



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: BREVARD County
SO

Instrument Serial Number: 80-00 1264

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>THOMAS GARRITY</u>	Date of Inspection: <u>5/23/18</u>	Time of Inspection: <u>18:04</u>
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input checked="" type="checkbox"/> Other <u>See comments</u>		
<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 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 do not delete remarks generated by the instrument. you may add your comment after those remarks or handwrite them.</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 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 _____ (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 checked="" 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: 80-001264

Agency BREVARD COUNTY S.O.	Date 05/23/2018	Type Agency Inspection	
Inspector GARRITY, THOMAS, A	Time 18:04:43	Software 8100.27	
0.05 Lot # 201703A	0.08 Lot # 201611B	0.20 Lot # 201702B	0.08 Gas Lot # 19817080A3
Expiration 03/07/2019	Expiration 11/15/2018	Expiration 02/23/2019	Expiration 09/05/2019

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	No	0.05 g/210L Test # 1	0.000
Minimum Sample Volume Check: OK		0.05 g/210L Test # (Repeat) 1	0.049
Barometric Pressure Sensor Check: OK		0.08 g/210L Test # 1	0.078
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	0.080
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	0.000
0.05 g/210L Test: OK	Yes	0.05 g/210L Test # (Repeat) 2	0.050
0.08 g/210L Test: OK	Yes	0.08 g/210L Test # 2	0.080
0.20 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.199
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	0.000
		0.05 g/210L Test # (Repeat) 3	0.050
		0.08 g/210L Test # 3	0.080
		0.20 g/210L Test # 3	0.200
		0.08 g/210L Dry Gas Std Test # 3	0.082
		Interferent Detect Test # 3	INT

Remarks:

05: SIMULATOR NOT CONNECTED PROPERLY

Data Download Date/Time 05/23/2018 18:25