

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

Inspection Test Electronic Data

CMI, Inc. Intoxilyzer 8000 Serial Number: 80-002464

AMENDED

Agency: HIALEAH PD
Inspector: CORREA, CESAR,

Date: 06/24/2020
Time: 09:31:31

Type: Agency Inspection
Software: 8100.27

0.05 Lot # 0.08 Lot #
Expiration Expiration

0.20 Lot #
Expiration

0.08 Gas Lot #
Expiration

Number of Simulators 5

Compliance Yes

Check or Test	Result	Test	Result
Diagnostic Check (Pre-Inspection): OK	Yes		
Date and/or Time Adjusted	No		
Minimum Sample Volume Check: OK			
Barometric Pressure Sensor Check: OK			
Alcohol Free Subject Test: 0.000	No		
Mouth Alcohol Test: Slope Not Met	No		
Interferent Detect Test: Interferent Detect	No		
Diagnostic Check (Post-Inspection): OK	No		
Alcohol Free Test: OK	No		
0.05 g/210L Test: OK	No		
0.08 g/210L Test: OK	No		
0.20 g/210L Test: OK	No		
0.08 g/210L Dry Gas Std Test: OK	No		

Handwritten signature and date: Jell 7/27/20

Remarks:
AF/MA: . TOO MUCH MOUTH ALCOHOL *h* 08-06-2020

Data Download Date/Time 06/24/2020 11:02



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Hialeah Police Department

Instrument Serial Number: 80-002464

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: Cesar Correa	Date of Inspection: 06/24/2020	Time of Inspection: 09:31:31
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input checked="" 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 type="checkbox"/> Expiration Date for _____ g/ 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 checked="" type="checkbox"/> Alcohol Free Subject Test <input checked="" 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 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: _____
<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: _____

David Eliezer Reyes Rivera

Digitally signed by David Eliezer Reyes Rivera
Date: 2020.07.15 12:04:47 -04'00'

Signature of Alcohol Testing Program Staff Member

7/15/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HIALEAH PD

Serial Number: 80-002464

Time of Inspection: 10:55

Date of Inspection: 06/24/2020

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#: 201808E Exp: 10/22/2020	0.20g/210L Test (g/210L) Lot#: 201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: 1224982 Exp: 10/31/2022
0.000	0.048	0.079	0.198	0.079
0.000	0.048	0.079	0.199	0.079
0.000	0.048	0.079	0.200	0.079

Number of Simulators Used: 5

Remarks:

The above instrument complies () 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.

RW 15/12

RICHARD E WYLIE

Signature and Printed Name

06/24/2020

Date

Form Printed from Database due to Printer Issue at Habab
Police testing location Def. R. Wylie RA 06/15/20
7/29/2020 Correct lot # for .08g/20L solution is 201908B 8/7/2021
RW 04-1512