

Florida Department of Law Enforcement Alcohol Testing Program

80-000901 *MS*

RECEIVED
MAR 06 2018

FDLE
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FFWCC TAMPA
Time of Inspection: 22:08

Date of Inspection: 03/01/2018

Serial Number: 80-000901
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#:201703A Exp: 03/07/2019	0.08g/210L Test (g/210L) Lot#:201709A Exp: 09/12/2019	0.20g/210L Test (g/210L) Lot#:201702B Exp: 02/23/2019	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:20016080A1 Exp: 09/05/2018
0.000	0.051	0.079	0.200	0.080
0.000	0.051	0.079	0.201	0.081
0.000	0.052	0.079	0.201	0.080

Number of Simulators Used: 5

Remarks:
IN COMPLIANCE

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.



Signature and Printed Name

DAMON J PULASKI

03/01/2018
Date

AMENDED @ 2/6/18

BACK X8-10-7 6/16-1/16

80-000901 @MS

RECEIVED

FEB 06 2018

FDLE Alcohol Testing Program

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FFWCC TAMPA

Time of Inspection: 21:45

Date of Inspection: 01/16/2018

Serial Number: 80-000901

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#:17180 Exp: 06/20/2019	0.08g/210L Test (g/210L) Lot#:17270 Exp: 09/05/2019	0.20g/210L Test (g/210L) Lot#:17340 Exp: 10/09/2019	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:20016080A1 Exp: 09/05/2018
0.000	0.050	0.078	0.200	0.079
0.000	0.050	0.079	0.200	0.079
0.000	0.050	0.079	0.200	0.079


Number of Simulators Used: 5

Remarks: AMENDED @ 2/6/18

~~IN COMPLIANCE~~ NON-COMPLIANT - AGENCY INSPECTION WAS CONDUCTED WITH UNAPPROVED GUTH SOLUTIONS. @ 2/6/18

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.

 DAMON J PULASKI
Signature and Printed Name

01/16/2018
Date

Bell, Danielle

From: Pulaski, Damon <damon.pulaski@myfwc.com>
Sent: Tuesday, February 06, 2018 12:49 PM
To: Bell, Danielle
Subject: RE: January's Agency Inspections
Attachments: Instrument 901 Amended FDLE ATP Form 40.pdf; Instrument 902 Amended FDLE ATP Form 40.pdf

Danielle,
Thank you for your attention to detail; it is highly-appreciated. Please see attached as requested.
Sincerely,
Damon

From: Bell, Danielle [<mailto:DanielleBell@fdle.state.fl.us>]
Sent: Monday, February 5, 2018 5:13 PM
To: Pulaski, Damon <damon.pulaski@myfwc.com>
Cc: Kirkland, Brett <BrettKirkland@fdle.state.fl.us>
Subject: January's Agency Inspections

Good evening, Damon,

As discussed, the information regarding January's inspections of 80-000901 and 80-000902 is documented on the attached forms. For future reference, all alcohol reference solutions which have been approved for you to use have bright orange labels in addition to being listed on our website. I also try very hard to send out e-mail notifications when a new lot number has been approved. If you are ever unsure of something, please feel free to reach out to me for assistance.

I believe at this point you have already taken both instruments out of service. Once new agency inspections have been conducted on both instruments, with orange labeled approved solutions, you are free to place them back in service. When you have a moment, please follow the instructions at the bottom of the attachments and send me copies when you can.

Thank you,

Danielle

Danielle M. Bell
Department Inspector
Alcohol Testing Program
Florida Department of Law Enforcement
(850) 617-1286 (office)
(850) 274-2757 (cell)
(850) 921-3787 (fax)



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: FFWCC - Tampa

Instrument Serial Number: 80-000901

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>Damon Pulaski</u>	Date of Inspection: <u>01/16/2018</u>	Time of Inspection: <u>21:45</u>
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input checked="" 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 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 checked="" 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>The Alcohol Reference Solutions used for 0.05, 0.08, and 0.20 g/ 210 L were not approved for Agency Inspection use.</u>		

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____ <input type="checkbox"/> Cylinder Change Records Date: _____ <input type="checkbox"/> Control Test Records Date: _____ <input type="checkbox"/> Diagnostic Check Records Date: _____	Comments: <u>Per our discussion, Guth solutions are not approved for use during Agency Inspections in the state of Florida. Their use does not however invalidate the instrument's previous inspection which indicated compliance with Rule 11D-8. Please immediately remove the instrument from use as an inspection with approved solutions was not conducted during the month of January. Perform an agency inspection compliant with Rule 11D-8, F.A.C. prior to returning it to evidential use. Please mark the original Form 40 for this inspection as "non-compliant" and single-line strike through the compliant "X". You may write in the comments section why the inspection is considered to be non-compliant. Initial and date any additions / corrections.</u>

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>02/12/2018</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 checked="" type="checkbox"/> Other: <u>Remove the instrument from service until a compliant Agency Inspection can be performed.</u>

Signature of Alcohol Testing Program Staff Member

2/5/2018
Date