

AMENDED

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL

Serial Number: 80-003409

Time of Inspection: 11:32

Date of Inspection: 08/13/2020

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		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: Exp:
0.000	0.049			
0.000	0.049			
0.000	0.050			

Number of Simulators Used: 5

**Remarks:**

Non-compliance: *Inspection was stopped due to loss of power to the instrument. A second inspection was completed and shown in compliance*

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.



JOSHUA M FLOW

Signature and Printed Name

08/13/2020

Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol

Instrument Serial Number: 80-003409

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Joshua Flow
Date of Inspection: 08/13/2020
Time of Inspection: 11:32:23
Agency Inspection Discrepancy: [ ] Incomplete [ ] Untimely/Not Received [ ] Erroneous Information [ ] Procedural [x] Other (Additional Information Required)
[ ] Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
[ ] Lot Number [ ] Expiration Date for / 210L [ ] Alcohol Reference Solution [ ] Dry Gas Standard is [ ] Incorrect [ ] Expired.
[ ] 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 [ ] REASON for repeating the following test(s); OR the [ ] Possible Cause and Corrective Action Taken on the following test(s) was not recorded:
[ ] Alcohol Free Subject Test [ ] Mouth Alcohol Test [ ] Alcohol Free Test [ ] Interferent Detect Test
[ ] 0.05 g/210L Test [ ] 0.08 g/210L Test [ ] 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.
[x] Other: The Agency Inspection was not completed, and the results were indicated as non-compliant.

OTHER ELECTRONIC DATA REVIEW
[ ] Login Records Date:
[ ] Cylinder Change Records Date:
[ ] Control Test Records Date:
[ ] Diagnostic Check Records Date:
Comments:
The reason for the non-compliance and abbreviation must be included, as well as any corrective action(s) that occurred between this non-compliant Agency Inspection and the compliant Agency Inspection that was successfully completed ~1 hour later.

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 10/08/2020 (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 Guadalupe
Signature of Alcohol Testing Program Staff Member

9/8/2020
Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

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