

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: <u>Rockledge Police Department</u>		Instrument Serial Number: 80-001261					
AGENCY INSPECTION DATA REVIEW							
Age	ncy Inspectors: Ivette Gomez and Patrick	Kennedy Date of Inspection:			Time of Inspection:		
Age			Untimely/Not Received Erroneous Other			us Information	
Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.							
□ Lot Number □Expiration Date forg/ 210L □Alcohol Reference Solution □Dry Gas Standard is □Incorrect □Expired.							
	FDLE/ATP Form 39 states in part, "If a term Remarks section of FDLE/ATP Form 40 test(s); OR the □ Possible Cause and 0 □ Alcohol Free Subject Test □ □ 0.05 g/210L Test □	Agency Inspection I Corrective Action Ta	Report – Iken on f st □	Intoxilyzer 8000. Th	ne ⊡REAS was not rec □ In	ON for repeating the following	
	 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 correctly 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: Date: Per Chapter 11D-8.006, FAC, evidentiary breath test instruments shall be inspected by							
	Cylinder Change Records Date:			<u>st once each calend</u> 19, or in April and A		Agency Inspections were not	
	Control Test Records Date:						

Diagnostic Check Records

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 _____ (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: _____

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Signature of Alcohol Testing Program Staff Member

<u>10/9/2020</u> Date

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