

# Florida Department of Law Enforcement

## Alcohol Testing Program

### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CRESTVIEW PD

Serial Number: 80-005058

Time of Inspection: 04:14

Date of Inspection: 09/22/2022

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#: 202112A Exp: 12/07/2023	0.08g/210L Test (g/210L) Lot#: 202108D Exp: 08/17/2023	0.20g/210L Test (g/210L) Lot#: 202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: 1249794 Exp: 12/13/2022
0.000 / 0.000	0.047	0.077	0.197	0.081
/ 0.000	0.047	0.077	0.196	0.082
/ 0.000	0.047	0.077	0.196	0.082

Number of Simulators Used: 5

**Remarks:**

00: RFI Detect.

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.

GABRIEL C DUNLAP

Signature and Printed Name

09/22/2022

Date

---

# Crestview Police Department

## MEMORANDUM

---

**Date** : 09/28/2022  
**To** : FDLE Alcohol Testing Program – Israel Soto  
**From** : Corporal Gabriel C Dunlap #22  
**Subject** : Agency Inspection Report Amendment

---

I completed an Agency Inspection for the Intoxilyzer 8000 on 09/22/2022 for serial number 80-005058. The inspection received one RFI detect during the alcohol free test. The reason for this detect was due to a portable radio in an adjacent room. This detect was corrected by turning the radio off. Inspection was completed without any further detects.

Respectfully Submitted,

X

  
Cpl. Gabe Dunlap

Crestview Police Department  
201 Stillwell Blvd. Crestview, Florida, 32539  
850-682-2055



Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Crestview Police Department

Instrument Serial Number: 80-005058

### AGENCY INSPECTION DATA REVIEW

Agency Inspector: Gabriel Dunlap

Date of Inspection: 09-22-2022

Time of Inspection: 04:14

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: 2022.09.26 13:48:41 -04'00'

Signature of Alcohol Testing Program Staff Member

9/26/2022  
Date