



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

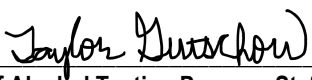
Agency: **Auburndale PD**

Instrument Serial Number: **80-001231**

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: Matthew Baker	Date of Inspection: 05/24/2022 Time of Inspection: 12:39:56
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input checked="" type="checkbox"/> Other (Missing Required Remarks)	
<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 checked="" 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 checked="" type="checkbox"/> REASON for repeating the following test(s); OR the <input checked="" type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded: <input checked="" type="checkbox"/> Alcohol Free Subject Test <input checked="" 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 type="checkbox"/> Other: _____	

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____	Comments: The Alcohol Free Subject / Mouth Alcohol Test was repeated. A remark describing why the test was repeated, as well as the corrective action taken prior to repeating the test, must be included.
<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 9/4/2022 (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: _____	



Signature of Alcohol Testing Program Staff Member

8/4/2022
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: AUBURNDALE PD

Time of Inspection: 12:39

Date of Inspection: 05/24/2022

Serial Number: 80-001231

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
Diagnostic Check (Pre-Inspection): OK	Yes	No
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#: 31420080A2 Exp: 01/05/2023
0.000	0.048	0.079	0.197	0.078
0.000	0.048	0.080	0.198	0.080
0.000	0.048	0.080	0.197	0.080

Number of Simulators Used: 4

Remarks:

A F / M A :

AF/MA test repeated due to human error

CAF subject test mixed up with AF test

2-7-2023

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.

15-A. Math Baker

Signature and Printed Name

MATTHEW A BAKER

05/24/2022
Date

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: AUBURNDALE PD

Serial Number: 80-001231

Time of Inspection: 09:05

Date of Inspection: 06/29/2022

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		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:

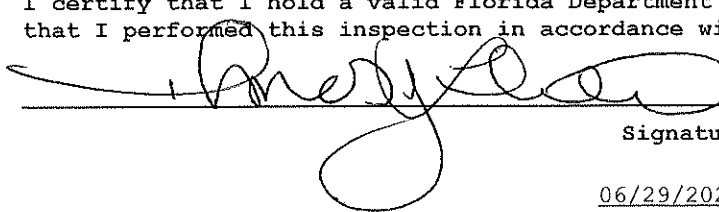
Number of Simulators Used: 4

Remarks:

A F / M A: Range Exceeded. Non-compliance: .

*To much ^{much} alcohol used during testing.
stopped inspection because of range exceeded reading.*
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.


THOMAS J LOKIETEK

Signature and Printed Name

06/29/2022

Date

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: AUBURNDALE PD

Serial Number: 80-001231

Time of Inspection: 09:08

Date of Inspection: 06/29/2022

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		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:

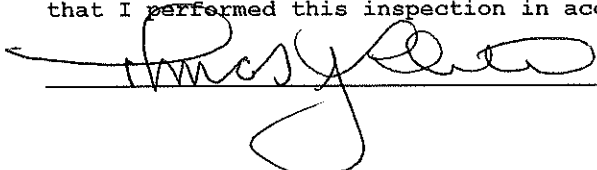
Number of Simulators Used: 4

Remarks:

N. N. Inspection aborted.
Restarted & completed later. (R) 7.21.22

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.


THOMAS J LOKIETEK

Signature and Printed Name

06/29/2022

Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: AUBURNDALE PD
Time of Inspection: 09:56

Date of Inspection: 06/29/2022

Serial Number: 80-001231
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#: 3140080A2 Exp: 01/05/2023
0.000	0.048	0.078	0.192	0.078
0.000	0.049	0.078	0.194	0.078
0.000	0.049	0.079	0.196	0.078

Number of Simulators Used: 4

Remarks:

~~During the mouth alcohol part of the testing, a numeric # appeared instead of slope not met.~~

Comments added to the two (?) previous forms, not need on this one
 (DL) 7-21-2022

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.



THOMAS J LOKIETEK

Signature and Printed Name

06/29/2022
Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: **Auburndale PD**

Instrument Serial Number: **80-001231**

AGENCY INSPECTION DATA REVIEW

Agency Inspector: Thomas Lokietek		Date of Inspection: 06/29/2022	Times of Inspection: 09:05:08 and 09:08:54
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input checked="" type="checkbox"/> Other (Missing Required Information)			
<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 checked="" 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 checked="" type="checkbox"/> REASON for repeating the following test(s); OR the <input checked="" type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded: <input checked="" type="checkbox"/> Alcohol Free Subject Test <input checked="" 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 type="checkbox"/> Other: _____			

OTHER ELECTRONIC DATA REVIEW

<input type="checkbox"/> Login Records Date: _____	Comments: A remark describing the cause and/or corrective action must be included with both failed inspections.
<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 08/20/2022 (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: _____

Taylor Dutschow

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: AUBURNDALE PD
Time of Inspection: 13:24

Date of Inspection: 12/15/2022

Serial Number: 80-001231
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#:31420080A2 Exp: 01/05/2023
0.000	0.047	0.072 / 0.077	0.195	0.077
0.000	0.048	0.074 / 0.077	0.196	0.078
0.000	0.048	0.077 / 0.078	0.197	0.078

Number of Simulators Used: 4

Remarks:

08: Control Outside Tolerance.

The first (2) two control test for the 0.08 were low. This test was repeated & all (3) three came back in range. (15)

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.


Signature and Printed Name

THOMAS J LOKIETEK

12/15/2022
Date