

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: INDIAN RIVER CO. SO
Time of Inspection: 10:34

Date of Inspection: 06/05/2020

Serial Number: 80-001328
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#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/02/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1167545 Exp: 07/02/2022
0.000	0.049	0.079	0.200	0.080
0.000	0.049	0.080	0.202	0.079
0.000	0.049	0.080	0.203	0.079

Number of Simulators Used: 4

Amended

Remarks:

0.20g /210L
Lot#: 201902C
Exp: 2-20-2021

Dry Gas Cylinder
Lot#: 1167545
Exp: 7-2-2022

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.



MARK A KANTORSKI
Signature and Printed Name

06/05/2020
Date



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW


Agency: Indian River County S.O.

Instrument Serial Number: 80-001328

AGENCY INSPECTION DATA REVIEW

Agency Inspector: <u>Mark Kantorski</u>	Date of Inspection: <u>06/05/2020</u>	Time of Inspection: <u>10:34:56</u>
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input type="checkbox"/> Other _____		
<input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.		
<input type="checkbox"/> Lot Number <input checked="" type="checkbox"/> Expiration Date for <u>0.20g/ 210L</u> <input checked="" type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input checked="" type="checkbox"/> Incorrect <input type="checkbox"/> Expired.		
<input type="checkbox"/> 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 <input type="checkbox"/> REASON for repeating the following test(s); OR the <input type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded: <input type="checkbox"/> Alcohol Free Subject Test <input type="checkbox"/> Mouth Alcohol Test <input type="checkbox"/> Alcohol Free Test <input type="checkbox"/> Interferent Detect Test <input type="checkbox"/> 0.05 g/210L Test <input type="checkbox"/> 0.08 g/210L Test <input type="checkbox"/> 0.20 g/210L Test <input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test		
<input type="checkbox"/> 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." <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.		
<input type="checkbox"/> The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.		
<input type="checkbox"/> Other: _____		

OTHER ELECTRONIC DATA REVIEW

<input type="checkbox"/> Login Records Date: _____	Comments: <u>.20g/210L</u> <u>Lot#: 2019 02C</u> <u>Exp: 2-20-2021</u>  <u>Dry Gas Cylinder</u> <u>Lot#: 1167545</u> <u>Exp: 7-2-2022</u>
<input type="checkbox"/> Cylinder Change Records Date: _____	
<input type="checkbox"/> Control Test Records Date: _____	
<input type="checkbox"/> Diagnostic Check Records Date: _____	

CORRECTIVE ACTION

<input checked="" type="checkbox"/> 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 <u>8/20/2020</u> (Date).
<input type="checkbox"/> Provide a written explanation regarding the referenced item(s) to the Department Inspector by _____ (Date).
<input type="checkbox"/> Upload the Agency Inspection(s).
<input type="checkbox"/> Remove the instrument from evidentiary use until otherwise directed by the Department.
<input type="checkbox"/> No action required
<input type="checkbox"/> Other: _____

Digitally signed by David Eliezer Reyes
 David Eliezer Reyes Rivera
 Date: 2020.07.15 12:00:45 -04'00'

Signature of Alcohol Testing Program Staff Member

7/15/2020
Date