



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: FFWCC Tampa

Instrument Serial Number: 80-000902

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: <u>Damon Pulaski</u>	Date of Inspection: <u>04/16/2020</u> Time of Inspection: <u>20:12:07</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>Required Information Missing</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 checked="" 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 checked="" type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded: <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 50%;"><input type="checkbox"/> Alcohol Free Subject Test</div> <div style="width: 50%;"><input type="checkbox"/> Mouth Alcohol Test</div> <div style="width: 50%;"><input type="checkbox"/> Alcohol Free Test</div> <div style="width: 50%;"><input type="checkbox"/> Interferent Detect Test</div> <div style="width: 50%;"><input type="checkbox"/> 0.05 g/210L Test</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 0.08 g/210L Test</div> <div style="width: 50%;"><input type="checkbox"/> 0.20 g/210L Test</div> <div style="width: 50%;"><input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test</div> </div>	
<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>The 0.08 g/210 L Test was repeated. The reason for the repeated test and the corrective action taken prior to repeating the test must be recorded.</u> <u>Please see below for the corrective action required and send to the Department Inspector by 09/20/2020.</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>09/20/2020</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

8/20/2020
 Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FFWCC TAMPA
Time of Inspection: 20:12

Date of Inspection: 04/16/2020

Serial Number: 80-000902
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#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:00919080A1 Exp: 03/05/2021
0.000	0.050	0.087 / 0.079	0.202	0.080
0.000	0.050	0.085 / 0.080	0.201	0.079
0.000	0.051	0.085 / 0.080	0.201	0.079

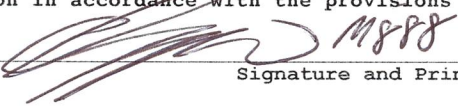
Number of Simulators Used: 5

Remarks:

08: Control Outside Tolerance. - CHANGED SOLUTION AND WASHED-OUT JAR.
INSPECTION IN COMPLIANCE, PER CHAPTER 11D-8, FAC.

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

DAMON J PULASKI

04/16/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FFWCC TAMPA

Time of Inspection: 20:12

Date of Inspection: 04/16/2020

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Software: 8100.27

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Date and/or Time Adjusted		No
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0.000	0.050	0.087 / 0.079	0.202	0.080
0.000	0.050	0.085 / 0.080	0.201	0.079
0.000	0.051	0.085 / 0.080	0.201	0.079

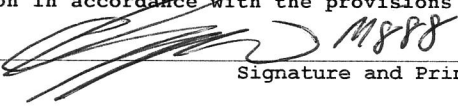
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I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.


Signature and Printed Name

DAMON J PULASKI

04/16/2020
Date