

Amended

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: ZEPHYRHILLS PD  
Time of Inspection: 23:11

Date of Inspection: 07/23/2020

Serial Number: 80-001076  
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) <sup>8-24-20</sup> Lot#: 2109100 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	0.03 g/210L Dry Gas Std Test (g/210L) Lot#: 00919080A3 Exp: 03/05/2021
0.000 / 0.000	0.049	0.080	0.203	0.080
0.000 / 0.000	0.048	0.079	0.201	0.079
/ 0.000	0.048	0.079	0.201	0.080

Number of Simulators Used: 4

Remarks:

A F / M A: Exceeded Improper Sample. 00: RFI Detect.

Alcohol Free subject - got reading

Mouth Alcohol test - Improper sample - blew too early

Alcohol Free test - RFI detect - redid test.

AS 8-24-20

The above instrument complies ( X ) 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.

ALILISA J STARNES

Signature and Printed Name

07/23/2020  
Date



# AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Zephyrhills Police Department

Instrument Serial Number: 80-001076

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>Ailisa Starnes</u>	Date of Inspection: <u>07/23/2020</u>	Time of Inspection: <u>23:11:59</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 checked="" type="checkbox"/> Lot Number <input type="checkbox"/> Expiration Date for <u>0.05 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 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 checked="" type="checkbox"/> Alcohol Free Subject Test <input checked="" type="checkbox"/> Mouth Alcohol Test <input checked="" 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>The lot number for the 0.05 g/210 L Alcohol Reference Solution is incorrect.</u>  <u>Several tests were repeated. The reason(s) for these repeated tests, as well as the corrective action taken, must be recorded.</u>  <u>Please see below for the corrective action required and send to the Department Inspector by 09/20/2020.</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>09/20/2020</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

8/20/2020  
Date