

# 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.

TYRON C VAN HEERDEN

Signature and Printed Name

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: <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input 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 type="checkbox"/> Expiration Date for _____ g/ 210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input 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 checked="" type="checkbox"/> Other: <u>Inspection was stopped, a compliant Agency Inspection was conducted soon after</u>		

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____	Comments: _____
<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 _____ (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: _____

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

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GULF COUNTY SO  
Time of Inspection: 17:41

Date of Inspection: 11/09/2022

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	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:202112A Exp: 12/07/2023	0.08g/210L Test (g/210L) Lot#:202206B Exp: 06/14/2024	0.20g/210L Test (g/210L) Lot#:202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:00521080A2 Exp: 02/05/2023
0.000	0.049	0.078	0.200	0.078
0.000	0.049	0.079	0.200	0.078
0.000	0.049	0.079	0.200	0.078

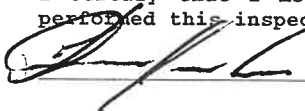
Number of Simulators Used: 5

Remarks:

A F / M A: RFI Detect. - Cellphone started a download which caused a RFI Detection. \*Alcohol Free Subject Test & Mouth Alcohol Test Repeated.

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.

 #028

TYRON C VAN HEERDEN

Signature and Printed Name

11/09/2022  
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: 11-09-2022

Time of Inspection: 17:41

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

Date: \_\_\_\_\_

☐ Cylinder Change Records

Date: \_\_\_\_\_

☐ Control Test Records

Date: \_\_\_\_\_

☐ Diagnostic Check Records

Date: \_\_\_\_\_

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: \_\_\_\_\_

Israel Soto

Digitally signed by Israel Soto  
Date: 2022.11.17 13:07:51 -05'00'

Signature of Alcohol Testing Program Staff Member

11/17/2022  
Date