

# AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

|     | Agency: Okeechobee PD Instrument Serial Number: 80-001322  |  |   |   |  |
|-----|--|--|---|---|--|
| AG  | ENCY INSPECTION DATA REVIEW  |  |   |   |  |
| Ag  | ency Inspector: Raul Marrero   |  | Date of Inspection: 9/2   | 29/17   | 2:29   |
| Ag  |  |  | ntimely/Not Received<br>her   | ☐ Erroneou  | s Information  |
|     | Agency Inspection Not Conducted or Re  |  |   | t been uploaded   | l.   |
|     | Lot Number □Expiration Date for  | g/ 210L □Alcohol Re  | eference Solution □Dry  | Gas Standard is   | s □Incorrect □Expired.                                     |
| ×   | FDLE/ATP Form 39 states in part, "If a to Remarks section of FDLE/ATP Form 40 test(s); OR the Possible Cause and Alcohol Free Subject Test  0.05 g/210L Test   | Agency Inspection F<br>Corrective Action Tal<br>Mouth Alcohol Tes  | Report – Intoxilyzer 8000<br>ken on the following tes<br>t 🔲 Alcohol Free T   | . The □REASC<br>t(s) was not reco<br>est □ Inte                         | N for repeating the following                              |
|     | FDLE/ATP Form 39 states in part, "If the instrument from service and notify the I   The Department Inspector was not inspection complies with the requirements of Chapter 11D-8, For the Department Inspector was not include the Department Inspector was not chapter 11D-8, FAC and the instruments of Chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the instruments in the Department Inspector was not chapter 11D-8, FAC and the Inspector was not chapter 11D-8, FAC and the Inspector was not chapter 1 | Department Inspector of notified. However uirements of Chapte ot notified. However FAC and the instrument of notified. The rependent | r."<br>, the issue was satisfact<br>r 11D-8, FAC.<br>, the repeated Agency In<br>ent was correctly remove<br>ated Agency Inspection | orily corrected a<br>espection does red from evidenti<br>does not compl | and the repeated Agency<br>not comply with the<br>ary use. |
|     | The Agency Inspection is noted as "Com   | nplies" when it does   | not comply with the requ  | uirements of Cha  | apter 11D-8, FAC.  |
|     | Other:   |  |   |   | <u> </u>   |
| OTH | ER ELECTRONIC DATA REVIEW  |  |   |   |  |
|     | Login Records Date:  | Comments:  | er to make notes wh   | en a test mus   | t he reneated  |
|     | Cylinder Change Records Date:  | - 10000 1011101110   | or to make notes wil  | cira test mas   | t be repeated.   |
|     | Control Test Records Date:   |  |   |   |  |
|     | Diagnostic Check Records  Date:  |  |   | 2   |  |
|     | RECTIVE ACTION   |  |   |   |  |
| XÎ. | Record hand-written amendments on the report "AMENDED", and forward a copy to  | to the Department Ins  | spector by 10/3 (Date).   |   | ate the amendments, mark the                               |
|     | Provide a written explanation regarding to Upload the Agency Inspection(s). Remove the instrument from evidentiary to No action required Other:  | he referenced item(s)  | to the Department Insp  | ector by (  | Date).   |
| Ş   | Shaya Po<br>Signature of Alcohol Testing Program Staf  | att<br>f Member  |   | 10/19/201<br><b>Date</b>  | <u>7</u>   |

### Florida Department of Law Enforcement **Alcohol Testing Program**

#### **Inspection Test Electronic Data**

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-001322

Agency OKEECHOBEE P.D. Inspector MARRERO, RAUL, E

Date 09/29/2017

Type Software Agency Inspection

8100.27

0.05 Lot # 201603D

0.08 Lot # 201611B

0.20 Lot # 201604C

Time 02:29:40

0.08 Gas Lot # 04216080A3

**Expiration** 03/08/2018

**Expiration** 11/15/2018

**Expiration** 04/05/2018

Expiration

03/05/2018

Number of Simulators 4

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          | 0.074      |
| Mouth Alcohol Test: Slope Not Met          | Yes    | 0.08 g/210L Dry Gas Std Test # (Repeat) 1 | 0.079      |
| nterferent Detect Test: Interferent Detect | Yes    | Interferent Detect Test # 1               | INT        |
| Diagnostic Check (Post-Inspection): OK     | Yes    | Alcohol Free Test # 2                     | 0.000      |
| Alcohol Free Test: OK                      | Yes    | 0.05 g/210L Test # 2                      | 0.049      |
| 0.05 g/210L Test: OK                       | Yes    | 0.08 g/210L Test # 2                      | 0.080      |
| 0.08 g/210L Test: OK                       | Yes    | 0.20 g/210L Test # 2                      | 0.201      |
| 0.20 g/210L Test: OK                       | Yes    | 0.08 g/210L Dry Gas Std Test # 2          | 0.072      |
| .08 g/210L Dry Gas Std Test: OK            | Yes    | 0.08 g/210L Dry Gas Std Test # (Repeat) 2 | 0.078      |
|  |        | Interferent Detect Test # 2               | INT        |
|  |        | Alcohol Free Test # 3                     | 0.000      |
|  |        | 0.05 g/210L Test # 3                      | 0.050      |
|  |        | 0.08 g/210L Test # 3                      | 0.081      |
|  |        | 0.20 g/210L Test # 3                      | 0.201      |
|  |        | 0.08 g/210L Dry Gas Std Test # 3          | 0.072      |
|  |        | 0.08 g/210L Dry Gas Std Test # (Repeat) 3 | 0.077      |
|  |        | Interferent Detect Test # 3               | INT        |
| Remarks:                                   |        |   | ans/ (803) |

08: Control Outside Tolerance.

Data Download Date/Time 09/29/2017 10:24

Printed: 19 October 2017 COBRA ©1997-2014 CMI, Inc.

## Florida Department of Law Enforcement Alcohol Testing Program

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

| Agend | ey: | OKEECHOBEE  | PD    |
|-------|-----|-------------|-------|
| Time  | of  | Inspection: | 08:32 |

Date of Inspection: 05/25/2017

Serial Number: 80-001322

| Software: 810 | 0. | . 27 |
|---------------|----|------|
|---------------|----|------|

| Check or Test                               | YES | NO  |
|---|-----|-----|
| Date and/or Time Adjusted                   |     | 110 |
| Diagnostis Check (But Tanaka)               |     | No  |
| Diagnostic Check (Pre-Inspection): OK       |     |     |
| Alcohol Free Subject Test: 0.000            |     | No  |
|   |     | No  |
| Mouth Alcohol Test: Slope Not Met           |     |     |
| Interferent Detect Test: Interferent Detect |     | No  |
| Detect                                      |     | 17- |
| Diagnostic Check (Post-Inspection): OK      |     | No  |
|   |     | No  |

| Alcohol Free<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:<br>Exp: | 0.08g/210L Test<br>(g/210L)<br>Lot#:<br>Exp: | 0.20g/210L Test<br>(g/210L)<br>Lot#:<br>Exp: | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:<br>Exp: |  |
|----------------------------------|--|--|--|--|--|
|                                  |  |  |  |  |  |

| Number  | of | Simulators | Used: |  |
|---------|----|------------|-------|--|
| Remarks | 3: |            |       |  |

BYPASSED AI TO OPERATE INSTRUMENT

ANS

10

N/A COMPUANCE NOT DETERMINED

| 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.

Signature and Printed Name

05/25/2017 Date