



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Patrick Air Force Base SFS

Instrument Serial Number: 80-001471

| AGENCY INSPECTION DATA REVIEW | | |
|---|--------------------------------|------------------------------|
| Agency Inspector: Melvin Underwood | Date of Inspection: 08/31/2020 | Time of Inspection: 10:30:45 |
| Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input checked="" type="checkbox"/> Other (Additional Information Required) | | |
| <input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded. | | |
| <input type="checkbox"/> Lot Number <input type="checkbox"/> Expiration Date for / 210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input type="checkbox"/> Expired. | | |
| <input checked="" 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 checked="" type="checkbox"/> REASON for repeating the following test(s); OR the <input checked="" 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 checked="" 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 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>The Interferent Detect Test was repeated. The reason for repeating the test, as well as the corrective action taken prior to repeating it, must be included. Please see below for the required corrective action and forward to your Department Inspector by 10/09/2020.</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 10/09/2020 (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: _____ |

Taylor Guadalupe

Signature of Alcohol Testing Program Staff Member

9/9/2020

Date