



Florida Department of Law Enforcement

# AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: GLADES COUNTY SO

Instrument Serial Number: 80-000948

<b>AGENCY INSPECTION DATA REVIEW</b>		
Agency Inspector: <u>JOHN GADSON</u>	Date of Inspection: <u>1/31/18</u>	Time of Inspection: <u>15:10</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 _____ g/ 210L <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: _____		

<b>OTHER ELECTRONIC DATA REVIEW</b>	
<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: _____	

<b>CORRECTIVE ACTION</b>	
<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>2/28</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: _____	

Shayla Platt  
Signature of Alcohol Testing Program Staff Member

2/14/2018  
Date

# Florida Department of Law Enforcement

## Alcohol Testing Program

### Inspection Test Electronic Data

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CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000948

<b>Agency</b> GLADES COUNTY S.O.	<b>Date</b> 01/31/2018	<b>Type</b> Agency Inspection	
<b>Inspector</b> GADSON,JOHN,P	<b>Time</b> 15:10:43	<b>Software</b> 8100.27	
<b>0.05 Lot #</b> 201703	<b>0.08 Lot #</b> 201611B	<b>0.20 Lot #</b> 201702B	<b>0.08 Gas Lot #</b> 04216080A3
<b>Expiration</b> 03/07/2019	<b>Expiration</b> 11/15/2018	<b>Expiration</b> 02/23/2019	<b>Expiration</b> 03/05/2018

**Number of Simulators** 3 **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	0.051
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.080
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.200
Alcohol Free Subject Test: 0.000	Yes	0.08 g/210L Dry Gas Std Test # 1	0.077
Mouth Alcohol Test: Slope Not Met	Yes	Interferent Detect Test # 1	INT
Interferent Detect Test: Interferent Detect	Yes	Alcohol Free Test # 2	0.000
Diagnostic Check (Post-Inspection): OK	Yes	0.05 g/210L Test # 2	0.050
Alcohol Free Test: OK	Yes	0.08 g/210L Test # 2	0.080
0.05 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.203
0.08 g/210L Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.077
0.20 g/210L Test: OK	Yes	Interferent Detect Test # 2	INT
0.08 g/210L Dry Gas Std Test: OK	Yes	Alcohol Free Test # 3	0.000
		0.05 g/210L Test # 3	0.051
		0.08 g/210L Test # 3	0.080
		0.20 g/210L Test # 3	0.203
		0.08 g/210L Dry Gas Std Test # 3	0.077
		Interferent Detect Test # 3	INT

**Remarks:**

**Data Download Date/Time** 02/05/2018 18:27