

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT – INTOXILYZER 8000

Agency: LAKE HELEN P.D.
Time of Inspection: 16:46

Date of Inspection: 11/29/2020

Serial Number: 80-001149
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		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 201901D 201910D Exp: 10/22/2021 ^M 1/12/21	0.08g/210L Test (g/210L) Lot#: 201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#: 202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000	0.047	0.079	0.182 / 0.189	
0.000	0.048	0.081	0.187 / 0.192	
0.000	0.049	0.081	0.189 / 0.191	

Number of Simulators Used: 2

Remarks:

20: Control Outside Tolerance AIR LEAK CORRECTED, Control O. Non-compliance: FAILED 1ST AND 2ND .20 TEST

- WRONG LOT # FOR .05 SOLUTION. AMENDED ON 1/12/21.

The above instrument complies () does not comply (X) 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.

ROBERT B MULLINS

Signature and Printed Name

11/29/2020
Date



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Lake Helen PD

Instrument Serial Number: 80-001149

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Robert Mullins
Date of Inspection: 11/29/2020
Time of Inspection: 16:46:34
Agency Inspection Discrepancy: [] Incomplete [] Untimely/Not Received [x] Erroneous Information
[] Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
[x] Lot Number [] Expiration Date for 0.05 g/ 210L [x] Alcohol Reference Solution [] 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 lot number for the 0.05 g/210 L Alcohol Reference Solution is incorrect. Please see below for required corrective action and return to your Department Inspector by 02/04/2021.

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 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: _____

Taylor Guadalupe

Signature of Alcohol Testing Program Staff Member

1/2/2021
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LAKE HELEN P.D.
Time of Inspection: 11:41

Date of Inspection: 09/30/2020

Serial Number: 80-001149
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		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000	0.030 / 0.043			
0.000	0.000 / 0.046			
0.000	0.022 / 0.047			

Number of Simulators Used: 2

Remarks:

05: Control Outside Tolerance AIR LEAK CORRECTED, Control 0. Non-compliance:.05 FAILED TEST AFTER CORRECTING AIR LEAK

The above instrument complies () does not comply (X) 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.

ROBERT B MULLINS

Signature and Printed Name

09/30/2020
Date