



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: **Largo PD**

Instrument Serial Number: **80-000791**

AGENCY INSPECTION DATA REVIEW

Agency Inspector: Kenneth Hastings		Date of Inspection: 03/21/2022	Time of Inspection: 16:10:45
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" type="checkbox"/> Erroneous Information <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 checked="" type="checkbox"/> Expiration Date for 0.20 g/ 210L <input checked="" type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input checked="" 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: <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 <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." <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. <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. <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 Date: _____	Comments: The expiration date (year) for the 0.20 ARS was mistyped.
<input type="checkbox"/> Cylinder Change Records Date: _____	
<input type="checkbox"/> Control Test Records Date: _____	
<input type="checkbox"/> Diagnostic Check Records 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 7/2/2022 (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 Dutachow

Signature of Alcohol Testing Program Staff Member

6/2/2022
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LARGO PD
Time of Inspection: 16:10

Date of Inspection: 03/21/2022

Serial Number: 80-000791
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	

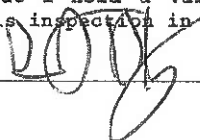
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:202101C Exp: 01/12/2023	0.08g/210L Test (g/210L) Lot#:202108D Exp: 08/17/2023	0.20g/210L Test (g/210L) Lot#:202106B Exp: 06/22/2021 2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:23621080A2 Exp: 11/05/2023
0.000	0.049	0.079	0.197	0.079
0.000	0.049	0.080	0.197	0.079
0.000	0.050	0.079	0.197	0.079

Number of Simulators Used: 5

Remarks: **★ AMENDED** DUE TO ACCIDENTLY
ENTERING INCORRECT EXPIRATION DATE
FOR #20 SOLUTION.

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.

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KENNETH HASTINGS
Signature and Printed Name

03/21/2022
Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: **Largo PD**

Instrument Serial Number: **80-000791**

AGENCY INSPECTION DATA REVIEW

Agency Inspector: **Drew Thornsborough**

Date of Inspection: **05/23/2022**

Time of Inspection: **11:04:08**

Agency Inspection Discrepancy: ☐ Incomplete ☐ Untimely/Not Received ☐ Erroneous Information
☐ Procedural ☒ Other (Missing Required Remarks)

☐ 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 Subject / Mouth Alcohol Test was repeated. The Agency Inspection was not completed. Please correct the compliance to "No" and include a remark describing what occurred.

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 **9/4/2022** (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 Dutton

Signature of Alcohol Testing Program Staff Member

8/4/2022
Date

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LARGO PD

Serial Number: 80-000791

Time of Inspection: 11:04

Date of Inspection: 05/23/2022

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) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: Exp:

Number of Simulators Used: 5

*Mouth Alcohol Registered 0.147
instead of Slope not met*

Remarks:

A F / M A: .147

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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.

DREW A THORNSBROUGH

Signature and Printed Name

05/23/2022

Date