Florida Department of Law Enforcement Alcohol Testing Program

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-006768

AgencyFHPDate05/15/2021TypeAgency Inspection

Inspector PEREIRA, JOSE, L Time 09:44:57 Software 8100.27

 0.05 Lot #
 201910D
 0.08 Lot #
 201908B
 0.20 Lot #
 202005A
 0.08 Gas Lot #
 1060911

 Expiration 10/22/2021
 Expiration 08/07/2021
 Expiration 05/12/2022
 Expiration 12/11/2021

Number of Simulators 5

Compliance Yes

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test # 1	0.000
Date and/or Time Adjusted	No	0.05 g/210L Test # 1	0.048
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.079
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.000
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test # (Repeat) 1	0.198
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test # 1	0.079
Interferent Detect Test: Interferent Detect	Yes	Interferent Detect Test # 1	INT
Diagnostic Check (Post-Inspection): OK	Yes	Alcohol Free Test # 2	0.000
Alcohol Free Test: OK	Yes	0.05 g/210L Test # 2	0.049
0.05 g/210L Test: OK	Yes	0.08 g/210L Test # 2	0.079 0.198
0.08 g/210L Test: OK	Yes	Yes 0.20 g/210L Test # 2	
0.20 g/210L Test: OK	Yes	0.20 g/210L Test # (Repeat) 2	0.198
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.079
		Interferent Detect Test # 2	INT
		Alcohol Free Test # 3	0.000
		0.05 g/210L Test # 3	0.049
		0.08 g/210L Test # 3	0.079
		0.20 g/210L Test # 3	0.199
		0.20 g/210L Test # (Repeat) 3	0.199
		0.08 g/210L Dry Gas Std Test # 3	0.079
		Interferent Detect Test # 3	INT
Remarks:			

.20 had to be repeated due to simulator lid not tight. J. Pereira

Data Download Date/Time 05/15/2021 10:51

Printed: 07 June 2021COBRA ©1997-2014 CMI, Inc.



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Instrument Serial Number: 80-006768 Agency: Florida Highway Patrol **AGENCY INSPECTION DATA REVIEW** Time of Inspection: 09:44 Agency Inspector: Jose Pereira Date of Inspection: May 15 2021 **Agency Inspection Discrepancy:** Incomplete Untimely/Not Received **Erroneous Information** Procedural П П Other 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: Mouth Alcohol Test □ **Alcohol Free Test** Alcohol Free Subject Test **Interferent Detect Test** 0.05 q/210L Test 0.08 q/210L Test \times 0.20 q/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 П 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 Comments: Login Records 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 June 30 2021 (Date). Provide a written explanation regarding the referenced item(s) to the Department Inspector by Upload the Agency Inspection(s).

Signature of Alcohol Testing Program Staff Member

No action required

Other:

Remove the instrument from evidentiary use until otherwise directed by the Department.

6/7/2021

Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FHP

Serial Number: 80-006768

Time of Inspection:12:04

Date of Inspection:09/08/2021

Software: 8100.27

Check or Test	YES	NO.
Date and/or Time Adjusted	120	110
		No -
Diagnostic Check (Pre-Inspection): OK	Yes	-23
Alcohol Free Subject Test: 0.000		27
	Yes	34
Mouth Alcohol Test: Slope Not Met		-018
	Yes	- 3
Interferent Detect Test: Interferent Detect		
Diamont's Object (December 2)	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 #: 1060911 Exp: 12/11/2021
0.000	0.049	0.078	0.196	0.070
0.000	0.049	0.078	0.197	0.079
0.000	0.050		0.197	0.079
	0.050	0.079	0.197	0.079

Number of Simulators Used: 5	
Remarks: A F / M A: No Sample Provided.	Te .
b waited to long to Blow I repeated test	7.7
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 that I performed this inspection in accordance with the provisions of Chapter 11D-8,	Permit and FAC.
MARLON M BOGGAN	
Signature and Printed Name	

09/08/2021

Date

FDLE/ATP Form 40 -- March 2004

Reprinted From Database



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol Instrument Serial Number: 80-006768 **AGENCY INSPECTION DATA REVIEW** Time of Inspection: 12:04 Agency Inspector: Marlon Boggan Date of Inspection: 09-08-2021 **Agency Inspection Discrepancy:** Incomplete Untimely/Not Received **Erroneous Information** Procedural П Other 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 П **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 П 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 Comments: **Login Records** 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). 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

Signature of Alcohol Testing Program Staff Member

Date: 2021.11.15 11:04:11 -05'00'

11/15/2021

Date