

AMENDED

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FT WALTON BEACH PD

Serial Number: 80-006931

Time of Inspection: 07:11

Date of Inspection: 02/28/2021

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	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: 07/21/2022	0.20g/210L Test (g/210L) Lot#: 202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: 1433248 Exp: 01/06/2024
0.000	0.044 / 0.045	0.074 / 0.076	0.194	0.081
0.000	0.044 / 0.045	0.074 / 0.076	0.195	0.081
0.000	0.045 / 0.046	0.074 / 0.077	0.195	0.081

Number of Simulators Used: 5

Remarks:

VERIFIED SIMULATORS WERE SCALED

05: Control Outside Tolerance. 08: Control Outside Tolerance.

AND RE-RAN TEST ON 6/17/21

6/17/21
VERIFIED SIMULATORS WERE SCALED AND RE-RAN TEST

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.

Ben Crawford #2637

BENJAMIN D CRAWFORD

Signature and Printed Name

02/28/2021

Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: FT Walton Beach PD

Instrument Serial Number: 80-006931

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Benjamin Crawford
Date of Inspection: 02-28-2021
Time of Inspection: 07:11
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 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, Cylinder Change Records, Control Test Records, Diagnostic Check Records
Comments:

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 (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: If corrective action taken is remembered, send in amended agency inspection with corrective action

Signature of Alcohol Testing Program Staff Member
Date: 6/17/2021

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FT WALTON BEACH PD
Time of Inspection: 06:07

Date of Inspection: 05/31/2021

Serial Number: 80-006931
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: 07/21/2022	0.20g/210L Test (g/210L) Lot#:202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1433248 Exp: 01/06/2024
0.000	0.000 / 0.045	0.075	0.196	0.082
0.000	0.000 / 0.046	0.076	0.198	0.082
0.000	0.000 / 0.046	0.077	0.199	0.082

Number of Simulators Used: 5

Remarks:

05: Control Outside Tolerance. **0.05 SOLUTION REPLACED 6/14/2021*  *Agency Inspector*

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.

Ben Crawford #2637

BENJAMIN D CRAWFORD

Signature and Printed Name

05/31/2021
Date

AMENDED

Florida Department of Law Enforcement
Alcohol Testing Program

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Ben Crawford #2637

BENJAMIN D CRAWFORD

Signature and Printed Name

02/28/2021

Date



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OTHER ELECTRONIC DATA REVIEW
Login Records, Date:
Cylinder Change Records, Date:
Control Test Records, Date:
Diagnostic Check Records, Date:
Comments:

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Signature of Alcohol Testing Program Staff Member

6/17/2021
Date