

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GULF COUNTY SO
Time of Inspection: 14:26

Date of Inspection: 03/31/2022

Serial Number: 80-000795
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		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: _____
0.000				
0.000				
0.000				

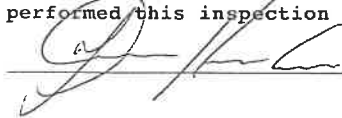
Number of Simulators Used: 5

Remarks:
N/A

AFTER THE INTERFERENT Detect Sequence I Inadvertently
pressed the N (NO) TAB THAT Aborted the TEST.
* RE-Ran the TEST which passed the test.

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.



Signature and Printed Name

TYRON C VAN HEERDEN

03/31/2022
Date



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Gulf County Sheriff's Office

Instrument Serial Number: 80-000795

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Tyron Van Heerden
Date of Inspection: 03-31-2022
Time of Inspection: 14:26
Agency Inspection Discrepancy: [X] 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.
[X] Other: Inspection was stopped, a compliant Agency Inspection was conducted soon after

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

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 ___ (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: ___

Israel Soto

Digitally signed by Israel Soto
Date: 2022.04.08 11:00:40 -04'00'

Signature of Alcohol Testing Program Staff Member

4/8/2022
Date