AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O. Time of Inspection: 23:07

Date of Inspection: 01/23/2020

Serial Number: 80-000947

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#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:31517080A1 Exp: 01/05/2020
0.000	0.047	0.075	0.193	0.077
0.000	0.047	0.076	0.194	0.077
0.000	0.046	0.076	0.196	0.077

Number of Simulators Used: 3

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 if accordance with the provisions of Chapter 11D-8, FAC.

Signature and Printed Name

01/23/2020 Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O. Time of Inspection: 22:46

Date of Inspection: 02/23/2020

Serial Number: 80-000947

Software: 8100.27

Check or Test	YES	МО
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	7 2	
	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#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:31517080A1 Exp: 01/05/2020
0.000	0.047	0.079	0.198	0.077
0.000	0.048	0.079	0.199	0.077
0.000	0.048	0.079	0.198	0.077

Number of Simulators Used: 3

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

02/23/2020

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-000947

Agency GLADES COUNTY S.O.

Date 03/21/2020 Time

11:26:11

Type

Software

Agency Inspection

8100.27

 ${\bf Inspector}\, {\tt BONILLA, JOSUE, D}$

0.08 Lot # 201808E

0.20 Lot # 201902C

0.08 Gas Lot # 34917080A2

0.05 Lot # 201811C **Expiration** 11/13/2020

Expiration 08/22/2020

Expiration 02/20/2021

Expiration 02/05/2020

Number of Simulators 3

Compliance Yes NO

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	0.048
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.078
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.193
Alcohol Free Subject Test: 0.000	Yes	0.08 g/210L Dry Gas Std Test # 1	0.076
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	0.048
Alcohol Free Test: OK	Yes	0.08 g/210L Test # 2	0.078
0.05 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.200
0.08 g/210L Test: OK	Yes	0.08 g/210L Dry Gas Std Test # 2	0.076
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	0.048
		0.08 g/210L Test # 3	0.078
		0.20 g/210L Test # 3	0.200
		0.08 g/210L Dry Gas Std Test # 3	0.076
		Interferent Detect Test # 3	INT

Remarks:

EVERYTHING OKAY

Data Download Date/Time

03/30/2020 10:41

Printed: 08 July 2020

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Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number:

80-000947

Agency GLADES COUNTY S.O.

Date

04/05/2020

Type

Agency Inspection

Inspector MADRUGO, FELICIA,

Time

20:35:38

Software

8100.27

0.05 Lot # 201811C

0.08 Lot # 201808E

0.20 Lot # 201902C

0.08 Gas Lot # 31517080A1

Expiration 11/13/2020

Expiration 08/22/2020

Expiration 02/20/2021

Expiration

01/05/2020

Number of Simulators 3

Compliance XX NO fm 258

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	0.048
Minimum Sample Volume Check: OK		0.08 g/210L Test # 1	0.079
Barometric Pressure Sensor Check: OK		0.20 g/210L Test # 1	0.198
Alcohol Free Subject Test: 0.000	Yes	0.08 g/210L Dry Gas Std Test # 1	0.076
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	0.048
Alcohol Free Test: OK	Yes	0.08 g/210L Test # 2	0.078
0.05 g/210L Test: OK	Yes	0.20 g/210L Test # 2	0.199
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	0.048
		0.08 g/210L Test # 3	0.078
		0.20 g/210L Test # 3	0.199
		0.08 g/210L Dry Gas Std Test # 3	0.076
		Interferent Detect Test #3	INT

1	Remarks:						
l	= 11						
١							

Data Download Date/Time

04/05/2020 20:38

Printed: 08 July 2020

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AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O.

Serial Number: 80-000947

Time of Inspection:11:26

Date of Inspection:03/21/2020 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#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#: 201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: 34917080A2 Exp: 02/05/2020
0.000	0.048	0.078	0.193	0.076
0.000	0.048	0.078	0.200	0.076
0.000	0.048	0.078	0.200	0.076

Number of Simulators Used: 3
Remarks: EVERYTHING OKAY
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 6, FAC. JOSUE D BONILLA
Signature and Printed Name

03/21/2020

Date

FDLE/ATP Form 40 -- March 2004

Reprinted From Database

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O.

Serial Number: 80-000947

Time of Inspection:20:35

Date of Inspection:04/05/2020

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#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#: 201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: 31517080A1 Exp: 01/05/2020
0.000	0.048	0.079	0.198	0.076
0.000	0.048	0.078	0.199	0.077
0.000	0.048	0.078	0.199	0.076

Number of Simulators Used: 3
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.
FELICIA MADRUGO

Signature and Printed Name

04/05/2020

Date

FDLE/ATP Form 40 -- March 2004

Reprinted From Database



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Glades County SO	Instrument Serial Number:	<u>80-00</u> 0947		
AGENCY INSPECTION DATA REVIEW				
Agency Inspector: Felicia Madru	Date of Ins	nection: / / Ti	no of Increation, Games Inc.	
Agency Inspection Discourse	go Date of mis		me of Inspection: 22:46.'중	
	complete		formation	
☐ Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.				
□ Lot Number ⊠Expiration Date for <u>০০% g</u> / 210L □Alcohol Reference Solution ☑Dry Gas Standard is □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 ☐				
□ 0.05 g/210L Test □			rent Detect Test	
			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 n	ot notified. The repeated Agency	Inspection does not comply w	th 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	Comments:			
Date:				
☐ Cylinder Change Records Date:	- The dry gas Expired on 01/05	12020	3/2020 inspection	
☐ Control Test Records Date:		72020.		
☐ Diagnostic Check Records Date:				
CORRECTIVE ACTION				
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 (16/20) (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:				
Melal Obol				
Signature of Alcohol Testing Program Sta	ff Member	<u>3/16/2020</u> Date		