

Florida Department of Law Enforcement Alcohol Testing Program

RECEIVED
AUG 15 2018
FDLE
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MIAMI PD
Time of Inspection: 17:31

Date of Inspection: 07/30/2018

Serial Number: 80-006457
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#: 203498 Exp: 12/10/2018
0.000	0.047	0.077	0.198	0.082
0.000	0.048	0.079	0.199	0.082
0.000	0.049	0.078	0.199	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

JOSE F PASTOR

07/30/2018
Date



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Miami Police Department

Instrument Serial Number: 80-006457

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>Pastor Jose</u>	Date of Inspection: <u>07/30/2018</u>	Time of Inspection: <u>15:20:34</u>
Agency Inspection Discrepancy: <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input checked="" 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 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 checked="" 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 checked="" 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 checked="" 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>9/2/2018</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]
Signature of Alcohol Testing Program Staff Member

8/1/2018
Date

Florida Department of Law Enforcement

Alcohol Testing Program

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-006457

Agency MIAMI PD	Date 07/30/2018	Type Agency Inspection	
Inspector PASTOR, JOSE, F	Time 15:20:34	Software 8100.27	
0.05 Lot #	0.08 Lot #	0.20 Lot #	0.08 Gas Lot #
Expiration	Expiration	Expiration	Expiration
Number of Simulators		Compliance	Yes

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	No		
Date and/or Time Adjusted	No		
Minimum Sample Volume Check: OK			
Barometric Pressure Sensor Check: OK			
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: OK	No		
0.05 g/210L Test: OK	No		
0.08 g/210L Test: OK	No		
0.20 g/210L Test: OK	No		
0.08 g/210L Dry Gas Std Test: OK	No		

Remarks:

Data Download Date/Time 07/30/2018 18:27

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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

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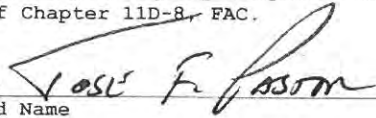
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
NO JP	NO JP	NO JP	NO JP	NO JP

Number of Simulators Used: 5

Remarks: **AMENDED INSPECTION REPEATED AND INSTRUMENT IS IN COMPLIANCE WITH REQUIREMENTS CHAPTER 11D-8, FAC.**

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.



 Signature and Printed Name

08/14/208
Date