

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LEE COUNTY SO  
Time of Inspection: 13:56

Date of Inspection: 09/23/2020

Serial Number: 80-000938  
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#:03519080A5 Exp: <del>05/05/2021</del> 04/05/2021
0.000	0.047	0.078	0.198	0.079
0.000	0.048	0.079	0.199	0.079
0.000	0.048	0.078	0.199	0.079

Number of Simulators Used: 5

Remarks:

*⊗ Dry gas standard Expiration Date should be 04/05/2021*  
*[Signature]* 10/12/2020

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] ROMAN SERRANO  
Signature and Printed Name

09/23/2020  
Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Lee CSO

Instrument Serial Number: 80-000938

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Roman Serrano
Date of Inspection: 09/23/2020
Time of Inspection: 13:56:16
Agency Inspection Discrepancy: [ ] Incomplete [ ] Untimely/Not Received [x] Erroneous Information
[ ] Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
[ ] Lot Number [x] Expiration Date for 0.08 g/ 210L [ ] Alcohol Reference Solution [x] Dry Gas Standard is [x] Incorrect [ ] Expired.
[ ] 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 [ ] REASON for repeating the following test(s); OR the [ ] Possible Cause and Corrective Action Taken on the following test(s) was not recorded:
[ ] Alcohol Free Subject Test [ ] Mouth Alcohol Test [ ] Alcohol Free Test [ ] Interferent Detect Test
[ ] 0.05 g/210L Test [ ] 0.08 g/210L Test [ ] 0.20 g/210L Test [ ] 0.08 g/210L Dry Gas Standard Test
[ ] 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."
[ ] 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.
[ ] 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.
[ ] 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.
[ ] The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.
[ ] Other:

OTHER ELECTRONIC DATA REVIEW
[ ] Login Records Date:
[ ] Cylinder Change Records Date:
[ ] Control Test Records Date:
[ ] Diagnostic Check Records Date:
Comments:
The Dry Gas Standard expiration date (month) is incorrect.

CORRECTIVE ACTION
[x] 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 11/09/2020 (Date).
[ ] Provide a written explanation regarding the referenced item(s) to the Department Inspector by (Date).
[ ] Upload the Agency Inspection(s).
[ ] Remove the instrument from evidentiary use until otherwise directed by the Department.
[ ] No action required
[ ] Other:

Taylor Kuznow
Signature of Alcohol Testing Program Staff Member

10/9/2020
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LEE COUNTY SO  
Time of Inspection: 12:53

Date of Inspection: 08/12/2020

Serial Number: 80-000938  
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: 08/07/2020	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2020	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:03519080A5 Exp: 04/05/2021
0.000	0.048	0.078	0.198	0.079
0.000	0.049	0.079	0.201	0.079
0.000	0.049	0.079	0.200	0.079

Number of Simulators Used: 5

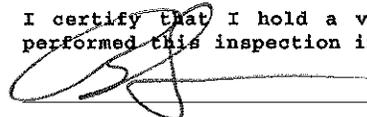
Remarks:

06/07/2021  


Exp. 2/20/2021  


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.



ROMAN SERRANO  
\_\_\_\_\_  
Signature and Printed Name

08/12/2020  
Date

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0.000	0.048	0.078	0.198	0.079
0.000	0.049	0.079	0.201	0.079
0.000	0.049	0.079	0.200	0.079

Number of Simulators Used: 5

Exp. 2/20/2021



Remarks:

The above instrument complies ( X ) 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.

ROMAN SERRANO

Signature and Printed Name

08/12/2020  
Date