

Florida Department of Law Enforcement Alcohol Testing Program

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 repeated due to radio/cell phone entering the room. 4R items were removed and the test was conducted over

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.

GEORGE GONZALEZ

Signature and Printed Name

01/26/2022
Date

Florida Department of Law Enforcement Alcohol Testing Program

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 0.20g test there was a leak in the tube into the instrument test was not completed once it asked to report I hit no and fixed the issue with the tubing and completed a new agency inspection

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.



GEORGE GONZALEZ

Signature and Printed Name

02/28/2022
Date

Florida Department of Law Enforcement Alcohol Testing Program

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	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				

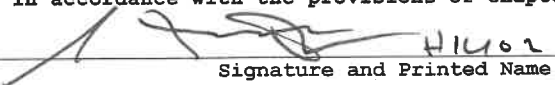
Number of Simulators Used: 5

Remarks:

Int Det: Non-compliance:NON DETECT. *Forgot to add Acetone.*

The above instrument complies () 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

03/30/2022
Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Haines City PD

Instrument Serial Number: 80-1007

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Sean Bruner
Date of Inspection: 03/30/2022
Time of Inspection: 19:53:49
Agency Inspection Discrepancy: [] Incomplete [] Untimely/Not Received [] Erroneous Information [] Procedural [X] Other (Missing Required Information)
[] 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.
[X] 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 [X] REASON for repeating the following test(s); OR the [X] Possible Cause and Corrective Action Taken on the following test(s) was not recorded:
[X] Alcohol Free Subject Test [X] Mouth Alcohol Test [] Alcohol Free Test [X] 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 and the Interferent Detect Test were both repeated. The corrective actions taken prior to repeating the tests must be included.

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 7/2/2022 (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 Gutachow

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: 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

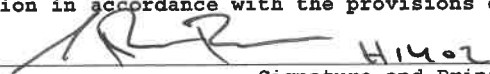
Number of Simulators Used: 5

Remarks:

A F / M A: NO DETECT. Int Det:NON DETECT. *Did not add acetone*

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.


 _____ SEAN R BRUNER
 Signature and Printed Name

03/30/2022
Date

Florida Department of Law Enforcement Alcohol Testing Program

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	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:
Int Det: Non-compliance:NON DETECT. *Forgot to add Acetone.*

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.


SEAN R BRUNER
 Signature and Printed Name

03/30/2022
 Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Haines City PD

Instrument Serial Number: 80-1007

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Sean Bruner
Date of Inspection: 03/30/2022
Time of Inspection: 19:53:49
Agency Inspection Discrepancy: [] Incomplete [] Untimely/Not Received [] Erroneous Information [] Procedural [X] Other (Missing Required Information)
[] 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.
[X] 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 [X] REASON for repeating the following test(s); OR the [X] Possible Cause and Corrective Action Taken on the following test(s) was not recorded:
[X] Alcohol Free Subject Test [X] Mouth Alcohol Test [] Alcohol Free Test [X] 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 and the Interferent Detect Test were both repeated. The corrective actions taken prior to repeating the tests must be included.

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 7/2/2022 (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 Dutschow

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: 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: _____

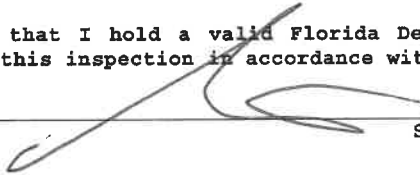
Number of Simulators Used: 5

Remarks:

A F / M A: *Did not use mouth alcohol.*

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.



SEAN R BRUNER

Signature and Printed Name

05/30/2022
Date

Florida Department of Law Enforcement Alcohol Testing Program

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

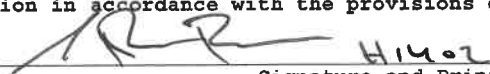
Number of Simulators Used: 5

Remarks:

A F / M A: NO DETECT. Int Det:NON DETECT. *Did not add acetone*

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.


 _____ SEAN R BRUNER
 Signature and Printed Name

03/30/2022
Date

Florida Department of Law Enforcement Alcohol Testing Program

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	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:
Int Det: Non-compliance:NON DETECT. *Forgot to add Acetone.*

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.


SEAN R BRUNER
 Signature and Printed Name

03/30/2022
 Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Haines City PD

Instrument Serial Number: 80-001007

AGENCY INSPECTION DATA REVIEW
Agency Inspector: George Gonzalez
Date of Inspection: 02/28/2022
Time of Inspection: 13:42:01
Agency Inspection Discrepancy: [X] Erroneous Information
[] Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
[X] Lot Number [] Expiration Date for 0.05 g/ 210L [X] Alcohol Reference Solution [] Dry Gas Standard is [X] 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
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[] 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.
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[] 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 lot number for the 0.05 ARS was mistyped (an extra number was added).

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 7/2/2022 (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 Gutachow

Signature of Alcohol Testing Program Staff Member

6/2/2022
Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Haines City PD

Instrument Serial Number: 80-001007

AGENCY INSPECTION DATA REVIEW
Agency Inspector: George Gonzalez
Date of Inspection: 04/29/2022
Time of Inspection: 08:52:23
Agency Inspection Discrepancy: [X] Erroneous Information
[] Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
[X] Lot Number [X] Expiration Date for 0.05 g/ 210L [X] Alcohol Reference Solution [] Dry Gas Standard is [X] 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 expiration date (year) for the 0.05 ARS was mistyped.

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 7/2/2022 (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 Dutschow

Signature of Alcohol Testing Program Staff Member

6/2/2022
Date