Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL Serial Number: 80-006472

Time of Inspection:13:26 Date of Inspection:11/17/2021 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 | Yes | |
| Diagnostic Check (Post-Inspection): OK | Yes | |

| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L) Lot#:202101C Exp: 01/12/2023 | 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 #: 1355293 Exp: 07/29/2023 |
|----------------------------------|--|--|---|--|
| 0.000 | 0.049 | 0.078 | 0.196 | 0.078 |
| 0.000 | 0.049 | 0.078 | 0.195 | 0.078 |
| 0.000 | 0.049 | 0.079 | 0.195 | 0.079 |

| Remarks: | | | F | Repeat done du | | due to RFI | Marlon Bogg 12/6/21 | oggan | an |
|-----------|-----------|--------|------|----------------|---------|--------------|------------------------|---------------|---------|
| Time-Date | changed. | A F / | M A: | RFI | Detect. | | 12/6/21 | 00 | |
| The above | instrumen | t comp | lies | (X |) doe: | s not comply | () with | Chapter 11D-8 | 3, 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.

MARLON M BOGGAN

Signature and Printed Name

11/17/2021

Date

FDLE/ATP Form 40 -- March 2004

Number of Simulators Used: 5



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol Instrument Serial Number: 80-006472 **AGENCY INSPECTION DATA REVIEW** Time of Inspection: 13:26 Agency Inspector: Marlon Boggan Date of Inspection: 11-17-2021 **Agency Inspection Discrepancy:** Incomplete Untimely/Not Received **Erroneous Information** Procedural Other \boxtimes \Box 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 Dessible Cause and Corrective Action Taken on the following test(s) was not recorded: \times Alcohol Free Subject Test Mouth Alcohol Test ☐ Alcohol Free Test ☐ Interferent Detect Test □ 0.05 q/210L Test 0.08 q/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 Comments: Date: **Cylinder Change Records Control Test Records** Date: **Diagnostic Check Records** Date: **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 ___ Provide a written explanation regarding the referenced item(s) to the Department Inspector by (Date). П Upload the Agency Inspection(s). Remove the instrument from evidentiary use until otherwise directed by the Department. No action required Other:

Israel Soto

Digitally signed by Israel Soto Date: 2021.12.03 12:29:30 -05'00'

Signature of Alcohol Testing Program Staff Member

12/3/2021 Date