

Florida Department of Law Enforcement Alcohol Testing Program

12/20/18
JA

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PASCO COUNTY SO
Time of Inspection: 18:30

Date of Inspection: 12/19/2018

Serial Number: 80-001081
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 | |

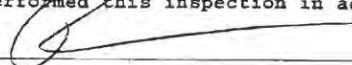
| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L) Lot#: 201802B Exp: 02/06/2020 | 0.08g/210L Test (g/210L) Lot#: 201709A Exp: 09/12/2019 | 0.20g/210L Test (g/210L) Lot#: 201702B Exp: 02/23/2019 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 17817C80A2 Exp: 08/05/2019 |
|----------------------------|--------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------|
| 0.000 | 0.047 | 0.076 | 0.202 | 0.080 |
| 0.000 | 0.048 | 0.077 | 0.202 | 0.079 |
| 0.000 | 0.047 | 0.077 | 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.


 BARRY NIXON

 Signature and Printed Name

12/19/2018
 Date

Florida Department of Law Enforcement Alcohol Testing Program

BK

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PASCO COUNTY SO
Time of Inspection: 19:16

Date of Inspection: 11/26/2018

Serial Number: 80-001081
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 | |

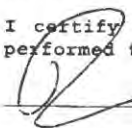
| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L) Lot#:201802B Exp: 02/06/2020 | 0.08g/210L Test (g/210L) Lot#:201709A Exp: 09/12/2019 | 0.20g/210L Test (g/210L) Lot#:201702B Exp: 02/23/2019 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:17817080A2 Exp: 08/05/2019 |
|----------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------|
| 0.000 | 0.048 | 0.077 | 0.201 | 0.079 |
| 0.000 | 0.048 | 0.077 | 0.202 | 0.079 |
| 0.000 | 0.047 | 0.076 | 0.202 | 0.079 |

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

11/26/2018
Date

80-001081

Florida Department of Law Enforcement Alcohol Testing Program

RECEIVED

APR 26 2018

FDLE
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Pasco County Sheriff Office

Time of Inspection:

Date of Inspection:

Serial Number: 80-001081
Software:

| CHECK OR TEST | YES | NO |
|---------------------------------------------|-----|----|
| Date and/or Time Adjusted | | |
| Diagnostic Check (Pre-Inspection): OK | | |
| Alcohol Free Subject Test: 0.000 | | |
| Mouth Alcohol Test: Slope Not Met | | |
| Interferent Detect Test: Interferent Detect | | |
| Diagnostic Check (Post-Inspection): OK | | |

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

Number of Simulators Used: _____

Remarks:

The instrument in in disabled mode (memory full) both before and after uploading the data. Because of this, I was not able to do an inspection. Danielle was contacted and the instrument was taken out of service.

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.

Deputy Barry Nixon

Signature and Printed Name

04/25/18
Date

80-001081 008

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: 14:52

Date of Inspection: 03/22/2018

Serial Number: 80-001081
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) <i>203532</i> Lot#: 201703A <i>4/3/18</i> 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#: 17B17080A2 Exp: 08/05/2019 |
|----------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------|
| 0.000 | 0.049 | 0.076 | 0.195 | 0.080 |
| 0.000 | 0.049 | 0.076 | 0.196 | 0.080 |
| 0.000 | 0.051 | 0.076 | 0.197 | 0.080 |

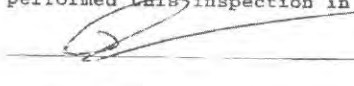
Number of Simulators Used: 5

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.

 _____
Signature and Printed Name

BARRY M NIXON

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: 80-001081

| AGENCY INSPECTION DATA REVIEW | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------|
| Agency Inspector: <u>Barry Nixon</u> | Date of Inspection: <u>03/22/2018</u> | Time of Inspection: <u>14:52</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 checked="" type="checkbox"/> Lot Number <input 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 0.08 lot number. The O should be a zero (0). 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