

AGE	NCY INSPECTION DATA REVIEW				
Age	ncy Inspector: George Gonzalez		Date of Inspection: 04/	29/2022	Time of Inspection: 08:52:23
Age			Intimely/Not Received Other		s Information
	Agency Inspection Not Conducted or Re	ecords regarding A	gency Inspection have no	t been uploaded	l.
\boxtimes	Lot Number ⊠Expiration Date for <u>0.05 g</u>	<mark>/ 210L ⊠Alcohol R</mark>	<mark>eference Solution</mark>	Sas Standard <mark>is</mark>	⊠Incorrect □Expired.
	FDLE/ATP Form 39 states in part, "If a te Remarks section of FDLE/ATP Form 40 test(s); OR the ☐ Possible Cause and C☐ Alcohol Free Subject Test ☐ ☐ 0.05 g/210L Test ☐	Agency Inspection	Report – Intoxilyzer 8000 aken on the following test	The □REAS((s) was not recest □ Int	ON for repeating the following
	FDLE/ATP Form 39 states in part, "If the instrument from service and notify the Department Inspector was not inspection complies with the requirements of Chapter 11D-8, Factor was not chapter 11D-8, FAC and the instruments."	Department Inspect ot notified. However the properties of Chapt of notified. However TAC and the instrur ot notified. The reg	or." er, the issue was satisfact ter 11D-8, FAC. er, the repeated Agency Ir ment was correctly remove peated Agency Inspection	orily corrected espection does ed from evident does not comp	and the repeated Agency not comply with the iary use.
	The Agency Inspection is noted as "Con	nplies" when it doe	s not comply with the req	uirements of Ch	napter 11D-8, FAC.
	Other:				
OTH	ER ELECTRONIC DATA REVIEW				
	Login Records Date:	Comments: The expiration da	te (year) for the 0.05 ARS	was mistyped.	
	Cylinder Change Records Date:				
	Control Test Records Date:				
	Diagnostic Check Records Date:				
COF	RECTIVE ACTION				
	Record hand-written amendments on the the report "AMENDED", and forward a c		, , , ,		date the amendments, mark
	Provide a written explanation regarding Upload the Agency Inspection(s). Remove the instrument from evidentiary No action required Other:	the referenced iten	n(s) to the Department Ins	pector by	_ (Date).
	Taylor Durachow			6/2/2022	
S	ignature of Alcohol Testing Program Staf	f Member		Date	

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 10:41

Date of Inspection: 01/26/2022

Serial Number: 80-001007 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#:202007A Exp: 07/21/2022	0.20g/210L Test (g/210L) Lot#:202106B Exp: 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1356262 Exp: 08/03/2023
0.000	0.049	0.080	0.193	0.080
0.000	0.049	0.080	0.194	0.080
0.000	0.049	0.080	0.194	0.080

Number of Simulators Used: 5

Remarks:

Int Det: RFI Detect.

Test was represed due to radiotes! Phone entering the room. The items were removed and the fast was conducted over

	The	above	instrument	complies	(X) does	not comply	()	with	Chapter	11D-8,	FA
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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.

GEORGE GONZALEZ
Signature and Printed Name

signature and Princed i

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 08:41

Date of Inspection: 02/28/2022

Serial Number: 80-001007

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		No

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#:202106B Exp: 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000	0.049	0.080	0.000	
0.000	0.050	0.080	0.000	
0.000	0.049	0.080	0.000	

Number	of	Simulators	Used:	5

Remarks:

20: Control Outside Tolerance.

For the test at a 200 test there was a kink in the tube into the instrument test was not completed once it asked to repeat I hit no and fixed the issul with the tubering and completed a new agency Inspection

The above instrument complies (${\tt X}$) 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.

Signature and Printed Name

GEORGE GONZALEZ

02/28/2022

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 18:56

Date of Inspection: 03/30/2022

Serial Number: 80-001007

Software: 8100.27

Check or Test	YES	МО
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				

Mumber	Λf	Cimul	atore	Mand.	5

D	01	m:	3	-	Ъ	œ	

Int Det: Non-compliance: NON DETECT. Forget to add Actore.

The	above	instrument	complies	()	does	not	comply	(X)	with	Chapter	11D-8,	FAC.	,
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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.

Figure and Printed Name

Signature and Printed Name



AGE	NCY INSPECTION DATA REVIEW				
Age	ncy Inspector: Sean Bruner		Date of Inspection: 03	<mark>3/30/2022</mark>	Time of Inspection: 19:53:49
Age		•	ntimely/Not Received ther (Missing Required		us Information
	Agency Inspection Not Conducted or R	ecords regarding Ag	ency Inspection have n	ot been uploade	d.
	Lot Number Expiration Date for g/ 21	0L □Alcohol Refere	nce Solution	Standard is □lı	ncorrect □Expired.
	FDLE/ATP Form 39 states in part, "If a t Remarks section of FDLE/ATP Form 40 test(s); OR the ☑ Possible Cause and ☑ Alcohol Free Subject Test ☑ ☐ 0.05 g/210L Test ☐	Agency Inspection Corrective Action Ta Mouth Alcohol Tes 0.08 g/210L Test	Report – Intoxilyzer 800 ken on the following te st	0. The ⊠REAS st(s) was not rec Test <mark>⊠ Int</mark> est □ 0.0	ON for repeating the following orded: terferent Detect Test 08 g/210L Dry Gas Standard Test
	FDLE/ATP Form 39 states in part, "If the instrument from service and notify the The Department Inspector was requirements of Chapter 11D-8, The Department Inspector was requirements of Chapter 11D-8, The Department Inspector was recommendations of Chapter 11D-8, FAC and the instruments of Chapter 11D-8, FAC and the inst	Department Inspector to the interior of the instrument notified. The report of the instrument notified.	or." r, the issue was satisfacer 11D-8, FAC. r, the repeated Agency ent was correctly remo eated Agency Inspectio	ctorily corrected Inspection does ved from evident n does not comp	and the repeated Agency not comply with the tiary use.
	The Agency Inspection is noted as "Co	mplies" when it does	not comply with the re	quirements of Cl	hapter 11D-8, FAC.
	Other:				
OTL	ER ELECTRONIC DATA REVIEW				
	Login Records	Comments:			
	Date:				erferent Detect Test were both
	Cylinder Change Records Date:	repeated. The cor	<u>rective actions taken pr</u>	ior to repeating t	the tests must be included.
	Control Test Records Date:				
	Diagnostic Check Records Date:				
COF	RECTIVE ACTION				
	Record hand-written amendments on the report "AMENDED", and forward a Provide a written explanation regarding Upload the Agency Inspection(s). Remove the instrument from evidentiary No action required Other:	copy to the Department the referenced item	ent Inspector by <u>7/2/202</u> (s) to the Department In	2 <mark>2 (Date).</mark> spector by	·
S	Jaylor Lutt for ignature of Alcohol Testing Program Sta	ff Member		6/2/2022 Date	

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD

Time of Inspection: 19:53

Date of Inspection: 03/30/2022

Serial Number: 80-001007

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#:202108D Exp: 08/17/2023	0.20g/210L Test (g/210L) Lot#:202106B Exp: 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1356262 Exp: 08/03/2023
0.000	0.050	0.080	0.199	0.081
0.000	0.050	0.081	0.199	0.080
0.000	0.050	0.080	0.199	0.081

Number	of	Simul	ators	Used:	5

Remarks:

A F / M A: NO DETECT. Int Det:NON DETECT. Did not and acoton

mb o	ahawa	instrument	complies	/ ¥) does not	comply () with	Chapter	11D-8.	FAC.
The	anove	instrument	compiles	١ ٨) does not	COMIDIA	/ WILL	Спарсет	TTD-0,	* 220 .

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

03/30/2022

Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 18:56

Date of Inspection: 03/30/2022

Serial Number: 80-001007

Castuman		10	Λ.	27
Software	:: B	ΤU	υ.	41

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	o.f	Gimulatore	mead.	5	

Rem	37	· ko	

Int Det: Non-compliance: NON DETECT. Forget to add Actore.

The above	instr	rument	comp	lies	()	does not	combia	(2	() w:	ith Ch	apter 1.	LD-8, FAC.				
												Inspector	Permit	and	that	1
performed	this	inspe	ction	in a	ccordance	with the	e provi:	sions	of Cha	apter	11D-8, 1	FAC.				
_				,	19	Top	1	-H	140	1 SE	AN R BRI	JNER				
						Signa	ture and	d Priz	ted Na	ame						



AGE	NCY INSPECTION DATA REVIEW				
Age	ncy Inspector: Sean Bruner		Date of Inspection: 03	<mark>3/30/2022</mark>	Time of Inspection: 19:53:49
Age		•	ntimely/Not Received ther (Missing Required		us Information
	Agency Inspection Not Conducted or R	ecords regarding Ag	ency Inspection have n	ot been uploade	d.
	Lot Number Expiration Date for g/ 21	0L □Alcohol Refere	nce Solution	Standard is □lı	ncorrect □Expired.
	FDLE/ATP Form 39 states in part, "If a t Remarks section of FDLE/ATP Form 40 test(s); OR the ☑ Possible Cause and ☑ Alcohol Free Subject Test ☑ ☐ 0.05 g/210L Test ☐	Agency Inspection Corrective Action Ta Mouth Alcohol Tes 0.08 g/210L Test	Report – Intoxilyzer 800 ken on the following te st	0. The ⊠REAS st(s) was not rec Test <mark>⊠ Int</mark> est □ 0.0	ON for repeating the following orded: terferent Detect Test 08 g/210L Dry Gas Standard Test
	FDLE/ATP Form 39 states in part, "If the instrument from service and notify the The Department Inspector was requirements of Chapter 11D-8, The Department Inspector was requirements of Chapter 11D-8, The Department Inspector was recommendations of Chapter 11D-8, FAC and the instruments of Chapter 11D-8, FAC and the inst	Department Inspector to the interior of the instrument notified. The report of the instrument notified.	or." r, the issue was satisfacer 11D-8, FAC. r, the repeated Agency ent was correctly remo eated Agency Inspectio	ctorily corrected Inspection does ved from evident n does not comp	and the repeated Agency not comply with the tiary use.
	The Agency Inspection is noted as "Co	mplies" when it does	not comply with the re	quirements of Cl	hapter 11D-8, FAC.
	Other:				
OTL	ER ELECTRONIC DATA REVIEW				
	Login Records	Comments:			
	Date:				erferent Detect Test were both
	Cylinder Change Records Date:	repeated. The cor	<u>rective actions taken pr</u>	ior to repeating t	the tests must be included.
	Control Test Records Date:				
	Diagnostic Check Records Date:				
COF	RECTIVE ACTION				
	Record hand-written amendments on the report "AMENDED", and forward a Provide a written explanation regarding Upload the Agency Inspection(s). Remove the instrument from evidentiary No action required Other:	copy to the Department the referenced item	ent Inspector by <u>7/2/202</u> (s) to the Department In	2 <mark>2 (Date).</mark> spector by	·
S	Jaylor Lutt for ignature of Alcohol Testing Program Sta	ff Member		6/2/2022 Date	

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 18:01

Date of Inspection: 05/30/2022

Serial Number: 80-001007

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:

210000	-			 	-	
Remarks	3:		5.1	 	works	alcohol

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.

SEAN R BRUNER

Signature and Printed Name

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD

Time of Inspection: 19:53

Date of Inspection: 03/30/2022

Serial Number: 80-001007

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#:202108D Exp: 08/17/2023	0.20g/210L Test (g/210L) Lot#:202106B Exp: 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1356262 Exp: 08/03/2023
0.000	0.050	0.080	0.199	0.081
0.000	0.050	0.081	0.199	0.080
0.000	0.050	0.080	0.199	0.081

Number	of	Simul	ators	Used:	5

Remarks:

A F / M A: NO DETECT. Int Det:NON DETECT. Did not and acoton

mb o	ahawa	instrument	complies	/ ¥) does not	comply () with	Chapter	11D-8.	FAC.
The	anove	instrument	compiles	١ ٨) does not	COMIDIA	/ WILL	Спарсет	TTD-0,	* 220 .

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

03/30/2022

Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 18:56

Date of Inspection: 03/30/2022

Serial Number: 80-001007

Castuman		10	Λ.	27
Software	:: B	ΤU	υ.	41

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	o.f	Gimulatore	mead.	5	

Rem	37	· ko	

Int Det: Non-compliance: NON DETECT. Forget to add Actore.

The above	instr	rument	comp	lies	()	does not	combia	(2	() w:	ith Ch	apter 1.	LD-8, FAC.				
												Inspector	Permit	and	that	1
performed	this	inspe	ction	in a	ccordance	with the	e provi:	sions	of Cha	apter	11D-8, 1	FAC.				
_				,	19	Top	1	-H	140	1 SE	AN R BRI	JNER				
						Signa	ture and	d Priz	ted Na	ame						



AGENCY INSPECTION DATA REVIEW				
Agency Inspector: George Gonzalez		Date of Inspection: 02/28/20	<mark>)22</mark>	Time of Inspection: 13:42:01
	•	ntimely/Not Received ⊠ her	Erroneou	us Information
☐ Agency Inspection Not Conducted or Re	ecords regarding Age	ency Inspection have not bee	n uploade	d.
Lot Number □ Expiration Date for 0.05 g	<mark>/ 210L ⊠Alcohol Re</mark>	<mark>ference Solution</mark>	Standard <mark>is</mark>	⊠Incorrect □Expired.
□ FDLE/ATP Form 39 states in part, "If a te Remarks section of FDLE/ATP Form 40 test(s); OR the □ Possible Cause and 0 □ Alcohol Free Subject Test □ □ 0.05 g/210L Test □	Agency Inspection F	Report – Intoxilyzer 8000. The ken on the following test(s) v	e □REASo vas not rec □ Int	ON for repeating the following
□ FDLE/ATP Form 39 states in part, "If the instrument from service and notify the I □ The Department Inspector was not Inspection complies with the requirement Inspector was not requirements of Chapter 11D-8, F □ The Department Inspector was not Chapter 11D-8, FAC and the instru	Department Inspector of notified. However puirements of Chapte ot notified. However FAC and the instrum ot notified. The repe	r." r, the issue was satisfactorily r 11D-8, FAC. r, the repeated Agency Inspe- ent was correctly removed freated Agency Inspe-	corrected	and the repeated Agency not comply with the tiary use.
☐ The Agency Inspection is noted as "Con	nplies" when it does	not comply with the requirer	nents of Cl	hapter 11D-8, FAC.
□ Other:				
OTHER ELECTRONIC DATA REVIEW				
☐ Login Records	Comments:			
Date:	The lot number for	the 0.05 ARS was mistyped (<mark>an extra nı</mark>	<mark>umber was added).</mark>
☐ Cylinder Change Records Date:				
☐ Control Test Records Date:				
☐ Diagnostic Check Records Date:				
CORRECTIVE ACTION				
Record hand-written amendments on the the report "AMENDED", and forward a control of the report "AMENDED".	opy to the Departme	ent Inspector by 7/2/2022 (Dat	e).	
 □ Provide a written explanation regarding □ Upload the Agency Inspection(s). □ Remove the instrument from evidentiary □ No action required □ Other: 			or by	_ (Date).
Signature of Alcohol Testing Program Staf	f Member		6/2/2022 Date	



AGE	NCY INSPECTION DATA REVIEW				
Age	ncy Inspector: George Gonzalez		Date of Inspection: 04/	29/2022	Time of Inspection: 08:52:23
Age			Intimely/Not Received Other		s Information
	Agency Inspection Not Conducted or Re	ecords regarding A	gency Inspection have no	t been uploaded	l.
\boxtimes	Lot Number ⊠Expiration Date for <u>0.05 g</u>	<mark>/ 210L ⊠Alcohol R</mark>	<mark>eference Solution</mark>	Sas Standard <mark>is</mark>	⊠Incorrect □Expired.
	FDLE/ATP Form 39 states in part, "If a te Remarks section of FDLE/ATP Form 40 test(s); OR the ☐ Possible Cause and C☐ Alcohol Free Subject Test ☐ ☐ 0.05 g/210L Test ☐	Agency Inspection	Report – Intoxilyzer 8000 aken on the following test	The □REAS((s) was not recest □ Int	ON for repeating the following
	FDLE/ATP Form 39 states in part, "If the instrument from service and notify the Department Inspector was not inspection complies with the requirements of Chapter 11D-8, Factor was not chapter 11D-8, FAC and the instruments."	Department Inspect ot notified. However the properties of Chapt of notified. However TAC and the instrur ot notified. The reg	or." er, the issue was satisfact ter 11D-8, FAC. er, the repeated Agency Ir ment was correctly remove peated Agency Inspection	orily corrected espection does ed from evident does not comp	and the repeated Agency not comply with the iary use.
	The Agency Inspection is noted as "Con	nplies" when it doe	s not comply with the req	uirements of Ch	napter 11D-8, FAC.
	Other:				
OTH	ER ELECTRONIC DATA REVIEW				
	Login Records Date:	Comments: The expiration da	te (year) for the 0.05 ARS	was mistyped.	
	Cylinder Change Records Date:				
	Control Test Records Date:				
	Diagnostic Check Records Date:				
COF	RECTIVE ACTION				
	Record hand-written amendments on the the report "AMENDED", and forward a c		, , , ,		date the amendments, mark
	Provide a written explanation regarding Upload the Agency Inspection(s). Remove the instrument from evidentiary No action required Other:	the referenced iten	n(s) to the Department Ins	pector by	_ (Date).
	Taylor Durachow			6/2/2022	
S	ignature of Alcohol Testing Program Staf	f Member		Date	

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Haines City Police Department

Serial Number: 80-001007

Time of Inspection: 0800

Date of Inspection: 07/2022

Software: 8100.27

CHECK OR TEST	YES	ИО
Date and/or Time Adjusted		X
Diagnostic Check (Pre-Inspection): OK		X
Alcohol Free Subject Test: 0.000		X
Mouth Alcohol Test: Slope Not Met		X
Interferent Detect Test: Interferent Detect		X
Diagnostic Check (Post-Inspection): OK		X

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:
X	X	X	X	X
X	X	X	X	X
X	X	X	X	X

Number	of	Simulators	Used:	Α
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Remarks: I attempted the agency inspection at the end of July but could not complete it due to receiving a DSP test failure, spoke with my department inspector and the issue was resolved.

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 performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.	I
Signature and Printed Name	

67/ 2020 Date



Agency: Haines City PD Instrument Serial Number: 80-001007 **AGENCY INSPECTION DATA REVIEW** Agency Inspector: Sean Bruner Date of Inspections: 11/20/2022 Time of Inspections: 12:05:35 and 13:05:12 **Agency Inspection Discrepancy:** Incomplete Untimely/Not Received □ Erroneous Information Procedural Other (Missing Required Information) П 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 \(\subseteq \) Possible Cause and Corrective Action Taken on the following test(s) was not recorded: Alcohol Free Test Interferent Detect Test □ 0.05 q/210L Test 0.08 q/210L Test 0.20 q/210L Test □ 0.08 g/210L Dry Gas Standard Test П 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 The two referenced Agency Inspections were not completed. The compliance must be Date: changed to "No" and a remark must be included describing why the inspections were **Cylinder Change Records** not completed. **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 02/05/2023 (Date). Provide a written explanation regarding the referenced item(s) to the Department Inspector by (Date). П Upload the Agency Inspection(s). Remove the instrument from evidentiary use until otherwise directed by the Department. No action required Other:

Toylor Dutschon

Signature of Alcohol Testing Program Staff Member

1/3/2023

Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 12:05

Date of Inspection: 11/20/2022

Serial Number: 80-001007

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	οf	Simulators	Used:	5

AF/MA: Wrong Sequence of mouth alcohol.

The above instrument complies (X) does not comply (X) 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

SEAN R BRUNER

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY PD Time of Inspection: 13:05

Date of Inspection: 11/20/2022

Serial Number: 80-001007

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:				
Remarks: A F /	M A: Sequence Aborted.	رلمحاج	an acriberal	Loolgu	war selected
	- completion of inspect				

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.

1407

Signature and Printed Name

SEAN R BRUNER