AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HARDEE COUNTY SO Time of Inspection: 21:32

Date of Inspection: 11/05/2023

Serial Number: 80-007160

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
	267	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) Lot#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202206B Exp: 06/14/2024	0.20g/210L Test (g/210L) Lot#:202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000	0.046	0.075	0.183 / 0.183	
0.000	0.046	0.075	0.184 / 0.184	
0.000	0.047	0.076	0.184 / 0.184	

Number of Simulators Used: 5

Remarks:

20: Control Outside Tolerance, Control Outside Tolerance. Non-compliance: DID NOT MEET APPROPRIATE L EVELS .

Failed Twice.

-Lt. Carturish + spoke with All Taylor with FDLEATP, Simulators will be sont for collibration and Intoxilar will be sont to him for Enspection.

The	above	instrument	complies) does	not comply	(X) with	Chapter	11D-8,	FAC.
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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.

GARRETT M ALBRITTON

Signature and Printed Name

11/05/2023 Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HARDEE COUNTY SO Time of Inspection: 22:12

Date of Inspection: 11/05/2023

Serial Number: 80-007160

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) Lot#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202206B Exp: 06/14/2024	0.20g/210L Test (g/210L) Lot#:202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000	0.047	0.076	0.183 / 0.188	
0.000	0.047	0.077	0.186 / 0.186	
0.000	0.047	0.077	0.186 / 0.187	

Number of Simulators Used: 5

Remarks:

20: Control Outside Tolerance, Control, Outside Tolerance. Non-compliance: .

Did Not meet consect level in , 20g Test failed Twice

- Lt. Cartwright spore with Mr. Taylor with FDLE ATP Simulators will be sent for calibration and Intoxilors will be sent to him for Inspection.

Tho	abouto	instrument	gown lies	/) 3		1 /			a1 .	445 0	
Ine	apove	instrument	complies	() does	not comp	lv (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.

Signature and Printed Name

11/05/2023 Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Instrument Serial Number: 80-007160 Agency: Hardee CSO AGENCY INSPECTION DISCREPENCY Agency Inspector: Gary Cartwright, Jr. Inspection Date: 05/31/2023 A test was repeated without reason for repeat or the corrective action given Alcohol Free/Mouth Alcohol ☐Alcohol Free Test Interferent Detect ☐ 0.080 g/210L Dry Gas □ 0.050 g/210L ☐ Agency Inspection not conducted for calendar month ☐ 0.080 g/210L Dry Gas □ 0.080 g/210L □ 0.200 g/210L □ 0.050 g/210L Lot Number and/or Expiration Date for Standards entered incorrectly □ 0.050 g/210L □ 0.080 g/210L □ 0.200 g/210L □ 0.080 g/210L Dry Gas Other Electronic Data Review/Comments: REQUESTED CORRECTIVE ACTION ■ Record hand-written amendments on FDLE/ATP Form 40, initial and date amendments, mark report "AMENDED", and forward copy to Department Inspector ☐ Provide written explanation regarding referenced item(s) to Department Inspector ☐ Remove instrument from evidentiary use until otherwise directed by the Department Other: Digitally signed by Taylor Taylor Gutschow Gutschow Date: 2023.06.15 14:06:05 -04'00' 06/15/2023 **Signature of Alcohol Testing Program Staff Member**

Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HARDEE COUNTY SO Serial Number: 80-007160

Time of Inspection:16:40 Date of Inspection:05/31/2023 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#:202206B Exp: 06/14/2024	0.20g/210L Test (g/210L) Lot#: 202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: 402477283 Exp: 06/24/2025
0.000	0.045	0.074 / 0.076	0.194	0.077
0.000	0.045	0.076 / 0.077	0.196	0.076
0.000	0.045	0.076 / 0.077	0.198	0.076

Number of Simulators used: 5
Remarks: 08: Control Outside Tolerance. [Connected all Conection and Veran tes
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.
GARY W CARTWRIGHT JR

Signature and Printed Name

05/31/2023

Date

FDLE/ATP Form 40 -- March 2004

Reprinted From Database

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HArdee County Sheriffs Office Serial Number: 80-007160 Time of Inspection: Date of Inspection: Software: 8100.27 CHECK OR TEST YES NO Date and/or Time Adjusted Diagnostic Check (Pre-Inspection): OK Alcohol Free Subject Test: 0.000 Mouth Alcohol Test: Slope Not Met Interferent Detect Test: Interferent Detect Diagnostic Check (Post-Inspection): OK Alcohol Free 0.05g/210L Test 0.08g/210L Test 0.20g/210L Test 0.08 g/210L (g/210L)Dry Gas Std Test Test (g/210L)(g/210L)(g/210L)Lot#: Lot#: Lot#: (g/210L)Exp: Exp: Exp: Lot#: Exp: Number of Simulators Used: _____ Remarks: The January inspection was not conducted. I conducted it on February 2, 2023. The above instrument complies (_____) does not comply (_____) with Chapter 11D-8, FAC. I certify that 🖊 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 Cartwright Jr