

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: FHP Tre	oop E			Ins	strument Seria	al Number: <u>80-001121</u>		
AGENCY INSPECTI	ON DATA REVIEW							
Agency Inspector:	Park and the second sec		Date of 10/31/2	Inspection: 10	0/01/2020 and	Time of Inspection: 00:03:03 and 14:03:08		
Agency Inspection		complete cocedural	Untimely/N Other	ot Received	□ Errone	eous Information		
☐ Agency Inspe	ction Not Conducted or R	ecords regarding	Agency Insp	ection have n	ot been uploa	ded.		
□ Lot Number □Expiration Date forg/ 210L □Alcohol Reference Solution □Dry Gas Standard is □Incorrect □Expired.								
Remarks sect test(s); OR the		Agency Inspecti Corrective Action Mouth Alcohol	on Report – n Taken on ti Test □	ntoxilyzer 800	0. The ⊠REA st(s) was not i Гest □	prompted and recorded in the ASON for repeating the following recorded: Interferent Detect 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 In	nspection is noted as "Co	mplies" when it d	loes not com	ply with the re	quirements of	Chapter 11D-8, FAC.		
☐ Other:	NOT TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNE				V			
OTHER ELECTRON	IIC DATA REVIEW							
Login Record		Comments: The 0.20 g/210	L Test was r	epeated on the	Agency Insp	ection dated 10/01/2020, and the		
☐ Cylinder Char	ige Records	Alcohol Free St 10/31/2020.	ubject / Mout	h Alcohol Test	was repeated	on the Agency Inspection dated		
☐ Control Test F	Records	1	test was rep	eated, as well	as any correc	tive action taken prior to		
☐ Diagnostic Ch	eck Records		est, must be	included. Plea	se see the co	rrective action below and return		
CORRECTIVE ACTION								
Record hand-written amendments on the FDLE/ATP Form 40, Agency Inspection Report, initial and date the amendments, mark								
☐ Provide a writ☐ Upload the Ag	MENDED", and forward a ten explanation regarding jency Inspection(s). istrument from evidentiar uired	the referenced it	tem(s) to the	Department In	spector by	(Date).		
Signature of Alc	uller Hutad	off Member			1/2/20 Date	<u>21</u>		

AMENDED

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FHP TROOP E MIAMI Time of Inspection: 00:03

Date of Inspection: 10/01/2020

Serial Number: 80-001121 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#:1114319 Exp: 03/27/2022
0.000	0.049	0.079	0.201 / 0.200	0.080
0.000	0.049	0.080	0.201 / 0.200	0.081
0.000	0.049	0.081	0.201 / 0.200	

Number of Simulators Used: 5

Remarks:

20: RFI Detect.

CELL PHONE PRESENT - REMOVED - RETESTED RS A 02-01-2001

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.

Name

Signature and Printed Name

10/01/2020 Date

AMENDED

Florida Department of Law Enforcement **Alcohol Testing Program**

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FHP TROOP E MIAMI Time of Inspection: 14:03

Date of Inspection: 10/31/2020

Serial Number: 80-001121 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		
1.	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#:1114319 Exp: 03/27/2022	
0.000	0.048	0.079	0.200	0.082	
0.000	0.049	0.079	0.201	0.082	
0.000	0.049	0.079	0.200	0.083	

Number of Simulators Used: 5

Remarks:

.

A F / M A: RFI Detect.

CELLPHONE PRESENT - REMOVED - RETESTED ASA 02-01-2021

) with Chapter 11D-8, FAC. The above instrument complies (X) does not comply (

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

Signature and Printed Name

10/31/2020



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: FHP Troop E Instrument Serial Number: 80-001121

AGENC	Y INSPECTION DATA REVIE	W							
Agency	Inspector: Raymond Addis	on			Date of 10/31/2	f Inspection: 1 2020	10/01/20	20 and	Time of Inspection: 00:03:03 and 14:03:08
Agency	Inspection Discrepancy:		omplete		•	Not Received		Erroneo	ous Information
			ocedural		Other				
□ Aç	jency Inspection Not Condu	cted or Re	ecords reg	arding <i>I</i>	Agency Ins	pection have	not bee	n uploade	ed.
	t Number □Expiration Date	for	g/ 210L 🗆	Alcoho	I Reference	Solution □D	ry Gas	Standard	is □Incorrect □Expired.
R te	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 Responsible 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/21			0.20 g/210L T		_ O.	.08 g/210L Dry Gas Standard Test
in [
☐ Th	e Agency Inspection is note	ed as "Con	nplies" wh	en it do	es not cor	ply with the r	equiren	nents of C	Chapter 11D-8, FAC.
□ 01	her:								
OTUED	ELECTRONIC DATA REVIE	١٨/							
	gin Records	vv	Commen	ts:					
D:	rlinder Change Records		The 0.20	g/210 L ree Su					tion dated 10/01/2020, and the on the Agency Inspection dated
□ Co	ontrol Test Records				test was re	peated, as wel	l as any	/ correctiv	ve action taken prior to
	agnostic Check Records ate:					included. Ple or by 02/04/202		the corre	ective action below and return
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 02/04/2021 (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:									
Sign	Taylor Mutation Signature of Alcohol Testing Program Staff Member 1/2/2021 Date								