



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: **Lake County Sheriff's Office**

Instrument Serial Number: **80-001238**

| AGENCY INSPECTION DATA REVIEW | | |
|---|---------------------------------------|-------------------------------------|
| Agency Inspector: Gerald Corman | Date of Inspection: 05/31/2022 | Time of Inspection: 19:02:26 |
| Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input checked="" type="checkbox"/> Procedural <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded. | | |
| <input checked="" type="checkbox"/> Lot Number <input checked="" type="checkbox"/> Expiration Date for 0.20 g/ 210L <input checked="" type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard <input type="checkbox"/> is <input type="checkbox"/> Incorrect <input checked="" 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 checked="" 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 0.20 Alcohol Reference Solution was expired at the time of use. Please mark the inspection as noncompliant and add a remark to the original paperwork that expired solution was used, following the corrective action listed below. Please pull the instrument from evidential use and perform the June 2022 inspection immediately. |
| <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 7/20/2022 (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 Dutchow

Signature of Alcohol Testing Program Staff Member

6/20/2022
Date

* Amended *

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LAKE COUNTY SO
Time of Inspection: 19:02

Date of Inspection: 05/31/2022

Serial Number: 80-001238
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 Test0 (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#:202005A Exp: 05/12/2022 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:13921080A2 Exp: 07/05/2023 |
|-----------------------------|---|---|---|---|
| 0.000 | 0.049 | 0.079 | 0.202 | 0.080 |
| 0.000 | 0.049 | 0.080 | 0.202 | 0.080 |
| 0.000 | 0.050 | 0.080 | 0.202 | 0.079 |

Number of Simulators Used: 5


Remarks:

mistakenly used expired ref. solution

GC 6/22/22
1320 hrs

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.

 2418
Signature and Printed Name

GERALD E CORMAN

05/31/2022
Date