

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: TITUSVILLE PD

Time of Inspection: 11:49

Date of Inspection: 03/27/2022

Serial Number: 80-001649

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		No
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: _____

Remarks:

Non-compliance: .

operator error- pressed wrong button while starting Inspections.

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.

Carly Rosas #219

CARLY A ROSAS

Signature and Printed Name

03/27/2022
Date

Efd 47
PALM BAY PD

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: TITUSVILLE PD

Time of Inspection: 18:42

Date of Inspection: 06/20/2022

Serial Number: 80-001649

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#: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#:33321080A2 Exp: 01/05/2024
0.000	0.047	0.075	0.190	0.082
0.000	0.047	0.075	0.191	0.082
0.000	0.047	0.076	0.192	0.081

Number of Simulators Used: 5

Remarks:

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.

Carly Rosas 219

Signature and Printed Name

CARLY A ROSAS

06/20/2022
Date

EJH 197
PALM Bay PD

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: TITUSVILLE PD
Time of Inspection: 18:44

Date of Inspection: 08/09/2022

Serial Number: 80-001649
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#: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#:33321080A2 Exp: 01/05/2024
0.000	0.048	0.067 / 0.076	0.188 / 0.198	0.080
0.000	0.049	0.076 / 0.077	0.197 / 0.198	0.080
0.000	0.049	0.076 / 0.077	0.198 / 0.198	0.080

Number of Simulators Used: 5

Remarks:

08: Control Outside Tolerance. 20: Control Outside Tolerance.

.08 outside tolerance - first test @ 0.067 g/210L (below threshold)
.20 outside tolerance - first test at 0.188 g/210L (below threshold)

GM 164
JEMSH 164
08/11/2022

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.


Signature and Printed Name

GEOFFERY E MCDOYLE

08/09/2022
Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Titusville PD

Instrument Serial Number: 80-001649

AGENCY INSPECTION DATA REVIEW

Agency Inspector: Geoffery McDole

Date of Inspection: 08-09-2022

Time of Inspection: 18:44

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: 2022.08.11 07:38:35 -04'00'

Signature of Alcohol Testing Program Staff Member

8/11/2022

Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: TITUSVILLE PD
Time of Inspection: 20:38

Date of Inspection: 08/31/2022

Serial Number: 80-001649
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted	Yes	
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#: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#:33321080A2 Exp: 01/05/2024
0.000	0.047	0.078	0.188 / 0.195	0.081
0.000	0.048	0.079	0.195 / 0.195	0.080
0.000	0.049	0.079	0.196 / 0.194	0.080

Number of Simulators Used: 5

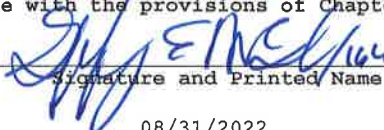
Remarks:

Time-Date changed. 20: Control Outside Tolerance TEST RERUN GM164.

GM 164 08/31/2022

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.


Signature and Printed Name
08/31/2022
Date

TITUSVILLE PD
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001649
08/31/2022
Software: 8100.27

|-----|
DIAGNOSTICS

Voltage/Current Test	OK
RAM Test	OK
EEPROM Checksum Test	OK
Real Time Clock Test	OK
DSP Test	OK
Analytical Stability Test	OK
Internal Printer Test	OK
Modem Test	OK
Temperature Regulation Test	OK

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: TITUSVILLE PD
Time of Inspection: 14:30

Date of Inspection: 09/18/2022

Serial Number: 80-001649
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#: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#:33321080A2 Exp: 01/05/2024
0.000	0.047	0.075	0.192	0.080
0.000	0.048	0.076	0.193	0.080
0.000	0.049	0.075	0.195	0.080

Number of Simulators Used: 5

Remarks:

A F / M A: . MISTAKENLY BLEW MA DURING AF SAMPLE

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.

Carly Rosas #219

CARLY A ROSAS

Signature and Printed Name

09/18/2022
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: TITUSVILLE PD
Time of Inspection: 16:50

Date of Inspection: 10/23/2022

Serial Number: 80-001649
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	

20210801/08/17/2023

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 202101C Exp: 01/12/2023	0.08g/210L Test (g/210L) Lot#: 33321080A2 Exp: 01/05/2024	0.20g/210L Test (g/210L) Lot#: 202106B Exp: 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 33321080A2 Exp: 01/05/2024
0.000	0.048	0.000 / 0.076	0.192	0.081
0.000	0.048	0.000 / 0.076	0.193	0.081
0.000	0.048	0.000 / 0.077	0.193	0.082

Number of Simulators Used: 5

Remarks:

08: Control Outside Tolerance.- AI ATCHD .08DGST IN ERROR

Had issues powering instrument on prior to inspection.
Received Modem Fail during diagnostic check,
while instrument was entering "Ready Mode."

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.

Carly Rosas #219

CARLY A ROSAS

Signature and Printed Name

10/23/2022
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: TITUSVILLE PD
Time of Inspection: 16:50

Date of Inspection: 10/23/2022

Serial Number: 80-001649
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
Diagnostic Check (Pre-Inspection): OK		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	

2021060 / 08/17/2023

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 202101C Exp: 01/12/2023	0.08g/210L Test (g/210L) Lot#: 33321080A2 Exp: 01/05/2024	0.20g/210L Test (g/210L) Lot#: 202106B Exp: 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 33321080A2 Exp: 01/05/2024
0.000	0.048	0.000 / 0.076	0.192	0.081
0.000	0.048	0.000 / 0.076	0.193	0.081
0.000	0.048	0.000 / 0.077	0.193	0.082

Number of Simulators Used: 5

Remarks:

08: Control Outside Tolerance.- AI ATCHD .08DGST IN ERROR

Had issues powering instrument on prior to inspection.
Received modem Fail during diagnostic check,
while instrument was entering "Ready Mode."

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.

Carly Rosas #219

CARLY A ROSAS

Signature and Printed Name

10/23/2022
Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Titusville Police Department

Instrument Serial Number: 80-001649

AGENCY INSPECTION DATA REVIEW

Agency Inspector: Carly Rosas	Date of Inspection: 10-23-2022	Time of Inspection: 16:50
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" type="checkbox"/> Erroneous Information <input 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 <u>0.080g/ 210L</u> <input checked="" type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input checked="" type="checkbox"/> Incorrect <input 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 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: _____
<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 _____ (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: _____

Israel Soto

Digitally signed by Israel Soto
Date: 2022.11.09 10:46:02 -05'00'

Signature of Alcohol Testing Program Staff Member

11/9/2022
Date