

Amended 10/25/18 ⁹⁹⁵ SP

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COCOA BEACH P.D.
Time of Inspection: 20:57

Date of Inspection: 09/30/2018

Serial Number: 80-000995
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#:201802B Exp: 02/06/2020	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#:26316080A2 Exp: 11/05/2018
0.000	0.050	0.079	0.197	0.079
0.000	0.050	0.079	0.199	0.079
0.000	0.050	0.079	0.199	0.079

Number of Simulators Used: 4

Remarks:

Correct Lot # for 0.20ARS should be as follows 201702B
 The letter listed above was a clerical error of "o" instead of a zero
 FTW JRS 10/25/18

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.

90 JRS TD16



Signature and Printed Name JAMES R SCHEINER

09/30/2018
Date

995
SP

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: COCOA BEACH P.D.
Time of Inspection: 15:31

Date of Inspection: 05/27/2018

Serial Number: 80-000995
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#:201611B Exp: 11/15/2018	0.20g/210L Test (g/210L) Lot#:201702B Exp: 02/23/2019	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:26316080A2 Exp: 11/05/2018
0.000	0.037 / 0.048	0.079	0.193	0.078
0.000	0.038 / 0.048	0.079	0.195	0.078
0.000	0.037 / 0.047	0.079	0.195	0.078

Number of Simulators Used: 3

Remarks:

05: Control Outside Tolerance.

AMENDED

0.05/210L Test was conducted when temperature was met but Halogen was not warm
a 15 minute period was past and test was retested with results inside of tolerance.
AMENDED FT 1016

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.

FT 16

JAMES R SCHEINER

Signature and Printed Name

05/27/2018
Date



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Cocoa Beach PD Instrument Serial Number: 80-000995

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>James Scheiner</u>	Date of Inspection: <u>5/27/18</u>	Time of Inspection: <u>15:31</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>6/22</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

6/13/2018
Date

Florida Department of Law Enforcement

Alcohol Testing Program

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000995

Agency COCOA BEACH P.D.	Date 05/27/2018	Type Agency Inspection	
Inspector SCHEINER, JAMES, R	Time 15:31:33	Software 8100.27	
0.05 Lot # 201703A	0.08 Lot # 201611B	0.20 Lot # 201702B	0.08 Gas Lot # 26316080A2
Expiration 03/07/2019	Expiration 11/15/2018	Expiration 02/23/2019	Expiration 11/05/2018

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	0.037
Minimum Sample Volume Check: OK		0.05 g/210L Test # (Repeat) 1	0.048
Barometric Pressure Sensor Check: OK		0.08 g/210L Test # 1	0.079
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	0.078
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	0.038
0.05 g/210L Test: OK	Yes	0.05 g/210L Test # (Repeat) 2	0.048
0.08 g/210L Test: OK	Yes	0.08 g/210L Test # 2	0.079
0.20 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.195
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.078
		Interferent Detect Test # 2	INT
		Alcohol Free Test # 3	0.000
		0.05 g/210L Test # 3	0.037
		0.05 g/210L Test # (Repeat) 3	0.047
		0.08 g/210L Test # 3	0.079
		0.20 g/210L Test # 3	0.195
		0.08 g/210L Dry Gas Std Test # 3	0.078
		Interferent Detect Test # 3	INT

Remarks:

05: Control Outside Tolerance.

Data Download Date/Time 05/27/2018 15:56