

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO  
Time of Inspection: 19:52

Date of Inspection: 09/23/2021

Serial Number: 80-001005  
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#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000	0.000 / 0.000			
0.000	0.000 / 0.000			
0.000	0.000 / 0.000			

Number of Simulators Used: 5

**Remarks:**

05: Control Outside Tolerance UNK.PROBLEM.REPEAT.,UNK.PROB.. Non-compliance:REPEAT STILL COT..

(LATER FOUND .05 SIM TO BE FAULTY) MD

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.

*M. Deane*

M DEANE

Signature and Printed Name

09/23/2021  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO  
Time of Inspection: 21:09

Date of Inspection: 09/24/2021

Serial Number: 80-001005  
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#:202101C Exp: 01/12/2023	0.08g/210L Test (g/210L) Lot#:202007A Exp: 07/21/2022	0.20g/210L Test (g/210L) Lot#:202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG012501 Exp: 05/04/2022
0.000	0.047	0.076	0.193	0.079
0.000	0.049	0.079	0.197	0.079
0.000	0.049	0.080	0.199	0.079

Number of Simulators Used: 5

Remarks:

AMENDED INSPECTION - FAULTY .05 SIM ON PRIOR INSPECTION MD

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.

*M. Deane*

M DEANE

Signature and Printed Name

09/24/2021  
Date



Florida Department of Law Enforcement

# AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: **Pinellas CSO**

Instrument Serial Number: **80-001005**

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: <b>Mark Eastty</b>	Date of Inspection: <b>10/28/2021</b> Time of Inspection: <b>21:15:44</b>
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" type="checkbox"/> <b>Erroneous Information</b> <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 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 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> <b>The lot number and expiration date for the 0.20 g/10 L Alcohol Reference Solution was mistyped. Please see below for corrective action.</b>
<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 <b>01/05/2022</b> .	
<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 Gutschow** Digitally signed by Taylor Gutschow  
Date: 2021.11.27 12:00:16 -05'00'

Signature of Alcohol Testing Program Staff Member

11/27/2021  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO  
Time of Inspection: 21:15

Date of Inspection: 10/28/2021

Serial Number: 80-001005  
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#:202101C Exp: 01/12/2023	0.08g/210L Test (g/210L) Lot#:202007A Exp: 07/21/2022	0.20g/210L Test (g/210L) <i>DB ME</i> Lot#:202105B Exp: <del>05</del> /22/2023 <i>DB ME</i>	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG012501 Exp: 05/04/2022
0.000	0.049	0.079	0.198	0.079
0.000	0.050	0.080	0.200	0.078
0.000	0.050	0.080	0.201	0.079

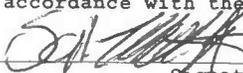
Number of Simulators Used: 5

Remarks:

*AMENDED: HUMAN TYPO ERROR (0.20 LOT + DATE)  
DU  
12-15-2021*

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.



MARK L EASTTY

Signature and Printed Name

10/28/2021  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO  
Time of Inspection: 21:52

Date of Inspection: 11/24/2021

Serial Number: 80-001005  
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	

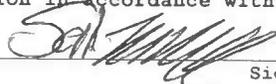
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:202101C Exp: 01/12/2023	0.08g/210L Test (g/210L) Lot#:202007A Exp: 07/21/2022	0.20g/210L Test (g/210L) <i>BR ME</i> Lot#:202105B Exp: <del>05</del> /22/2023 <i>06 ME</i>	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG012501 Exp: 05/04/2022
0.000	0.049	0.080	0.198	0.080
0.000	0.049	0.080	0.200	0.080
0.000	0.050	0.081	0.202	0.080

Number of Simulators Used: 5

Remarks: *AMENDED: HUMAN TYPO ERROR (.20 LOT + DATE)  
ON  
12-15-2021*

The above instrument complies (  ) does not comply (  ) with Chapter 11D-8, FAC.

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MARK L EASTTY

Signature and Printed Name

11/24/2021  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO  
Time of Inspection: 20:23

Date of Inspection: 12/09/2021

Serial Number: 80-001005  
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#:202101C Exp: 01/12/2023	0.08g/210L Test (g/210L) Lot#:202007A Exp: 07/21/2022	0.20g/210L Test (g/210L) <i>0B MD</i> Lot#:202105B Exp: <del>05</del> /22/2023 <i>06 MD</i>	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG012501 Exp: 05/04/2022
0.000	0.049	0.079	0.197	0.079
0.000	0.049	0.079	0.198	0.079
0.000	0.049	0.079	0.198	0.079

Number of Simulators Used: 5

Remarks:

*AMENDED : HUMAN TYPD ERROR (.20 LOT + DATE)  
ON  
12-15-2021*

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*M. Deane* M DEANE  
Signature and Printed Name

12/09/2021  
Date