

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Haines City Police Department Instrument Serial Number: 80-001007 AGENCY INSPECTION DATA REVIEW Agency Inspector: George Gonzalez Date of Inspection: 12/28/2021 Time of Inspection: 13:52:10 Erroneous Information Agency Inspection Discrepancy: Incomplete Untimely/Not Received Procedural Other (Missing Required Information) Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded. Lot Number Expiration Date for _g/ 210L Alcohol Reference Solution Dry Gas Standard is Incorrect Expired. 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 Image Reason for repeating the following test(s); OR the Operation Possible Cause and Corrective Action Taken on the following test(s) was not recorded: ☑ Alcohol Free Subject Test ☑ Mouth Alcohol Test □ **Alcohol Free Test** Interferent Detect Test □ 0.05 q/210L Test П 0.08 g/210L Test 0.20 g/210L Test 0.08 g/210L Dry Gas Standard Test 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." 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 "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC. Other: OTHER ELECTRONIC DATA REVIEW Comments: Login Records The Alcohol Free Subject / Mouth Alcohol Test was repeated. The reason for repeating Date: the test, as well as any corrective action taken prior to repeating it, must be included. **Cylinder Change Records** Date:

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 the report "AMENDED", and forward a copy to the Department Inspector by <u>3/8/2022</u> (Date).
- 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: 2022.02.08 14:32:09 -05'00'

Signature of Alcohol Testing Program Staff Member

2/8/2022 Date

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AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 13:52

Date of Inspection: 12/28/2021

Serial Number: 80-001007 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#:202106B Exp: 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1356262 Exp: 08/03/2023
0.000	0.049	0.079	0.191	0.080
0.000	0.049	0.080	0.191	0.080
0.000	0.050	0.080	0.190	0.081

Number of Simulators Used: 5

Remarks:

AF/MA:. Too much time lopsed botwoon alabol file and mouth alcahol test the fost reset and has done over went test someles were done within the time.

The above instrument complies (X) does not comply (

) with Chapter 11D-8, FAC.

GEORGE GONZALEZ

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.

Signature and Printed Name

12/28/2021 Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 05:10

Date of Inspection: 05/21/2021

Serial Number: 80-001007 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#: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#:1111579 Exp: 03/19/2022
0.000	0.050	0.081	0.201	0.080
0.000	0.050	0.081	0.201	0.081
0.000	0.051	0.080	0.201	0.081

Number of Simulators Used: 5

Remarks:

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.

gpl.	WIBBER 896	RAY M WEBER	
	Signature and Pri	nted Name	
	05/21/2021 Date	-	

FDLE/ATP Form 40 - March 2004

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 04:13

Date of Inspection: 05/21/2021

Serial Number: <mark>80-001007</mark> 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		No
Mouth Alcohol Test: Slope Not Met		No
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Number of Simulators Used: 5

Remarks:

A F / M A: Sequence Aborted. Non-compliance: .

WHILE INSTRUCTING A AGENCY INSPECTOR REPLACEMENT, OFFICER FAILED TO PROVIDE PROPER SAMPLE DURING MILA. SEQUENCE WAS ABORTED AND INSPECTION WAS STARTED AGAIN FROM BEGINING.

The above	instrument complies	() does not comply	(X) with Chapter	11D-8, FAC.		
I certify performed	that I hold a val this inspection in	id Florida Department of accordance with the provis	Law Enforcement Agen sions of Chapter 11D-8	cy Inspector Per , FAC.	mit and t	hat 1
		1. WEBER BEGB	RAY M W			
		Signature and	d Printed Name			
/		05/21, Dat				

FDLE/ATP Form 40 – March 2004

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 06:38

Date of Inspection: 04/29/2021

Serial Number: 80-001007 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	3-
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#: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#:1111579 Exp: 03/19/2022
0.000	0.049	0.080	0.200	0.080
0.000	0.050	0.080	0.200	0.080
0.000	0.049	0.080	0.200	0.081

Number of Simulators Used: 5

Remarks:

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.

489 ARE RAY M WEBER gnature and Printed Name 04/29/2021 Date

FDLE/ATP Form 40 - March 2004

Intoxilyzer 800

Serial Number: 80-001007

The Intoxilyzer 800, serial # 80-001007 was out for its Annual Inspection and Maintance during the monthly agency inspection dated 02/21/2021.

Cpl. Willin ⁴876 Agency Inspector: Cpl. Ray Weber

Date: 02/21/2021

Intoxilyzer 800

Serial Number: 80-001007

The Intoxilyzer 800, serial # 80-001007 was out for its Annual Inspection and Maintance during the monthly agency inspection dated 01/21/2021.

Ageney Inspector: Cpl. Ray Weber 6

Date: 01/21/2021

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 14:15

Date of Inspection: 03/21/2021

Serial Number: 80-001007 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#:202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1111579 Exp: 03/19/2022
0.000	0.050	0.080	0.200	0.081
0.000	0.050	0.081	0.200	0.081
0.000	0.051	0.081	0.201	0.081

Number of Simulators Used: 5

Remarks:

BACK IN SERVICE

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.

6	COL. WEBER 01	6 RAY	M WEBER
	Signate	ire and Printed Name	
		03/21/2021 Date	

FDLE/ATP Form 40 - March 2004