



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: New Smyrna Beach PD

Instrument Serial Number: 80-002231

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Jason Reve
Date of Inspection: 8/11/2021
Time of Inspection: 12:32:54
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.
[ ] 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:
The Alcohol Free Test was repeated. The reason the test was repeated, as well as any corrective action taken prior to 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 10/8/2021 (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: \_\_\_\_\_

Taylor Gutschow

Signature of Alcohol Testing Program Staff Member

9/8/2021
Date

# Florida Department of Law Enforcement

## Alcohol Testing Program

### Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-002231

|                                   |                              |                                  |
|-----------------------------------|------------------------------|----------------------------------|
| <b>Agency</b> NEW SMYRNA BEACH PD | <b>Date</b> 08/11/2021       | <b>Type</b> Agency Inspection    |
| <b>Inspector</b> REVE, JASON, R   | <b>Time</b> 12:32:54         | <b>Software</b> 8100.27          |
| <b>0.05 Lot #</b> 201910D         | <b>0.08 Lot #</b> 202007A    | <b>0.20 Lot #</b> 202005A        |
| <b>Expiration</b> 10/22/2021      | <b>Expiration</b> 07/21/2022 | <b>0.08 Gas Lot #</b> 30219080A3 |
|                                   |                              | <b>Expiration</b> 05/12/2022     |
|                                   |                              | <b>Expiration</b> 01/05/2022     |
| <b>Number of Simulators</b> 4     |                              | <b>Compliance</b> Yes            |

| Check or Test                               | Result | Test                             | Result |
|---|--------|----------------------------------|--------|
| Diagnostic Check (Pre-Inspection): OK       | Yes    | Alcohol Free Test # (Repeat) 1   | 0.000  |
| Date and/or Time Adjusted                   | No     | 0.05 g/210L Test # 1             | 0.046  |
| Minimum Sample Volume Check: OK             |        | 0.08 g/210L Test # 1             | 0.078  |
| Barometric Pressure Sensor Check: OK        |        | 0.20 g/210L Test # 1             | 0.194  |
| Alcohol Free Subject Test: 0.000            | Yes    | 0.08 g/210L Dry Gas Std Test # 1 | 0.081  |
| Mouth Alcohol Test: Slope Not Met           | Yes    | Interferent Detect Test # 1      | INT    |
| Interferent Detect Test: Interferent Detect | Yes    | Alcohol Free Test # (Repeat) 2   | 0.000  |
| Diagnostic Check (Post-Inspection): OK      | Yes    | 0.05 g/210L Test # 2             | 0.046  |
| Alcohol Free Test: OK                       | Yes    | 0.08 g/210L Test # 2             | 0.079  |
| 0.05 g/210L Test: OK                        | Yes    | 0.20 g/210L Test # 2             | 0.195  |
| 0.08 g/210L Test: OK                        | Yes    | 0.08 g/210L Dry Gas Std Test # 2 | 0.080  |
| 0.20 g/210L Test: OK                        | Yes    | Interferent Detect Test # 2      | INT    |
| 0.08 g/210L Dry Gas Std Test: OK            | Yes    | Alcohol Free Test # (Repeat) 3   | 0.000  |
|   |        | 0.05 g/210L Test # 3             | 0.046  |
|   |        | 0.08 g/210L Test # 3             | 0.078  |
|   |        | 0.20 g/210L Test # 3             | 0.196  |
|   |        | 0.08 g/210L Dry Gas Std Test # 3 | 0.080  |
|   |        | Interferent Detect Test # 3      | INT    |

**Remarks:**

00: Ambient Fail.  
*Unknown reason. Allowed room to air out. Successful re-test. (S)*

**Data Download Date/Time** 08/11/2021 12:39

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: NEW SMYRNA BEACH PD  
Time of Inspection: 08:08

Date of Inspection: 05/31/2021

Serial Number: 80-002231  
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#: 30219080A3<br>Exp: 01/05/2022 |
|----------------------------|--|--|--|--|
| 0.000                      | 0.046  | 0.078  | 0.192  | 0.081  |
| 0.000                      | 0.046  | 0.078  | 0.194  | 0.081  |
| 0.000                      | 0.046  | 0.078  | 0.195  | 0.081  |

Number of Simulators Used: 4

**Remarks:**

Int Det: *No solution*  *5-31-2021*

ORIGINAL

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.

*Jason R Reve*

JASON R REVE

Signature and Printed Name

05/31/2021  
Date



Florida Department of Law Enforcement

# AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: New Smyrna Beach PD

Instrument Serial Number: 80-002231

| AGENCY INSPECTION DATA REVIEW   |                               |                              |
|---|-------------------------------|------------------------------|
| Agency Inspector: Jason Reve  | Date of Inspection: 5/31/2021 | Time of Inspection: 08:08:39 |
| Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information<br><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 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 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:<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><u>The Interferent Detect Test was repeated. The reason for repeating the test, as well as any corrective action taken prior to repeating the test, must be included. Please see below for corrective action.</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>8/15/2021</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: _____  |

Signature of Alcohol Testing Program Staff Member

7/2/2021  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: NEW SMYRNA BEACH PD  
Time of Inspection: 10:58

Date of Inspection: 01/24/2021

Serial Number: 80-002231  
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#:30219080A3<br>Exp: 01/05/2022 |
|----------------------------|---|---|---|---|
| / 0.000                    | 0.046   | 0.077   | 0.194   | 0.080   |
| / 0.000                    | 0.047   | 0.078   | 0.196   | 0.080   |
| / 0.000                    | 0.047   | 0.078   | 0.197   | 0.080   |

Number of Simulators Used: 4

**Remarks:**

00: Ambient Fail.

*Unknown cause or reason for ambient fail. Test repeated successfully.*

ORIGINAL

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.

JASON R REVE

Signature and Printed Name

01/24/2021  
Date



Florida Department of Law Enforcement

### AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: New Smyrna Beach Police Department

Instrument Serial Number: 80-002231

| AGENCY INSPECTION DATA REVIEW   |                                |                              |
|---|--------------------------------|------------------------------|
| Agency Inspector: Jason Reve  | Date of Inspection: 01/24/2021 | Time of Inspection: 10:58:22 |
| Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information<br><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 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 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:<br><input type="checkbox"/> Alcohol Free Subject Test <input type="checkbox"/> Mouth Alcohol Test <input checked="" 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 Alcohol Free (0.00 g/210 L) Test was repeated. The reason for repeating the test, as well as any corrective action taken prior to repeating it, must be included. See below for corrective action.</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>03/17/2021</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: 2021.02.12 12:40:48 -05'00'

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Signature of Alcohol Testing Program Staff Member

2/12/2021  
Date