

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: VOLUSIA COUNTY S.O.  
Time of Inspection: 20:08

Date of Inspection: 07/14/2022

Serial Number: 80-006262  
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)	0.08g/210L Test (g/210L)	0.20g/210L Test (g/210L)	0.08 g/210L Dry Gas Std Test (g/210L)
	Lot#: <del>1206004</del> <b>202101C</b> Exp: <del>09/20/2022</del> <b>01/12/2023</b>	Lot#: <del>1206004</del> <b>202108D</b> Exp: <del>09/20/2022</del> <b>08/17/2023</b>	Lot#: <del>1206004</del> <b>202106B</b> Exp: <del>09/20/2022</del> <b>06/22/2023</b>	Lot#: 1206004 Exp: 09/20/2022
0.000	0.047	0.077	0.195	0.079
0.000	0.047	0.077	0.196	0.080
0.000	0.048	0.077	0.196	0.079

Number of Simulators Used: 5

**Remarks:**

MOUTH ALCOHOL PROVIDED READING. *Repeat test*

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.

*J. M. Stone*

JIMMIE N STONE

Signature and Printed Name

07/14/2022  
Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Volusia County Sheriff's Office

Instrument Serial Number: Multiple

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Jimmie Stone
Date of Inspection: 07-14-2022
Time of Inspection: Multiple
Agency Inspection Discrepancy: [ ] Incomplete [ ] Untimely/Not Received [x] Erroneous Information
[ ] Procedural [ ] Other
[ ] Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
[x] Lot Number [x] Expiration Date for All g/ 210L [x] Alcohol Reference Solution [ ] Dry Gas Standard is [x] 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
[x] 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: 2022.07.20 10:48:16 -04'00'

Signature of Alcohol Testing Program Staff Member

7/20/2022
Date