

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: VOLUSIA COUNTY SO  
Time of Inspection: 20:07

Date of Inspection: 07/14/2022

Serial Number: 80-001154  
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) <i>2021010</i> Lot#: <del>1206004</del> Exp: <del>09/20/2022</del> <i>01/12/2023</i>	0.08g/210L Test (g/210L) <i>2021080</i> Lot#: <del>1206004</del> Exp: <del>09/20/2022</del> <i>08/17/2023</i>	0.20g/210L Test (g/210L) <i>2021068</i> Lot#: <del>1206004</del> Exp: <del>09/20/2022</del> <i>06/22/2023</i>	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 1206004 Exp: 09/20/2022
0.000	0.048	0.077	0.196	0.080
0.000	0.048	0.078	0.198	0.079
0.000	0.048	0.077	0.197	0.079

Number of Simulators Used: 5

Remarks:

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.

*L M S*

JIMMIE N STONE

Signature and Printed Name

07/14/2022  
Date



Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Volusia County Sheriff's Office

Instrument Serial Number: Multiple

### AGENCY INSPECTION DATA REVIEW

Agency Inspector: Jimmie Stone

Date of Inspection: 07-14-2022

Time of Inspection: Multiple

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 All 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: 2022.07.20 10:48:16 -04'00'

Signature of Alcohol Testing Program Staff Member

7/20/2022  
Date

# Florida Department of Law Enforcement

## Alcohol Testing Program

### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: VOLUSIA COUNTY SO

Serial Number: 80-001154

Time of Inspection: 21:25

Date of Inspection: 08/30/2022

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	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) <del>Lot#: 20210C</del> Exp: 01/12/2023 <u>Lot# 202101C</u> <u>9-9-22</u>	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 #: 1206004 Exp: 09/20/2022
0.000	0.048	0.078	0.194	0.080
0.000	0.048	0.079	0.195	0.079
0.000	0.049	0.079	0.196	0.079

Number of Simulators Used: 5

Remarks:

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.

ANTHONY D RAY

Signature and Printed Name

08/30/2022

Date



Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Volusia County Sheriff's Office

Instrument Serial Number: 80-001154

### AGENCY INSPECTION DATA REVIEW

Agency Inspector: Anthony Ray

Date of Inspection: 08-30-2022

Time of Inspection: 21:25

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 0.050g/ 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: 2022.09.06 10:31:32 -04'00'

Signature of Alcohol Testing Program Staff Member

9/6/2022  
Date