

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Daytona Beach Shores Public Safety

Serial Number: 80-001242

Time of Inspection: 20:00

Date of Inspection: 12-13-2021

Software: 8100.27

| CHECK OR TEST                               | YES | NO |
|---|-----|----|
| Date and/or Time Adjusted                   |     |    |
| Diagnostic Check (Pre-Inspection): OK       |     |    |
| Alcohol Free Subject Test: 0.000            |     |    |
| Mouth Alcohol Test: Slope Not Met           |     |    |
| Interferent Detect Test: Interferent Detect |     |    |
| Diagnostic Check (Post-Inspection): OK      |     |    |

|                            |   |   |   |  |
|----------------------------|---|---|---|--|
| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L)<br>Lot#:<br>Exp: | 0.08g/210L Test (g/210L)<br>Lot#:<br>Exp: | 0.20g/210L Test (g/210L)<br>Lot#:<br>Exp: | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#:<br>Exp: |
|                            |   |   |   |  |
|                            |   |   |   |  |
|                            |   |   |   |  |

Number of Simulators Used: \_\_\_\_\_

Remarks: December 2021 Agency Inspection not completed. Pre-inspection stability checks showed low .20 readings outside acceptable range. Instrument sent to FDLE to evaluate.

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.

 489  
RICHARD J. RADEMACHER

Signature and Printed Name

12-13-2021  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: DAYTONA BEACH SHORES  
Time of Inspection: 00:45

Date of Inspection: 11/16/2021

Serial Number: 80-001242  
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)<br>Lot#:202101C<br>Exp: 01/12/2023 | 0.08g/210L Test (g/210L)<br>Lot#:202108D<br>Exp: 08/17/2023 | 0.20g/210L Test (g/210L)<br>Lot#:202106B<br>Exp: 06/22/2023 | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#:1305520<br>Exp: 04/01/2023 |
|----------------------------|---|---|---|--|
| 0.000                      | 0.048   | 0.078   | 0.198   | 0.080  |
| 0.000                      | 0.048   | 0.078   | 0.199   | 0.080  |
| 0.000                      | 0.048   | 0.078   | 0.199   | 0.080  |

Number of Simulators Used: 5

**Remarks:**

SECOND SAMPLE, INTERFERENT LOT # 2021-C, RESULTED IN DETECTION. ACETONE STOCK SOLUTION #2020-A DID NOT DETECT AND HAS BEEN REMOVED FROM USE.

*Richard J. Rademacher* 489

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.

*Richard J. Rademacher* 489  
Signature and Printed Name RICHARD J RADEMACHER

11/16/2021  
Date



Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Daytona Beach Shores

Instrument Serial Number: 80-001242

### AGENCY INSPECTION DATA REVIEW

|   |                                |                           |
|---|--------------------------------|---------------------------|
| Agency Inspector: Richard Rademacher  | Date of Inspection: 11-16-2021 | Time of Inspection: 00:45 |
| Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information<br><input checked="" type="checkbox"/> Procedural <input type="checkbox"/> Other _____   |                                |                           |
| <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 _____ g/ 210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input type="checkbox"/> Expired.  |                                |                           |
| <input 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 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:<br><input type="checkbox"/> Alcohol Free Subject Test <input type="checkbox"/> Mouth Alcohol Test <input type="checkbox"/> Alcohol Free Test <input checked="" type="checkbox"/> Interferent Detect Test<br><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."<br><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.<br><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.<br><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<br>Date: _____            | Comments:<br>_____ |
| <input type="checkbox"/> Cylinder Change Records<br>Date: _____  |                    |
| <input type="checkbox"/> Control Test Records<br>Date: _____     |                    |
| <input type="checkbox"/> Diagnostic Check Records<br>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 _____ (Date). |
| <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: _____   |

Israel Soto

Digitally signed by Israel Soto  
Date: 2021.11.18 08:21:05 -05'00'

Signature of Alcohol Testing Program Staff Member

11/18/2021  
Date



Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: **Daytona Beach Shores**

Instrument Serial Number: **80-001242**

| AGENCY INSPECTION DATA REVIEW   |  |
|---|--|
| Agency Inspector: <b>Richard Rademacher</b>   | Date of Inspection: <b>8/16/2021</b> Time of Inspection: <b>00:54:28</b> |
| Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" type="checkbox"/> <b>Erroneous Information</b><br><input type="checkbox"/> Procedural <input type="checkbox"/> Other _____  |  |
| <input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.   |  |
| <input checked="" type="checkbox"/> <b>Lot Number</b> <input type="checkbox"/> Expiration Date <b>for 0.05 and 0.08 g/ 210L</b> <input checked="" type="checkbox"/> <b>Alcohol Reference Solution</b> <input type="checkbox"/> Dry Gas Standard <b>is</b> <input checked="" type="checkbox"/> <b>Incorrect</b> <input type="checkbox"/> Expired.  |  |
| <input 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 type="checkbox"/> REASON for repeating the following test(s); OR the <input type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded:<br><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<br><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."<br><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.<br><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.<br><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<br>Date: _____            | Comments:<br><b>The lot numbers for the 0.05 and 0.08 g/210 L Alcohol Reference Solutions are incorrect (missing a number).</b> |
| <input type="checkbox"/> Cylinder Change Records<br>Date: _____  |   |
| <input type="checkbox"/> Control Test Records<br>Date: _____     |   |
| <input type="checkbox"/> Diagnostic Check Records<br>Date: _____ |   |

| CORRECTIVE ACTION  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>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 10/8/2021 (Date).</b> |  |
| <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 Gutachow*

Signature of Alcohol Testing Program Staff Member

9/8/2021  
Date



AMENDED 09-14-21 (RD)

# Florida Department of Law Enforcement

## Alcohol Testing Program

### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: DAYTONA BEACH SHORES  
Time of Inspection: 00:54

Date of Inspection: 08/16/2021

Serial Number: 80-001242  
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)<br>Lot#: 20190D<br>Exp: 10/22/2021 | 0.08g/210L Test (g/210L)<br>Lot#: 20207A<br>Exp: 07/21/2022 | 0.20g/210L Test (g/210L)<br>Lot#: 202106B<br>Exp: 06/22/2023 | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#: 1305520<br>Exp: 04/01/2023 |
|----------------------------|---|---|--|---|
| 0.000                      | 0.047   | 0.078   | 0.198  | 0.079   |
| 0.000                      | 0.048   | 0.079   | 0.198  | 0.080   |
| 0.000                      | 0.048   | 0.078   | 0.198  | 0.080   |

Number of Simulators Used: 5

Remarks: .05 - LOT #201910D  
.08 - LOT #202007A

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.

Richard J. Rademacher  
Signature and Printed Name

RICHARD J RADEMACHER

08/16/2021  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Daytona Beach Shores Public Safety

Serial Number: 80-001242

Time of Inspection: 20:00

Date of Inspection: 12-13-2021

Software: 8100.27

| CHECK OR TEST                               | YES | NO |
|---|-----|----|
| Date and/or Time Adjusted                   |     |    |
| Diagnostic Check (Pre-Inspection): OK       |     |    |
| Alcohol Free Subject Test: 0.000            |     |    |
| Mouth Alcohol Test: Slope Not Met           |     |    |
| Interferent Detect Test: Interferent Detect |     |    |
| Diagnostic Check (Post-Inspection): OK      |     |    |

|                            |   |   |   |  |
|----------------------------|---|---|---|--|
| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L)<br>Lot#:<br>Exp: | 0.08g/210L Test (g/210L)<br>Lot#:<br>Exp: | 0.20g/210L Test (g/210L)<br>Lot#:<br>Exp: | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#:<br>Exp: |
|                            |   |   |   |  |
|                            |   |   |   |  |
|                            |   |   |   |  |

Number of Simulators Used: \_\_\_\_\_

Remarks: December 2021 Agency Inspection not completed. Pre-inspection stability checks showed low .20 readings outside acceptable range. Instrument sent to FDLE to evaluate.

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.



RICHARD J. RADEMACHER

Signature and Printed Name

12-13-2021  
Date

AMENDED

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: DAYTONA BEACH SHORES  
Time of Inspection: 23:28

Date of Inspection: 06/15/2021

Serial Number: 80-001242  
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 |    |

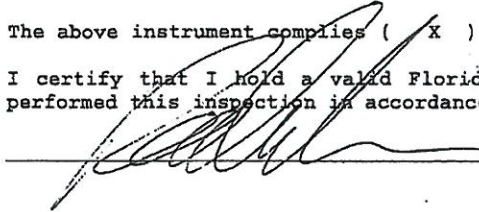
| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L) 201910D Lot#: 20190D Exp: 10/22/2021 RR | 0.08g/210L Test (g/210L) Lot#: 202007A Exp: 07/21/2022 | 0.20g/210L Test (g/210L) Lot#: 202005A Exp: 05/12/2022 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 1305520 Exp: 04/01/2023 |
|----------------------------|--|--|--|---|
| 0.000                      | 0.048  | 0.078  | 0.199  | 0.080   |
| 0.000                      | 0.048  | 0.078  | 0.199  | 0.080   |
| 0.000                      | 0.048  | 0.079  | 0.199  | 0.080   |

Number of Simulators Used: 5

Remarks: LOT 201910D (.05 solution) RR 08-24-2021

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.

 489  
Signature and Printed Name

RICHARD J RADEMACHER

06/15/2021  
Date



AMENDED

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: DAYTONA BEACH SHORES

Time of Inspection: 23:18

Date of Inspection: 05/20/2021

Serial Number: 80-001242

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 |    |

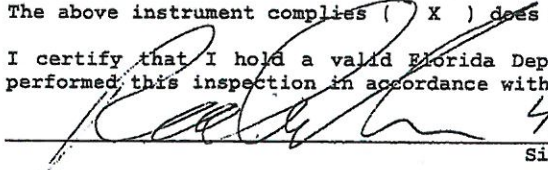
| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L)<br>Lot#: 201910D<br>Exp: 10/22/2021 | 0.08g/210L Test (g/210L)<br>Lot#: 202007A<br>Exp: 07/21/2022 | 0.20g/210L Test (g/210L)<br>Lot#: 202005A<br>Exp: 05/12/2022 | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#: 1305520<br>Exp: 04/01/2023 |
|----------------------------|--|--|--|---|
| 0.000                      | 0.048  | 0.078  | 0.199  | 0.080   |
| 0.000                      | 0.048  | 0.079  | 0.200  | 0.080   |
| 0.000                      | 0.049  | 0.079  | 0.200  | 0.080   |

Number of Simulators Used: 5

Remarks: LOT 201910D (.05 SOLUTION) (PP) 08-24-2021

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  
Signature and Printed Name RICHARD J. RADEMACHER

05/20/2021  
Date





Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: **Daytona Beach Shores PD**

Instrument Serial Number: **80-001242**

### AGENCY INSPECTION DATA REVIEW

Agency Inspector: **Richard Rademacher**

Date of Inspection: **5/20/2021 and  
6/15/2021**

Time of Inspection: **23:18:38 and  
23:28:02**

Agency Inspection Discrepancy: ☐ Incomplete ☐ Untimely/Not Received ☒ Erroneous Information  
☐ Procedural ☐ Other

☐ Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.

☒ Lot Number ☐ Expiration Date for **0.05 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 ☐ REASON for repeating the following test(s); OR the ☐ 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 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:

**For both the May and June 2021 Agency Inspections, the lot number for the 0.05 g/210 L Alcohol Reference Solution is incorrect (missing a number).**

### 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 **9/24/2021**.

- ☐ 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: 2021.08.24 14:10:11 -04'00'

Signature of Alcohol Testing Program Staff Member

**8/24/2021**

Date

AMENDED

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: DAYTONA BEACH SHORES

Serial Number: 80-001242

Time of Inspection: 00:17

Date of Inspection: 04/16/2021

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 |

|                            |   |   |   |  |
|----------------------------|---|---|---|--|
| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L)<br>Lot#:<br>Exp: | 0.08g/210L Test (g/210L)<br>Lot#:<br>Exp: | 0.20g/210L Test (g/210L)<br>Lot#:<br>Exp: | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#:<br>Exp: |
|                            |   |   |   |  |
|                            |   |   |   |  |
|                            |   |   |   |  |

Number of Simulators Used: 5

Remarks:

A F / M A :

COMPLIANCE NOT DETERMINED - INSPECTOR ERROR,  
RE-INSPECTION COMPLETED. (RD)

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

RICHARD J RADEMACHER

04/16/2021  
Date



Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Daytona Beach Shores

Instrument Serial Number: 80-001242

| AGENCY INSPECTION DATA REVIEW   |                                |                              |
|---|--------------------------------|------------------------------|
| Agency Inspector: Richard Rademacher  | Date of Inspection: 04/16/2021 | Time of Inspection: 00:17:43 |
| Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" type="checkbox"/> Erroneous Information<br><input type="checkbox"/> Procedural <input type="checkbox"/> Other   |                                |                              |
| <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 ____g/ 210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input type="checkbox"/> Expired.  |                                |                              |
| <input 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 type="checkbox"/> REASON for repeating the following test(s); OR the <input type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded:<br><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<br><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."<br><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.<br><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.<br><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<br>Date: _____            | Comments:<br><u>The Agency Inspection was marked as compliant when no tests were performed. Please mark as noncompliant.</u> |
| <input type="checkbox"/> Cylinder Change Records<br>Date: _____  |  |
| <input type="checkbox"/> Control Test Records<br>Date: _____     |  |
| <input type="checkbox"/> Diagnostic Check Records<br>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>07/08/2021</u> (Date). |  |
| <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: 2021.06.08 12:32:02 -04'00'

Signature of Alcohol Testing Program Staff Member

6/8/2021  
Date