/2020
0.000	0.047	0.077	0.206	0.088 / 0.083
0.000	0.047	0.077	0.201	0.086 / 0.081
0.000	0.047	0.077	0.201	0.085 / 0.081

Number of Simulators Used: 3

**Remarks:**

08: Control Outside Tolerance. EVERTHRING OKAY

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.

SGT. 338

JOSUE D BONILLA

Signature and Printed Name

05/31/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O.  
Time of Inspection: 22:45

Date of Inspection: 02/23/2020

Serial Number: 80-000948  
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#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:34917080A2 Exp: 02/05/2020
0.000	0.046	0.076	0.193	0.075
0.000	0.046	0.076	0.195	0.075
0.000	0.047	0.077	0.195	0.075

Number of Simulators Used: 3

Remarks:

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.

*Sgt. Felicia Madrugo*

FELICIA MADRUGO

Signature and Printed Name

02/23/2020  
Date

# Florida Department of Law Enforcement

## Alcohol Testing Program

### Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000948

<b>Agency</b> GLADES COUNTY S.O.	<b>Date</b> 03/21/2020	<b>Type</b> Agency Inspection
<b>Inspector</b> BONILLA, JOSUE, D	<b>Time</b> 11:30:48	<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> 34917080A2		
<b>Expiration</b> 11/13/2020	<b>Expiration</b> 08/22/2020	<b>Expiration</b> 02/20/2021
<b>Expiration</b> 02/05/2020		
<b>Number of Simulators</b> 3	<b>Compliance</b> <del>Yes</del> <b>NO</b>	

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	0.200
Alcohol Free Subject Test: 0.000	Yes	0.08 g/210L Dry Gas Std Test # 1	0.075
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test # (Repeat) 1	0.075
Interferent Detect Test: Interferent Detect	Yes	Interferent Detect Test # 1	INT
Diagnostic Check (Post-Inspection): OK	Yes	Alcohol Free Test # 2	0.000
Alcohol Free Test: OK	Yes	0.05 g/210L Test # 2	0.047
0.05 g/210L Test: OK	Yes	0.08 g/210L Test # 2	0.077
0.08 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.199
0.20 g/210L Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.075
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test # (Repeat) 2	0.075
		Interferent Detect Test # 2	INT
		Alcohol Free Test # 3	0.000
		0.05 g/210L Test # 3	0.047
		0.08 g/210L Test # 3	0.077
		0.20 g/210L Test # 3	0.200
		0.08 g/210L Dry Gas Std Test # 3	0.074
		0.08 g/210L Dry Gas Std Test # (Repeat) 3	0.075
		Interferent Detect Test # 3	INT

**Remarks:**

08: Control Outside RADIO IN THE ROOM.

**Data Download Date/Time** 03/30/2020 10:23

**Printed: 08 July 2020**

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# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O.  
Time of Inspection: 20:26

Date of Inspection: 03/27/2020

Serial Number: 80-000948  
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#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:34917080A2 Exp: 02/05/2020
0.000	0.047	0.077	0.189 / 0.196	0.075
0.000	0.047	0.077	0.196 / 0.196	0.075
0.000	0.047	0.078	0.195 / 0.196	0.075

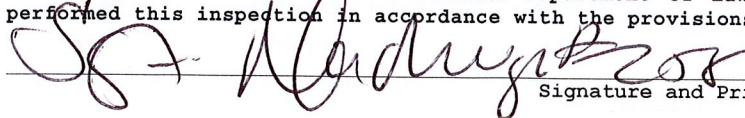
Number of Simulators Used: 3

**Remarks:**

SEAL NOT TIGHT

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.

  
 \_\_\_\_\_ FELICIA MADRUGO  
 Signature and Printed Name

03/27/2020  
 Date

# Florida Department of Law Enforcement

## Alcohol Testing Program

### Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000948

**Agency** GLADES COUNTY S.O. **Date** 05/31/2020 **Type** Agency Inspection  
**Inspector** BONILLA, JOSUE, D **Time** 16:03:09 **Software** 8100.27

**0.05 Lot #** 201811C **0.08 Lot #** 201808E **0.20 Lot #** 201902C **0.08 Gas Lot #** 34917080A2  
**Expiration** 11/13/2020 **Expiration** 08/22/2020 **Expiration** 02/20/2021 **Expiration** 02/05/2020

**Number of Simulators** 3

**Compliance** Yes ~~NO~~

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	0.047
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.077
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.206
Alcohol Free Subject Test: 0.000	Yes	0.08 g/210L Dry Gas Std Test # 1	0.088
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test # (Repeat) 1	0.083
Interferent Detect Test: Interferent Detect	Yes	Interferent Detect Test # 1	INT
Diagnostic Check (Post-Inspection): OK	Yes	Alcohol Free Test # 2	0.000
Alcohol Free Test: OK	Yes	0.05 g/210L Test # 2	0.047
0.05 g/210L Test: OK	Yes	0.08 g/210L Test # 2	0.077
0.08 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.201
0.20 g/210L Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.086
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test # (Repeat) 2	0.081
		Interferent Detect Test # 2	INT
		Alcohol Free Test # 3	0.000
		0.05 g/210L Test # 3	0.047
		0.08 g/210L Test # 3	0.077
		0.20 g/210L Test # 3	0.201
		0.08 g/210L Dry Gas Std Test # 3	0.085
		0.08 g/210L Dry Gas Std Test # (Repeat) 3	0.081
		Interferent Detect Test # 3	INT

**Remarks:**

08: Control Outside Tolerance. EVERTHRING OKAY

**Data Download Date/Time** 06/04/2020 13:28

**Printed: 08 July 2020**

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# Florida Department of Law Enforcement

## Alcohol Testing Program

### Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000948

<b>Agency</b> GLADES COUNTY S.O.	<b>Date</b> 06/04/2020	<b>Type</b> Agency Inspection
<b>Inspector</b> BONILLA, JOSUE, D	<b>Time</b> 14:32:27	<b>Software</b> 8100.27
<b>0.05 Lot #</b> 201811C	<b>0.08 Lot #</b> 201808E	<b>0.20 Lot #</b> 201902C
<b>Expiration</b> 11/13/2020	<b>Expiration</b> 08/22/2020	<b>Expiration</b> 02/20/2021
<b>0.08 Gas Lot #</b> 34917080A2		
<b>Expiration</b> 02/05/2020		
<b>Number of Simulators</b> 3		<b>Compliance</b> <del>Yes</del> <b>NO</b>

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	0.048
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.076
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.185
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test # (Repeat) 1	0.191
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test # 1	0.077
Interferent Detect Test: Interferent Detect	Yes	Interferent Detect Test # 1	INT
Diagnostic Check (Post-Inspection): OK	Yes	Alcohol Free Test # 2	0.000
Alcohol Free Test: OK	Yes	0.05 g/210L Test # 2	0.047
0.05 g/210L Test: OK	Yes	0.08 g/210L Test # 2	0.076
0.08 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.189
0.20 g/210L Test: OK	Yes	0.20 g/210L Test # (Repeat) 2	0.193
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.077
		Interferent Detect Test # 2	INT
		Alcohol Free Test # 3	0.000
		0.05 g/210L Test # 3	0.048
		0.08 g/210L Test # 3	0.076
		0.20 g/210L Test # 3	0.190
		0.20 g/210L Test # (Repeat) 3	0.193
		0.08 g/210L Dry Gas Std Test # 3	0.077
		Interferent Detect Test # 3	INT

**Remarks:**

20: Control Outside Tolerance LOOSE HOSE.

**Data Download Date/Time** 06/04/2020 14:39



# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O.

Serial Number: 80-000948

Time of Inspection: 14:32

Date of Inspection: 06/04/2020

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#: 201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#: 201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#: 201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: 34917080A2 Exp: 02/05/2020
0.000	0.048	0.076	0.185 / 0.191	0.077
0.000	0.047	0.076	0.189 / 0.193	0.077
0.000	0.048	0.076	0.190 / 0.193	0.077

Number of Simulators Used: 3

**Remarks:**

20: Control Outside Tolerance LOOSE HOSE.

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.

JOSUE D BONILLA

Signature and Printed Name

06/04/2020

Date



Florida Department of Law Enforcement

# AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Glades CSO

Instrument Serial Number: 80-000948

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: Josue Bonilla	Date of Inspection: 06/04/2020	Time of Inspection: 14:32:27
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 checked="" type="checkbox"/> Expiration Date for <u>0.080 g/ 210L</u> <input type="checkbox"/> Alcohol Reference Solution <input checked="" type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input checked="" 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: Used expired DGS. <span style="float: right;">948 5/31/2020</span> <span style="float: right;">948 6/4/2020</span> <u>Also correct! Expired Dry Gas Used</u> 947 1/23/2020    947 3/21/2020    948 2/23/2020 947 2/23/2020    947 4/5/2020    948 3/21/2020 948 3/27/2020
<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>07/18/2020</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: _____

\_\_\_\_\_  
 Signature of Alcohol Testing Program Staff Member

6/18/2020  
 Date

# Florida Department of Law Enforcement

## Alcohol Testing Program

### Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000948

<b>Agency</b> GLADES COUNTY S.O.	<b>Date</b> 06/04/2020	<b>Type</b> Agency Inspection	
<b>Inspector</b> BONILLA, JOSUE, D	<b>Time</b> 14:32:27	<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> 34917080A2
<b>Expiration</b> 11/13/2020	<b>Expiration</b> 08/22/2020	<b>Expiration</b> 02/20/2021	<b>Expiration</b> 02/05/2020

**Number of Simulators** 3

**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	0.048
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.076
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.185
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test # (Repeat) 1	0.191
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test # 1	0.077
Interferent Detect Test: Interferent Detect	Yes	Interferent Detect Test # 1	INT
Diagnostic Check (Post-Inspection): OK	Yes	Alcohol Free Test # 2	0.000
Alcohol Free Test: OK	Yes	0.05 g/210L Test # 2	0.047
0.05 g/210L Test: OK	Yes	0.08 g/210L Test # 2	0.076
0.08 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.189
0.20 g/210L Test: OK	Yes	0.20 g/210L Test # (Repeat) 2	0.193
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.077
		Interferent Detect Test # 2	INT
		Alcohol Free Test # 3	0.000
		0.05 g/210L Test # 3	0.048
		0.08 g/210L Test # 3	0.076
		0.20 g/210L Test # 3	0.190
		0.20 g/210L Test # (Repeat) 3	0.193
		0.08 g/210L Dry Gas Std Test # 3	0.077
		Interferent Detect Test # 3	INT

**Remarks:**

20: Control Outside Tolerance LOOSE HOSE.

**Data Download Date/Time** 06/04/2020 14:39



Florida Department of Law Enforcement

# AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Glades County SO

Instrument Serial Number: 80-00948

<b>AGENCY INSPECTION DATA REVIEW</b>		
Agency Inspector: <u>Felicia Madrugo</u>	Date of Inspection: <u>02/23/2020</u>	Time of Inspection: <u>22:45:46</u>
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 checked="" type="checkbox"/> Expiration Date for <u>0.08</u> g/ 210L <input type="checkbox"/> Alcohol Reference Solution <input checked="" type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input checked="" 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 dry gas used in the 02/23/2020 expired on 02/05/2020.</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>4/16/20</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: _____	

Signature of Alcohol Testing Program Staff Member

3/16/2020  
Date