

** Amended **

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: DELAND P.D.

Time of Inspection: 19:46

Date of Inspection: 02/27/2021

Serial Number: 80-001114

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#: 1433248 Exp: 01/06/2024
0.000	0.043 / 0.046	0.076	0.195	0.080
0.000	0.043 / 0.046	0.077	0.196	0.080
0.000	0.044 / 0.046	0.077	0.197	0.080

Number of Simulators Used: 5

Remarks:

05: Control Outside Tolerance.

1. .05 repeated due to control outside tolerance below .045
2. Corrected by allowing Simulator more time to heat up.
2nd test passed at .046

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

CRAIG K WALTER

02/27/2021
Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Deland PD

Instrument Serial Number: 80-001114

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Craig Walter
Date of Inspection: 2/27/2021
Time of Inspection: 19:46:52
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:
[] Alcohol Free Subject Test [] Mouth Alcohol Test [] Alcohol Free Test [] Interferent Detect Test
[x] 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 0.05 g/210 L 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 4/16/2021 (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