

Florida Department of Law Enforcement Alcohol Testing Program

Amended
04/26/22
[Signature]

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COCOA P.D.
Time of Inspection: 20:07

Date of Inspection: 04/06/2022

Serial Number: 80-001260
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#: 202101C Exp: 01/12/2023	0.08g/210L Test (g/210L) Lot#: 202007A Exp: 07/21/2022	0.20g/210L Test (g/210L) Lot#: 202106B Exp: 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 25721080A2 Exp: 11/05/2023
0.000	0.050	0.081	0.201	0.079
0.000	0.050	0.081	0.201	0.079
0.000	0.050	0.080	0.201	0.079

Number of Simulators Used: 5

Remarks:

A F / M A: Range Exceeded.

Took to much mouth alcohol and it showed range exceeded. Cleared my mouth with water, waited 20 minutes, and did the test over with no problems.

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.

JAMES H FRAZIER

Signature and Printed Name

Frazier #161

04/06/2022
Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Cocoa Police Department

Instrument Serial Number: 80-001260

AGENCY INSPECTION DATA REVIEW

Agency Inspector: James Frazier

Date of Inspection: 04-06-2022

Time of Inspection: 20:07

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 _____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: 2022.04.25 11:13:04 -04'00'

Signature of Alcohol Testing Program Staff Member

4/25/2022

Date

Florida Department of Law Enforcement Alcohol Testing Program

Amended
04/26/22
[Signature]

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JAMES H FRAZIER

Signature and Printed Name

Frazier #161

04/06/2022
Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Cocoa Police Department

Instrument Serial Number: 80-001260

AGENCY INSPECTION DATA REVIEW

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Israel Soto

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4/25/2022
Date