



Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

**Agency: Ponce Inlet PD**

**Instrument Serial Number: 80-001158**

AGENCY INSPECTION DATA REVIEW	
<b>Agency Inspector: Scott Gaston</b>	<b>Date of Inspection: 5/18/2021</b>
<b>Time of Inspection: 09:41:55 and 10:47:39</b>	
<b>Agency Inspection Discrepancy:</b> <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input checked="" type="checkbox"/> Other (Missing Required Information)	
<input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.	
<input type="checkbox"/> Lot Number <input checked="" type="checkbox"/> Expiration Date for 0.08 g/ 210L <input checked="" type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input checked="" type="checkbox"/> Incorrect <input type="checkbox"/> Expired.	
<input checked="" type="checkbox"/> <b>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 REASON for repeating the following test(s); OR the Possible Cause and Corrective Action Taken on the following test(s) was not recorded:</b> <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 checked="" type="checkbox"/> <b>0.05 g/210L Test</b> <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"/> <b>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."</b> <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> On the Agency Inspection with inspection time 09:41:55, the 0.05 g/210 L Test was repeated. The reason the test was repeated, as well as any corrective action taken prior to repeating the test, must be included.  On the Agency Inspection with inspection time 10:47:39, the expiration date (day) for the 0.08 g/210 L Test was mistyped and the 0.05 g/210 L Test was repeated. The expiration date must be corrected, and the reason the test was repeated as well as any corrective action taken prior to repeating the test must be included.
<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 <u>9/24/2021</u> . <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: 2021.08.24 11:32:12 -04'00'

Signature of Alcohol Testing Program Staff Member

8/24/2021  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PONCE INLET PD  
Time of Inspection: 10:47

Date of Inspection: 05/18/2021

Serial Number: 80-001158  
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: 07/01/2022	0.20g/210L Test (g/210L) Lot#:202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1273831 Exp: 01/31/2023
0.000	0.044 / 0.046	0.078	0.197	0.080
0.000	0.045 / 0.047	0.078	0.199	0.080
0.000	0.046 / 0.047	0.079	0.199	0.080

Number of Simulators Used: 4

**Remarks:**

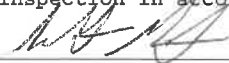
05: Control Outside Tolerance.

Exp. 7/21/2022

0.05g repeated Because Temperature was Low - Allowed TO heat longer & repeated TEST

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.


Scott Gaston
1334
SCOTT B GASTON

Signature and Printed Name

05/18/2021  
Date