

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Seminole CSO

| Instrument | Serial | Number: | 80-00 | 0998 |
|------------|--------|---------|-------|------|
| | | | | |

| AGENCY INSPECTION DATA REVIEW | | | | | |
|-------------------------------|---|---|--|--|--|
| Age | ency Inspector: Keith Betham | Date of Inspection: 6/11/2021 | Time of Inspection: 23:27:35 | | |
| Age | | | rroneous Information | | |
| <u> </u> | | cedural 🗆 Other | | | |
| | | ords regarding Agency Inspection have not been u | • | | |
| | Lot Number Description Date for 0.20 g/ | 210L ⊠Alcohol Reference Solution □Dry Gas Stan | ndard <mark>is ⊠Incorrect</mark> ⊡Expired. | | |
| | Remarks section of FDLE/ATP Form 40 A | st must be repeated, the REASON must be entered v gency Inspection Report – Intoxilyzer 8000. The orrective Action Taken on the following test(s) was | □REASON for repeating the following | | |
| | Alcohol Free Subject Test | Mouth Alcohol Test Alcohol Free Test | Interferent Detect Test | | |
| | □ 0.05 g/210L Test □ | 0.08 g/210L Test 🛛 0.20 g/210L Test | 0.08 g/210L Dry Gas Standard Test | | |
| | instrument from service and notify the Department Inspector." 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. 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. 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. | | | | |
| | The Agency Inspection is noted as "Com | plies" when it does not comply with the requiremen | nts of Chapter 11D-8, FAC. | | |
| | Other: | | | | |
| OTH | HER ELECTRONIC DATA REVIEW | | | | |
| | Login Records | Comments: The lot number for the 0.20 g/210 L Alcohol Referer | nce Solution was mistyped and | | |
| | | contains an extra "0". Please see below for correct | | | |
| | Control Test Records | | | | |

- Date: **Diagnostic Check Records**
 - Date:

CORRECTIVE ACTION

Record hand-written amendments on the FDLE/ATP Form 40, Agency Inspection Report, initial and date the amendments, mark \boxtimes the report "AMENDED", and forward a copy to the Department Inspector by <u>9/24/2021.</u>

- Provide a written explanation regarding the referenced item(s) to the Department Inspector by _____ (Date).
- Upload the Agency Inspection(s).
- Remove the instrument from evidentiary use until otherwise directed by the Department.
- No action required
- Other:

Taylor Gutschow Digitally signed by Taylor Gutschow Date: 2021.08.24 11:13:04 -04'00'

Signature of Alcohol Testing Program Staff Member

8/24/2021 Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SEMINOLE COUNTY S.O. Time of Inspection: 23:27

Date of Inspection: 06/11/2021

Serial Number: 80-000998 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#:201910D Exp: 10/22/2021 | 0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021 | 0.20g/210L Test (g/210L) Lot#:2020005A Exp: 05/12/2022 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1433248 Exp: 01/06/2024 |
|----------------------------------|--|--|---|--|
| 0.000 | 0.049 | 0.080 | 0.198 | 0.081 |
| 0.000 | 0.049 | 0.080 | 0.198 | 0.082 |
| 0.000 | 0.049 | 0.080 | 0.199 | 0.081 |

Number of Simulators Used: 5

Remarks:

Simulators Used: 5_____ Correct Lot#,02 202005A / b 04/11/2021

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.

1 KEITH D BETHAM 10 Signature and Printed Name 06/11/2021 Date