

6234
SP

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HENDRY COUNTY SO
Time of Inspection: 23:52

Date of Inspection: 11/19/2017

Serial Number: 80-006234
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#:201603D Exp: 03/08/2018	0.08g/210L Test (g/210L) Lot#:201611B Exp: 11/15/2018	0.20g/210L Test (g/210L) Lot#:201604C Exp: 04/05/2018	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:437738 Exp: 06/08/2019
0.000	0.050	0.081	0.200	0.082
0.000	0.049	0.082	0.201	0.082
0.000	0.050	0.081	0.200	0.082

Number of Simulators Used: 5

Remarks:

A F / M A: Range Exceeded. *Used too much mouth Alcohol. Test repeated no issues. @*

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.

Christopher J. Norwood
CHRISTOPHER J NORWOOD
Signature and Printed Name

11/19/2017
Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: HENDRY COUNTY SO Instrument Serial Number: 80-006234

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: <u>JOSHUA WOODS</u>	Date of Inspection: <u>4/26/17</u> Time of Inspection: <u>23:26</u>
Agency Inspection Discrepancy: <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input 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 type="checkbox"/> Expiration Date for _____g/210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input 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 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: <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 checked="" 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 type="checkbox"/> Other: _____	

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____	Comments: _____
<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>6/1</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: _____

Shayla Platt
Signature of Alcohol Testing Program Staff Member

5/23/2017
Date

Florida Department of Law Enforcement

Alcohol Testing Program

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-006234

Agency HENDRY COUNTY SO	Date 04/26/2017	Type Agency Inspection
Inspector WOODS,JOSHUA,H	Time 23:26:36	Software 8100.27
0.05 Lot # 201507A	0.08 Lot # 201601F	0.20 Lot # 201604C
0.08 Gas Lot # 83551		
Expiration 07/14/2017	Expiration 01/26/2018	Expiration 04/05/2018
		Expiration 10/02/2018

Number of Simulators 5 **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	0.024
Minimum Sample Volume Check: OK		0.05 g/210L Test # (Repeat) 1	0.045
Barometric Pressure Sensor Check: OK		0.08 g/210L Test # 1	0.076
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test # 1	0.193
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test # 1	0.080
Interferent 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	0.030
0.05 g/210L Test: OK	Yes	0.05 g/210L Test # (Repeat) 2	0.046
0.08 g/210L Test: OK	Yes	0.08 g/210L Test # 2	0.076
0.20 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.193
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.080
		Interferent Detect Test # 2	INT
		Alcohol Free Test # 3	0.000
		0.05 g/210L Test # 3	0.031
		0.05 g/210L Test # (Repeat) 3	0.046
		0.08 g/210L Test # 3	0.075
		0.20 g/210L Test # 3	0.194
		0.08 g/210L Dry Gas Std Test # 3	0.080
		Interferent Detect Test # 3	INT

Remarks:

05: Control Outside Tolerance.

Data Download Date/Time 04/27/2017 00:46