

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PASCO COUNTY SO
Time of Inspection: 14:42

Date of Inspection: 10/22/2020

Serial Number: 80-003347
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#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:22419080A3 Exp: 10/05/2021
0.000	0.048	0.078	0.198	0.081
0.000	0.048	0.078	0.198	0.080
0.000	0.048	0.079	0.198	0.080

Number of Simulators Used: 4

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.

BARRY NIXON

Signature and Printed Name

10/22/2020
Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Pasco County Sheriff's Office

Instrument Serial Number: 80-003347

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>Barry Nixon</u>	Date of Inspection: <u>04/09/2020 and 07/17/2020</u>	Time of Inspection: <u>10:50:01 11:53:54</u>
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 (<u>Required Information Missing</u>)		
<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 <u> </u> 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 checked="" type="checkbox"/> 0.08 g/210L Test <input checked="" 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: <u> </u>		

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: <u> </u>	Comments: <u>During the Agency Inspection dated 04/09/2020, several tests were repeated. The reason for repeating these tests, as well as the corrective action taken prior to repeating these tests, should be included.</u> <u>During the Agency Inspection dated 07/17/2020, the 0.08 g/210 L Test was repeated. The reason for repeating the test, as well as the corrective action taken prior to repeating the test, should be included.</u> See below for corrective action. Please send to the Department Inspector by 09/20/2020.
<input type="checkbox"/> Cylinder Change Records Date: <u> </u>	
<input type="checkbox"/> Control Test Records Date: <u> </u>	
<input type="checkbox"/> Diagnostic Check Records Date: <u> </u>	

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>09/20/2020</u> (Date).
<input type="checkbox"/> Provide a written explanation regarding the referenced item(s) to the Department Inspector by <u> </u> (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: <u> </u>

Taylor Huschon

Signature of Alcohol Testing Program Staff Member

8/20/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PASCO COUNTY SO
Time of Inspection: 10:50

Date of Inspection: 04/09/2020

Serial Number: 80-003347
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#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:14219080A2 Exp: 08/05/2021
0.000	0.046	0.077	RFI / 0.197	0.081
0.000	0.047	0.078	/ 0.198	0.081
0.000	0.047	0.078	/ 0.197	0.081

Number of Simulators Used: 4

Remarks:

A F / M A: RFI Detect. 20: RFI Detect.

*1st time - placed all electronics on airplane mode
2nd time - Reboot all electronics from room
30 3932 4/4/2020*

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.

BARRY NIXON

Signature and Printed Name

04/09/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PASCO COUNTY SO
Time of Inspection: 11:53

Date of Inspection: 07/17/2020

Serial Number: 80-003347
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#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:22419080A3 Exp: 10/05/2021
0.000	0.049	0.077 / 0.078	0.198	0.081
0.000	0.049	0.078 / 0.078	0.199	0.081
0.000	0.049	0.078 / 0.078	0.199	0.080

Number of Simulators Used: 4

Remarks:

08: RFI Detect.

Amended → Removed all electronics from room then Reported 9/1/2020 Bv 3932

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.

BARRY NIXON

Signature and Printed Name

07/17/2020
Date



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Pasco County Sheriff's Office

Instrument Serial Number: 80-003347

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Barry Nixon
Date of Inspection: 04/09/2020 and 07/17/2020
Time of Inspection: 10:50:01 11:53:54
Agency Inspection Discrepancy: [] Incomplete [] Untimely/Not Received [] Erroneous Information [] Procedural [x] Other (Required Information Missing)
[] Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
[] Lot Number [] Expiration Date for ___g/ 210L [] Alcohol Reference Solution [] Dry Gas Standard is [] Incorrect [] Expired.
[x] 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 [x] REASON for repeating the following test(s); OR the [x] Possible Cause and Corrective Action Taken on the following test(s) was not recorded:
[x] Alcohol Free Subject Test [x] Mouth Alcohol Test [] Alcohol Free Test [] Interferent Detect Test
[] 0.05 g/210L Test [x] 0.08 g/210L Test [x] 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:
During the Agency Inspection dated 04/09/2020, several tests were repeated. The reason for repeating these tests, as well as the corrective action taken prior to repeating these tests, should be included.
During the Agency Inspection dated 07/17/2020, the 0.08 g/210 L Test was repeated. The reason for repeating the test, as well as the corrective action taken prior to repeating the test, should be included.
See below for corrective action. Please send to the Department Inspector by 09/20/2020.

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 09/20/2020 (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 Huscob

Signature of Alcohol Testing Program Staff Member

8/20/2020

Date

3347
SP

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PASCO COUNTY SO
Time of Inspection: 10:50

Date of Inspection: 04/09/2020

Serial Number: 80-003347
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#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:14219080A2 Exp: 08/05/2021
0.000	0.046	0.077	RFI / 0.197	0.081
0.000	0.047	0.078	/ 0.198	0.081
0.000	0.047	0.078	/ 0.197	0.081

Number of Simulators Used: 4


Remarks:

A F / M A: RFI Detect. 20: RFI Detect.

1st time - plumb all electronics on airplane m.k.
2nd time - Rewind all electronics from room
SW 3932 4/4/2020

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.


Signature and Printed Name BARRY NIXON

04/09/2020
Date

3347
SR

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PASCO COUNTY SO
Time of Inspection: 14:53

Date of Inspection: 03/22/2020

Serial Number: 80-003347
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#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:14219080A2 Exp: 08/05/2021
0.000	0.049	0.079	0.190	0.081
0.000	0.049	0.079	0.193	0.080
0.000	0.049	0.079	0.193	0.081

Number of Simulators Used: 4

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.

 3932

BARRY NIXON

Signature and Printed Name

03/22/2020
Date