



Florida Department of Law Enforcement

### AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: FHP Troop E

Instrument Serial Number: 80-001121

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: <u>Raymond Addison</u>	Date of Inspection: <u>10/01/2020 and 10/31/2020</u> Time of Inspection: <u>00:03:03 and 14:03:08</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 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 checked="" type="checkbox"/> Alcohol Free Subject Test <input checked="" 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 checked="" 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 0.20 g/210 L Test was repeated on the Agency Inspection dated 10/01/2020, and the Alcohol Free Subject / Mouth Alcohol Test was repeated on the Agency Inspection dated 10/31/2020.</u>  <u>The reason the test was repeated, as well as any corrective action taken prior to repeating the test, must be included. Please see the corrective action below and return to the 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: _____	

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>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 Gutzkow*

Signature of Alcohol Testing Program Staff Member

1/2/2021  
Date

AMENDED

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FHP TROOP E MIAMI  
Time of Inspection: 00:03

Date of Inspection: 10/01/2020

Serial Number: 80-001121  
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#: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#:1114319 Exp: 03/27/2022
0.000	0.049	0.079	0.201 / 0.200	0.080
0.000	0.049	0.080	0.201 / 0.200	0.081
0.000	0.049	0.081	0.201 / 0.200	0.081

Number of Simulators Used: 5

Remarks:

20: RFI Detect.

CELL PHONE PRESENT - REMOVED - RETESTED RSA 02-01-2021

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.

RAYMOND E ADDISON

Signature and Printed Name

10/01/2020  
Date

AMENDED

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FHP TROOP E MIAMI  
Time of Inspection: 14:03

Date of Inspection: 10/31/2020

Serial Number: 80-001121  
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#: 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#: 1114319 Exp: 03/27/2022
0.000	0.048	0.079	0.200	0.082
0.000	0.049	0.079	0.201	0.082
0.000	0.049	0.079	0.200	0.083

Number of Simulators Used: 5

Remarks:

A F / M A: RFI Detect.

CELLPHONE PRESENT - REMOVED - RETESTED RE 02-01-2021

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.



RAYMOND E ADDISON

Signature and Printed Name

10/31/2020  
Date



Florida Department of Law Enforcement

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*Taylor Gutshnow*

Signature of Alcohol Testing Program Staff Member

1/2/2021

Date