Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: DAYTONA BEACH SHORES Time of Inspection:00:53

Date of Inspection:03/14/2022

Serial Number: 80-001242 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#: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 #: Exp:
0.000	0.050	0.078	INT / 0.186	
0.000	0.049	0.078	/ 0.190	
0.000	0.050	0.078	/ 0.192	

Number of Simulators Used: 5

REMARKS: FOUND TO BE DEFECTIVE SIMULATOR - RETEST TO BE COMPLETED. 423-22

The above instrument complies (

) does not comply (X) with Chapter 11D-8, FAC.

I certify that I hold a valid Elorida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

RICHARD J RADEMACHER

Signature and Printed Name

03/14/2022

Date

FDLE/ATP Form 40 -- March 2004

Reprinted From Database



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: <u>Daytona Beach Shores</u>		Instrument Serial Number: 80-001242	2			
AGENCY INSPECTION DATA REVIEW						
Agency Inspector: Richard Rademacher		Date of Inspection: 03-14-2022	Time of Inspection: 00:53			
Agency Inspection Discrepancy: Incomplete Untimely/Not Received Erroneous Information Procedural Other						
□ Agency Inspection Not Conducted or R	Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.					
Lot Number Expiration Date forg/ 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. 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:					
OTHER ELECTRONIC DATA REVIEW						
Login Records Date:	Comments:					
Cylinder Change Records Date:						
Control Test Records Date:						
Diagnostic Check Records						
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: 2022.04.08 11:09:59 -04'00'

<u>4/8/2022</u> Date

Signature of Alcohol Testing Program Staff Member

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