



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Glades County SO

Instrument Serial Number: 80-000947

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: John Gadson	Date of Inspection: 9/29/17 18:56
Agency Inspection Discrepancy:	<input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" type="checkbox"/> Erroneous Information <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 type="checkbox"/> Lot Number <input checked="" type="checkbox"/> Expiration Date for <u>0.05 g/ 210L</u> <input checked="" type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input type="checkbox"/> Expired.	
<input 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 type="checkbox"/> REASON for repeating the following test(s); OR the <input type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded:	
<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 <input type="checkbox"/> 0.05 g/210L Test <input type="checkbox"/> 0.08 g/210L Test <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."	
<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. <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. <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 checked="" type="checkbox"/> Other: <u>Correct spelling of last name</u>	

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____	Comments: <u>Please correct the expiration date for Lot#'s 201603D.</u>
<input type="checkbox"/> Cylinder Change Records Date: _____	
<input type="checkbox"/> Control Test Records Date: _____	
<input type="checkbox"/> Diagnostic Check Records 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 <u>10/31</u> (Date).	
<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: _____	

Shayne Platt

Signature of Alcohol Testing Program Staff Member

10/19/2017

Date

Florida Department of Law Enforcement

Alcohol Testing Program

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000947

Agency	GLADES COUNTY S.O.	Date	09/29/2017	Type	Agency Inspection
Inspector	GASON,JOHN,P	Time	18:56:29	Software	8100.27
0.05 Lot #	201603D	0.08 Lot #	201601F	0.20 Lot #	201604C
0.08 Gas Lot #	04216080A3	Expiration	03/18/2018	Expiration	01/26/2018
		Expiration	04/05/2018	Expiration	03/05/2018

Number of Simulators 3 Compliance Yes

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes	Alcohol Free Test # 1	0.000
Date and/or Time Adjusted	No	0.05 g/210L Test # 1	0.049
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.080
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.200
Alcohol Free Subject Test: 0.000	Yes	0.08 g/210L Dry Gas Std Test # 1	0.077
Mouth Alcohol Test: Slope Not Met	Yes	Interferent Detect Test # 1	INT
Interferent Detect Test: Interferent Detect	Yes	Alcohol Free Test # 2	0.000
Diagnostic Check (Post-Inspection): OK	Yes	0.05 g/210L Test # 2	0.049
Alcohol Free Test: OK	Yes	0.08 g/210L Test # 2	0.080
0.05 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.201
0.08 g/210L Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.078
0.20 g/210L Test: OK	Yes	Interferent Detect Test # 2	INT
0.08 g/210L Dry Gas Std Test: OK	Yes	Alcohol Free Test # 3	0.000
		0.05 g/210L Test # 3	0.049
		0.08 g/210L Test # 3	0.079
		0.20 g/210L Test # 3	0.200
		0.08 g/210L Dry Gas Std Test # 3	0.078
		Interferent Detect Test # 3	INT

Remarks:

Data Download Date/Time 09/29/2017 19:20