

# Florida Department of Law Enforcement

## Alcohol Testing Program

### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL  
Time of Inspection: 05:01

Date of Inspection: 12/30/2021

Serial Number: 80-001113  
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted	Yes	
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		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	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:

Number of Simulators Used: 5

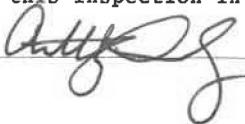
Remarks:

Time-Date changed. Non-compliance: FAILED TO START AF TESTING.

*Failed to start the Alcohol Free Sim.*

The above instrument complies ( ) does not comply ( X ) 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.



Signature and Printed Name

ANTHONY N DOBOSIEWICZ

12/30/2021  
Date

Amended

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL

Time of Inspection: 23:25

Date of Inspection: 07/24/2021

Serial Number: 80-001113

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#:1249794 Exp: 12/13/2022
0.000	0.000 / 0.047	0.078	0.199	0.082
0.000	0.000 / 0.048	0.079	0.202	0.082
0.000	0.000 / 0.048	0.079	0.203	0.082

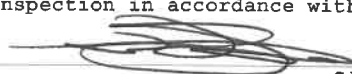
Number of Simulators Used: 5

Remarks:

WRONG SIMULATOR CONNECTED

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.



WILLIAM T SMITH

Signature and Printed Name

07/24/2021  
Date

*Amended*  
**Florida Department of Law Enforcement  
Alcohol Testing Program**

**AGENCY INSPECTION REPORT - INTOXILYZER 8000**

Agency: FL HIGHWAY PATROL  
Time of Inspection: 09:16

Date of Inspection: 02/25/2021

Serial Number: 80-001113  
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#:1099238 Exp: 03/01/2022
0.000	0.049	0.079	0.200	0.084
0.000	0.049	0.080	0.201	0.084
0.000	0.050	0.080	0.202	0.084

Number of Simulators Used: 5

**Remarks:**

A F / M A: .

USED AF on MA TEST, Redid test *A.H.* 02/25/2021

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.

  
ALAIN HERNANDEZ  
Signature and Printed Name

02/25/2021  
Date

*Amended*  
**Florida Department of Law Enforcement  
Alcohol Testing Program**

**AGENCY INSPECTION REPORT - INTOXILYZER 8000**

Agency: FL HIGHWAY PATROL  
Time of Inspection: 09:16

Date of Inspection: 02/25/2021

Serial Number: 80-001113  
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#:1099238 Exp: 03/01/2022
0.000	0.049	0.079	0.200	0.084
0.000	0.049	0.080	0.201	0.084
0.000	0.050	0.080	0.202	0.084

Number of Simulators Used: 5

**Remarks:**

A F / M A: .

USED AF on MA TEST, Redid test *A.H.* 02/25/2021

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.

  
ALAIN HERNANDEZ  
Signature and Printed Name

02/25/2021  
Date



Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol

Instrument Serial Number: 80-001113

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>Alain Hernandez</u>	Date of Inspection: <u>2/25/2021</u>	Time of Inspection: <u>09:16:37</u>
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input checked="" type="checkbox"/> Other ( <u>Missing Required Information</u> )		
<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 <u>      </u> 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 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: <u>      </u>		

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: <u>      </u>	Comments: <u>The Alcohol Free Subject / Mouth Alcohol Test was repeated. The reason the test was repeated, as well as the corrective action taken before repeating the test, must be included.</u>
<input type="checkbox"/> Cylinder Change Records Date: <u>      </u>	
<input type="checkbox"/> Control Test Records Date: <u>      </u>	
<input type="checkbox"/> Diagnostic Check Records Date: <u>      </u>	

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>4/17/2021</u> (Date).
<input type="checkbox"/> Provide a written explanation regarding the referenced item(s) to the Department Inspector by <u>      </u> (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: <u>      </u>

Signature of Alcohol Testing Program Staff Member

3/17/2021  
Date