

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MANATEE COUNTY SO  
Time of Inspection: 11:48

Date of Inspection: 03/23/2022

Serial Number: 80-006565  
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)<br>Lot#:202101C<br>Exp: 01/12/2023 | 0.08g/210L Test (g/210L)<br>Lot#:202007A<br>Exp: 07/21/2022 | 0.20g/210L Test (g/210L)<br>Lot#:202106B<br>Exp: 05/12/2022 | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#:1303107<br>Exp: 03/28/2023 |
|----------------------------|---|---|---|--|
| 0.000                      | 0.049   | 0.080   | 0.200   | 0.080  |
| 0.000                      | 0.049   | 0.080   | 0.200   | 0.080  |
| 0.000                      | 0.049   | 0.080   | 0.201   | 0.080  |

Number of Simulators Used: 5

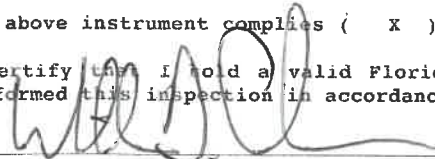
**Remarks:**

Int Det: RFI Detect. LOCATED RFI REMOVED IT

20 Reference Solution Entered incorrectly: Should read 202005A

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.



WILLIAM D COLEMAN

Signature and Printed Name

03/23/2022  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MANATEE COUNTY SO  
Time of Inspection: 10:46

Date of Inspection: 03/23/2022

Serial Number: 80-006565  
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      |     | No |

| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L)<br>Lot#:202101C<br>Exp: 01/12/2023 | 0.08g/210L Test (g/210L)<br>Lot#:<br>Exp: | 0.20g/210L Test (g/210L)<br>Lot#:<br>Exp: | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#:<br>Exp: |
|----------------------------|---|---|---|--|
| 0.000                      | 0.050 / 0.050   |   |   |  |
| 0.000                      | 0.051 / 0.051   |   |   |  |
| 0.000                      | 0.051 / RFI   |   |   |  |

Number of Simulators Used: 5

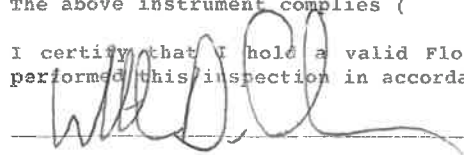
**Remarks:**

05: RFI Detect, RFI Detect. Non-compliance: RFI DETECT.

*Located RFI Source and Removed*

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.



WILLIAM D COLEMAN

Signature and Printed Name

03/23/2022  
Date



Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: **Manatee County Sheriff's Office**

Instrument Serial Number: **80-006565**

### AGENCY INSPECTION DATA REVIEW

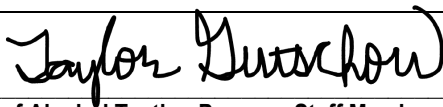
|   |  |                                       |                                     |
|---|--|---------------------------------------|-------------------------------------|
| Agency Inspector: <b>William Coleman</b>  |  | Date of Inspection: <b>09/26/2022</b> | Time of Inspection: <b>14:47:00</b> |
| Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" type="checkbox"/> Erroneous Information<br><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 <b>0.08 g/ 210L</b> <input checked="" type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input checked="" type="checkbox"/> Incorrect <input type="checkbox"/> Expired.  |  |                                       |                                     |
| <input checked="" 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 checked="" type="checkbox"/> REASON for repeating the following test(s); OR the <input checked="" type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded:<br><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<br><input type="checkbox"/> 0.05 g/210L Test <input checked="" type="checkbox"/> <b>0.08 g/210L Test</b> <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."<br><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.<br><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.<br><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<br>Date: _____            | <b>Comments:</b><br><b>The lot number of the 0.08 DGS was incorrectly entered in place of the lot number for the 0.08 ARS.</b><br><br><b>In addition, the 0.08 ARS Test was repeated. The reason for repeating the test, and the corrective action taken prior to repeating the test, must be included.</b> |
| <input type="checkbox"/> Cylinder Change Records<br>Date: _____  |   |
| <input type="checkbox"/> Control Test Records<br>Date: _____     |   |
| <input type="checkbox"/> Diagnostic Check Records<br>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 <b>01/05/2023 (Date)</b> . |
| <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: _____  |



Signature of Alcohol Testing Program Staff Member

12/5/2022  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MANATEE COUNTY SO  
Time of Inspection: 14:47

Date of Inspection: 09/26/2022

Serial Number: 80-006565  
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)<br>Lot#: 202101C<br>Exp: 01/12/2023 | 0.08g/210L Test (g/210L) <u>202108D</u><br>Lot#: <u>402357111</u><br>Exp: <u>02/10/2025</u><br><u>08/17/2023</u> | 0.20g/210L Test (g/210L)<br>Lot#: 202106B<br>Exp: 06/22/2023 | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#: 402357111<br>Exp: 02/10/2025 |
|----------------------------|--|--|--|---|
| 0.000                      | 0.050  | 0.000 / 0.080  | 0.199  | 0.082   |
| 0.000                      | 0.050  | 0.000 / 0.080  | 0.200  | 0.082   |
| 0.000                      | 0.050  | 0.000 / 0.080  | 0.200  | 0.081   |

Number of Simulators Used: 5

**Remarks:**

08: Control Outside Tolerance.

- Inadvertently hooked up .08 Dry Gas standard instead of .08 Solution  
Corrected and re-ran test. - WDC
- Hooked up the reference solution ran through the test was my corrective plan. Re-ran test without issue. - WDC

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.



WILLIAM D COLEMAN

Signature and Printed Name

09/26/2022  
Date