## 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.						
<ul> <li>✓ 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:</li> <li>□ Alcohol Free Subject Test □ Mouth Alcohol Test □ Alcohol Free Test □ Interferent Detect Test</li> <li>□ 0.05 g/210L Test □ 0.08 g/210L Test ☑ 0.20 g/210L Test □ 0.08 g/210L Dry Gas Standard Test</li> </ul>						
<ul> <li>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."</li> <li>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.</li> <li>The Department Inspector was not notified. However, the repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC.</li> <li>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.</li> <li>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.</li> </ul>						
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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