



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol

Instrument Serial Number: 80-003411

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>Alain Hernandez</u>	Date of Inspection: <u>04/29/2020</u> <u>05/24/2020</u> <u>07/14/2020</u>	Time of Inspection: <u>19:00:03</u> <u>16:38:52</u> <u>08:51:25</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 _____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 type="checkbox"/> Alcohol Free Subject Test <input type="checkbox"/> Mouth Alcohol Test <input checked="" type="checkbox"/> Alcohol Free Test <input checked="" type="checkbox"/> Interferent Detect Test <input type="checkbox"/> 0.05 g/210L Test <input checked="" 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>During the Agency Inspection dated 04/29/2020, the Alcohol Free Test was repeated.</u> <u>During the Agency Inspection dated 05/24/2020, the 0.08 g/210 L Test was repeated.</u> <u>During the Agency Inspection dated 07/14/2020, the Interferent Detect Test was repeated.</u> <u>For each inspection, the reason for repeating the test and the corrective action taken prior to repeating the test should be included. See below for corrective action details. Please send to the Department Inspector by 09/20/2020.</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 <u>09/20/2020</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: _____

Signature of Alcohol Testing Program Staff Member

8/20/2020

Date



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol

Instrument Serial Number: 80-003411

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Agency Inspector: <u>Alain Hernandez</u>	Date of Inspection: <u>04/29/2020</u> <u>05/24/2020</u> <u>07/14/2020</u>	Time of Inspection: <u>19:00:03</u> <u>16:38:52</u> <u>08:51:25</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.		
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<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: During the Agency Inspection dated <u>04/29/2020</u> , the Alcohol Free Test was repeated. <u>A.H.</u> During the Agency Inspection dated <u>05/24/2020</u> , the 0.08 g/210 L Test was repeated. <u>A.H.</u> During the Agency Inspection dated <u>07/14/2020</u> , the Interferent Detect Test was repeated. <u>A.H.</u> <u>no issues on 07/14/20, no AF was done on 7/14/20, it was done on 7/28/20</u> For each inspection, the reason for repeating the test and the corrective action taken prior to repeating the test should be included. See below for corrective action details. Please send to the Department Inspector by <u>09/20/2020</u> . <u>A.H.</u>
<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

Amended

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL
Time of Inspection: 17:49

Date of Inspection: 04/29/2020

Serial Number: 80-003411
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		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	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 / 0.000				
0.000 / 0.000				
RFI				

Number of Simulators Used: 5

Remarks:

00: RFI Detect, RFI Detect. Non-compliance: .

Email. Sent to Michael Haughey on 04/29/20 (A.H.)
 Ref Inspection Repeat
 Alcohol ^{Free} Test Repeated Ref RFI / Moved electronics away
 from instrument (A.H.) 04/29/20

The above instrument complies () does not comply (X) 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.

ALAIN HERNANDEZ
Signature and Printed Name

04/29/2020
Date

Amended

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL
Time of Inspection: 19:00

Date of Inspection: 04/29/2020

Serial Number: 80-003411
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#:1101850 Exp: 03/02/2022
/ 0.000	0.049	0.078	0.199	0.080
/ 0.000	0.049	0.079	0.202	0.080
/ 0.000	0.049	0.079	0.201	0.080

Number of Simulators Used: 5

Remarks:

00: Ambient Fail.

Emailed Michael Hausner on 04/29/20 (A.H.)

Ret Inspection Repeat

Alcohol free test had Ambient failure, and attempted (A.H.)
Instrument passed on second attempt. Removed instrument from current location to new location. 4/29/20 (A.H.)

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.

ALAIN HERNANDEZ

Signature and Printed Name

04/29/2020

Date

Amended

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL
Time of Inspection: 16:38

Date of Inspection: 05/24/2020

Serial Number: 80-003411
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
Diagnostic Check (Pre-Inspection): OK		No
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#:1101850 Exp: 03/02/2022
0.000	0.049	0.077	0.198	/ 0.080
0.000	0.048	0.078	0.200	/ 0.080
0.000	0.048	0.077	0.200	/ 0.081

Number of Simulators Used: 5

Remarks:

08: RFI Detect.

Corrected by removing all Electronics away from Instrument A.H 5/24/20

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 ALAIN HERNANDEZ

05/24/2020
Date



Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL
Time of Inspection: 15:40

Date of Inspection: 07/28/2020

Serial Number: 80-003411
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	

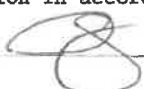
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1101850 Exp: 03/02/2022
0.000	0.049	0.076	0.197	0.080
0.000	0.048	0.077	0.198	0.080
0.000	0.048	0.077	0.198	0.080

Number of Simulators Used: 5

Remarks:
NO ISSUES

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.



ALAIN HERNANDEZ

Signature and Printed Name

07/28/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL
Time of Inspection: 05:01

Date of Inspection: 06/30/2020

Serial Number: 80-003411
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#:1101850 Exp: 03/02/2022
0.000	0.048	0.076	0.195	0.081
0.000	0.048	0.077	0.196	0.081
0.000	0.048	0.077	0.197	0.080

Number of Simulators Used: 5

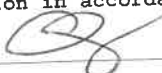
Remarks:

Int Det: RFI Detect.

RFI DUE TO RADIO BEING ON NEAR INSTRUMENT

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.



ALAIN HERNANDEZ

Signature and Printed Name

06/30/2020
Date