

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

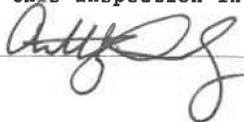
Remarks:

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

Failed to start the Alcohol Free Sim.

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



Signature and Printed Name

WILLIAM T SMITH

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



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol

Instrument Serial Number: 80-001113

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Alain Hernandez
Date of Inspection: 2/25/2021
Time of Inspection: 09:16:37
Agency Inspection Discrepancy: [] Incomplete [] Untimely/Not Received [] Erroneous Information [] Procedural [x] 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.
[x] 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 [x] REASON for repeating the following test(s); OR the [x] Possible Cause and Corrective Action Taken on the following test(s) was not recorded:
[x] Alcohol Free Subject Test [x] 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
[] 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
[] Login Records Date: _____
[] Cylinder Change Records Date: _____
[] Control Test Records Date: _____
[] Diagnostic Check Records Date: _____
Comments:
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.

CORRECTIVE ACTION
[x] 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 4/17/2021 (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: _____

Signature of Alcohol Testing Program Staff Member

3/17/2021
Date