

Florida Department of Law Enforcement Alcohol Testing Program

1/9/19
JD

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PASCO COUNTY SO
Time of Inspection: 18:16

Date of Inspection: 12/19/2018

Serial Number: 80-001049
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) 02618080 A3 Lot#: 0261808A3 Exp: 03/05/2020 3rd 3932 1/9/19
0.000	0.048	0.077	0.202	0.081
0.000	0.048	0.077	0.202	0.081
0.000	0.048	0.078	0.202	0.081

Number of Simulators Used: 5

Remarks:

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 BARRY NIXON

12/19/2018
Date

Florida Department of Law Enforcement Alcohol Testing Program

12/20/18
JA

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PASCO COUNTY SO
Time of Inspection: 18:16

Date of Inspection: 12/19/2018

Serial Number: 80-001049
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#: 0261808A3 Exp: 03/05/2020
0.000	0.048	0.077	0.202	0.081
0.000	0.048	0.077	0.202	0.081
0.000	0.048	0.078	0.202	0.081

Number of Simulators Used: 5

Remarks:

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.

BARRY NIXON

Signature and Printed Name

12/19/2018
Date

Florida Department of Law Enforcement BKL Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PASCO COUNTY SO
Time of Inspection: 19:03

Date of Inspection: 11/26/2018

Serial Number: 80-001049
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	

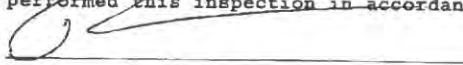
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201802B Exp: 02/06/2020	0.08g/210L Test (g/210L) Lot#:201709A Exp: 09/12/2019	0.20g/210L Test (g/210L) Lot#:201702B Exp: 02/23/2019	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:02618080A3 Exp: 03/05/2020
0.000	0.049	0.076	0.201	0.080
0.000	0.049	0.076	0.201	0.080
0.000	0.049	0.076	0.202	0.080

Number of Simulators Used: 5

Remarks:

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 BARRY NIXON

11/26/2018
Date

80-061049 ~~0018~~

RECEIVED

APR 03 2018

FDLE
Alcohol Testing Program

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PASCO COUNTY SO
Time of Inspection: 15:31

Date of Inspection: 03/22/2018

Serial Number: 80-001049
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: 02/12/2019	0.20g/210L Test (g/210L) Lot#:201702B Exp: 02/23/2019	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:17817080A2 Exp: 08/05/2019
0.000	0.050	0.077 <i>3.293718</i>	0.200	0.078
0.000	0.050	0.078	0.202	0.078
0.000	0.051	0.078	0.201	0.079

Number of Simulators Used: 5

Remarks:

Amended

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.

BARRY M NIXON

Signature and Printed Name

03/22/2018
Date



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Pasco County Sheriff's Office

Instrument Serial Number: 80-001049

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>Barry Nixon</u>	Date of Inspection: <u>03/22/2018</u>	Time of Inspection: <u>15:31</u>
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>0.08 g/ 210L</u> <input checked="" type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input checked="" 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 type="checkbox"/> Other: _____		

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____	Comments: <u>Please correct the expiration date on the 0.08 lot. The month is incorrect. Single line strike through the incorrect information and write the correct information nearby. Initial and date then send me a copy.</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>04/06/2018</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 type="checkbox"/> Other: _____	

Signature of Alcohol Testing Program Staff Member

3/28/2018
Date