## Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: NEW SMYRNA BEACH PD Time of Inspection: 08:28

Date of Inspection: 03/13/2022

Serial Number: 80-002231

Software: 8100.27

Check or Test	THE BUILD	34	YES	NO
Date and/or Time Adjusted				No
Diagnostic Check (Pre-Inspection): OK	Aga Galanta		Yes	
Alcohol Free Subject Test: 0.000	54.15.		Yes	
Mouth Alcohol Test: Slope Not Met		:	Yes	
Interferent Detect Test: Interferent De	etect : "	<u>k</u>	Yes	2 .
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	0.046	0.077	0.183 / 0.193	0.081
0.000	0.047	0.079	0.189 / 0.195	0.081
0.000	0.048	0.079	0.192 / 0.196	0.081

Number of Simulators Used: 4

Remarks:

20: Control Outside Tolerance.

Inproper Sent on Simulator Tightaged Seal Corrected Fisce

## **ORIGINAL**

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

03/13/2022 Date



## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: New Smyrna Beach Police Department Instrument Serial Number: 80-002231

AGENCY INSPECTION DATA REVIEW							
Agency Inspector: Ralph Hunnefeld		Date of Inspection: 03-13-202	22	Time of Inspection: 08:28			
	•	ntimely/Not Received □ ther	Erroneou	is Information			
☐ Agency Inspection Not Conducted or R	ecords regarding Ag	ency Inspection have not been	uploaded	d.			
□ Lot Number □Expiration Date forg/ 210L □Alcohol Reference Solution □Dry Gas Standard is □Incorrect □Expired.							
FDLE/ATP Form 39 states in part, "If a Remarks section of FDLE/ATP Form 40 test(s); OR the Possible Cause and Alcohol Free Subject Test  0.05 g/210L Test	Agency Inspection Corrective Action T Mouth Alcohol Te	Report - Intoxilyzer 8000. The	□REASC vas not red □ Int	ON for repeating the following			
□ 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 "Co	mplies" when it does	not comply with the requirem	ents of Ch	napter 11D-8, FAC.			
□ Other:							
OTHER ELECTRONIC DATA REVIEW							
☐ Login Records Date:	Comments:						
☐ Cylinder Change Records	<u> </u>						
☐ Control Test Records Date:							
☐ Diagnostic Check Records Date:							
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:  Digitally signed by Israel Soto Date: 2022.04.08 11:16:08 -04'00'  Signature of Alcohol Testing Program Staff Member  Date							