



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol

Instrument Serial Number: 80-006638

| AGENCY INSPECTION DATA REVIEW | | |
|---|---------------------------------------|-------------------------------------|
| Agency Inspector: <u>Alain Hernandez</u> | Date of Inspection: <u>06/30/2020</u> | Time of Inspection: <u>05:44:24</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 checked="" type="checkbox"/> Expiration Date for <u>0.20 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: _____ | | |

| OTHER ELECTRONIC DATA REVIEW | |
|--|--|
| <input type="checkbox"/> Login Records Date: _____ | Comments: <u>The lot number and expiration date entered for the 0.20 g/210 L Alcohol Reference Solution are incorrect.</u> <u>See below for corrective action. Please 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: _____ |

Taylor Thurston

Signature of Alcohol Testing Program Staff Member

8/20/2020

Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL
Time of Inspection: 05:44

Date of Inspection: 06/30/2020

Serial Number: 80-006638
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 | |

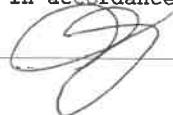
| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020 | 0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021 | 0.20g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:915310 Exp: 03/07/2021 |
|----------------------------|---|---|---|---|
| 0.000 | 0.048 | 0.076 | 0.196 | 0.080 |
| 0.000 | 0.048 | 0.076 | 0.197 | 0.080 |
| 0.000 | 0.048 | 0.077 | 0.197 | 0.080 |

Number of Simulators Used: 5

Remarks:
NO ISSUES

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.



ALAIN HERNANDEZ

Signature and Printed Name

06/30/2020
Date