

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MANATEE COUNTY SO Time of Inspection: 10:14

Date of Inspection: 09/25/2018

Serial Number: 80-001150

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted	AAA maaa maa maa maa maa maa maa maa maa	
		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#:201802G Exp: 02/22/2020	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:867139 Exp: 11/15/2020
0.000	0.047	0.075	0.192	0.080
0.000	0.048	0.076	0.197	0.081
0.000	0.049	0.076	0.199	0.081

Number of Simulators Used: 5

SGT SPURLOCK PRESENT



RECEIVED SEP 2 4 2018 FDLE Program

The above instrument complies (X) does not comply () with Ch	apter 11D-	-8. FAC.
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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.

GLENN CLINE

Signature and Printed Name

09/25/2018 Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MANATEE COUNTY SO Time of Inspection: 10:18

Date of Inspection: 05/22/2018

Serial Number: 80-001150

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted	****	
	Yes	
Diagnostic Check (Pre-Inspection): OK		
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	www
	Yes	
Interferent Detect Test: Interferent Detect	ies	
Name and the color of the color	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#:867139 Exp: 11/15/2020
0.000	0.049	0.000 / 0.076	0.196	0.082
0.000	0.049	0.078 / 0.077	0.198	0.082
0,000	0.049	0.078 / 0.077	0.199	0.081

Number of Simulators Used: 5

Remarks:

Time-Date changed. 08: Control Outside Tolerance.

SIMULATOR CONNECTED.

The above instrument complies (X) does not comply () with Chapter 11D-8, FAC.

surall

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

05/22/2018 Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: MANATEE COUNTY SO Instrument Serial Number: 80-00 1/50

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: ROBER+	PURIOCK Date of Inspection: 5/22/18 Time of Inspection: 10:18
Agency Inspection Discrepancy:	Incomplete ☐ Untimely/Not Received ☐ Erroneous Information
☐ Agency Inspection Not Conducte	d or Records regarding Agency Inspection have not been uploaded.
□ Lot Number □ Expiration Date for □	g/ 210L □Alcohol Reference Solution □Dry Gas Standard is □Incorrect □Expired.
Remarks section of FDLE/ATP Fo	"If a test must be repeated, the REASON must be entered when prompted and recorded in the orm 40 Agency Inspection Report – Intoxilyzer 8000. The REASON for repeating the following e and Corrective Action Taken on the following test(s) was not recorded: Mouth Alcohol Test Alcohol Free Test Interferent Detect Test 0.08 g/210L Test 0.08 g/210L Dry Gas Standard Test
instrument from service and noting the Department Inspector Inspection complies with the Department Inspector requirements of Chapter 1 The Department Inspector	"If the instrument does not comply with the requirements of Chapter 11D-8, FAC, remove the fy the Department Inspector." was not notified. However, the issue was satisfactorily corrected and the repeated Agency the requirements of Chapter 11D-8, FAC. was not notified. However, the repeated Agency Inspection does not comply with the 1D-8, FAC and the instrument was correctly removed from evidentiary use. was not notified. The repeated Agency Inspection does not comply with the requirements of the instrument was not removed from evidentiary use.
☐ The Agency Inspection is noted a	s "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.
☐ Other:	
OTHER ELECTRONIC DATA DEVIEW	
OTHER ELECTRONIC DATA REVIEW Login Records	Comments:
Date:	
☐ Cylinder Change Records Date:	
☐ Control Test Records Date:	
☐ Diagnostic Check Records Date:	
CORRECTIVE ACTION	
	on the FDLE/ATP Form 40, Agency Inspection Report, initial and date the amendments, mark the a copy to the Department Inspector by 6/22 (Date).
 Provide a written explanation rega 	ording the referenced item(s) to the Department Inspector by (Date).
Upload the Agency Inspection(s).	entiary use until otherwise directed by the Department.
 ☐ Remove the instrument from evide ☐ No action required 	mulary use until otherwise directed by the Department.
☐ Other:	
Shayla Pla	6/13/2018
Signature of Alcohol Testing Progr	am Staff Member Date

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-001150

Agency MANATEE COUNTY SO

Date 05/22/2018

Type

Agency Inspection

Inspector SPURLOCK, ROB,

Time 10:18:05

Software

8100.27

0.05 Lot # 201703A

0.08 Lot # 201709A

0.20 Lot# 201702B

0.08 Gas Lot # 867139

Expiration 03/07/2019

Expiration 09/12/2019

Expiration 02/23/2019

Expiration

11/15/2020

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	Yes	0.05 g/210L Test # 1	0.049
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.000
Barometric Pressure Sensor Check: OK		0.08 g/210L Test # (Repeat) 1	0.076
Alcohol Free Subject Test: 0.000	Yes	0.20 g/210L Test # 1	0.196
Mouth Alcohol Test: Slope Not Met	Yes	0.08 g/210L Dry Gas Std Test # 1	0.082
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	0.049
0.05 g/210L Test: OK	Yes	0.08 g/210L Test # 2	0.078
0.08 g/210L Test: OK	Yes	0.08 g/210L Test # (Repeat) 2	0.077
0.20 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.198
0.08 g/210L Dry Gas Std Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.081
		Interferent Detect Test # 2	INT
		Alcohol Free Test # 3	0.000
		0.05 g/210L Test # 3	0.049
		0.08 g/210L Test # 3	0.078
		0.08 g/210L Test # (Repeat) 3	0.077
		0.20 g/210L Test # 3	0.199
		0.08 g/210L Dry Gas Std Test # 3	0.081
		Interferent Detect Test # 3	INT
Remarks:			

Time-Date changed, 08: Control Outside Tolerance.

Data Download Date/Time 05/22/2018 10:18

Printed: 05 June 2018

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AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MANATEE COUNTY SO Time of Inspection: 10:46

Date of Inspection: 05/15/2018

Serial Number: 80-001150

Software: 8100.27

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

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	s:			

CHECKING FORMS

N/A COMPUANCE NOT DETERMINED

The above instrument complies (X) does not comply () with	Chapter 11D-8, FAC.	
I certify that I hold a valid Florida Department of Law Enforcem performed this inspection in accordance with the provisions of Chapt	ment Agency Inspector Permit and that : cer 11D-8, FAC.	1
Sharpla Plan	SHAYLA D PLATT	
Signature and Printed Name		

05/15/2018 Date