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

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HENDRY COUNTY SO Time of Inspection: 19:30

Date of Inspection: 08/31/2020

Serial Number: 80-006234 Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		1
		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		1
	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#:201908B Exp: 00/07/2019	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1012059 Exp: 09/05/2021
0.000	0.052	0.083	0.205	0.080
0.000	0.052	0.083	0.205	0.080
0.000	0.052	0.082	0.205	0.080

Number of Simulators Used: 5

Remarks: Amended

The above instrument complies (X) 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. 517 JAMES R HESTER Signature and Printed Name

08/31/2020 Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

A	gency: <u>Hendry County Sheriff's Office</u>		Instrument Serial Number	: <u>80-006234</u>
AGE	NCY INSPECTION DATA REVIEW			
Age	ncy Inspector: James Hester	Date of	Inspection: 08/31/2020	Time of Inspection: 19:30:21
Age		omplete □ Untimely/N cedural □ Other	ot Received 🛛 Errone	ous Information
	Agency Inspection Not Conducted or Re	cords regarding Agency Insp	pection have not been upload	led.
	Lot Number ⊠Expiration Date for 0.08 g	/ 210L ⊠Alcohol Reference S	Solution ⊡Dry Gas Standard	is ⊠Incorrect ⊟Expired.
	FDLE/ATP Form 39 states in part, "If a tere Remarks section of FDLE/ATP Form 40 /r test(s); OR the Possible Cause and C Alcohol Free Subject Test 0.05 g/210L Test	Agency Inspection Report – Corrective Action Taken on th Mouth Alcohol Test □	Intoxilyzer 8000. The □REA ne following test(s) was not r Alcohol Free Test □	SON for repeating the following
	 FDLE/ATP Form 39 states in part, "If the instrument from service and notify the D The Department Inspector was not inspection complies with the req The Department Inspector was not requirements of Chapter 11D-8, F The Department Inspector was not chapter 11D-8, FAC and the instruction of the instruction of the provided of the provid	Department Inspector." ot notified. However, the issu uirements of Chapter 11D-8, ot notified. However, the rep FAC and the instrument was ot notified. The repeated Age	ue was satisfactorily corrector FAC. eated Agency Inspection do correctly removed from evide ency Inspection does not cor	ed and the repeated Agency es not comply with the entiary use.
	The Agency Inspection is noted as "Com	nplies" when it does not com	ply with the requirements of	Chapter 11D-8, FAC.
	Other:			
OTU				
	ER ELECTRONIC DATA REVIEW Login Records	Comments:		
	Date:	The expiration date (year) for		eference Solution is incorrect.
	Cylinder Change Records Date:	Please see below for require by 10/01/2020.	ed corrective action and retu	rn to the Department Inspector
	Control Test Records Date:			
	Diagnostic Check Records Date:			
COR	RECTIVE ACTION			
	Record hand-written amendments on the the report "AMENDED", and forward a c Provide a written explanation regarding Upload the Agency Inspection(s). Remove the instrument from evidentiary No action required Other:	opy to the Department Inspe the referenced item(s) to the	ctor by <u>10/01/2020</u> (Date). Department Inspector by	
	Jaylor Huse	-how	9/1/202	20

Signature of Alcohol desting Program Staff Member

<u>9/1/2020</u> Date

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AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: <u>Hendry County Sheriff's Office</u>	Instrument Serial Number: 80-006234	
AGENCY INSPECTION DATA REVIEW		
Agency Inspector: James Hester	Date of Inspection: 06/23/2020 Time of Inspection: 15:17:35	
	complete Untimely/Not Received Froneous Information Cedural Other	
□ Agency Inspection Not Conducted or Re	ecords regarding Agency Inspection have not been uploaded.	
□ Lot Number □ Expiration Date for <u>0.05 c</u>	g/ 210L ⊠Alcohol Reference Solution ⊡Dry Gas Standard is ⊠Incorrect ⊡Expired.	
Remarks section of FDLE/ATP Form 40	est must be repeated, the REASON must be entered when prompted and recorded in the Agency Inspection Report – Intoxilyzer 8000. The _REASON for repeating the following Corrective Action Taken on the following test(s) was not recorded: Mouth Alcohol Test Alcohol Free Test Interferent Detect 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 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 "Con	nplies" when it does not comply with the requirements of Chapter 11D-8, FAC.	
□ Other:		
OTHER ELECTRONIC DATA REVIEW		
Login Records Date:	Comments: The lot number for the 0.05 g/210 L alcohol reference solution was mistyped. Please see	
Cylinder Change Records Date:	below for the required corrective action.	
Control Test Records Date:		
Diagnostic Check Records		
CORRECTIVE ACTION		
 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>08/15/2020</u> (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: 		

Signature of Alcohol Testing Program Staff Member

 $\frac{7/15/2020}{\text{Date}}$

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HENDRY COUNTY SO Time of Inspection: 19:12

Date of Inspection: 03/12/2020

Serial Number: 80-006234 Software: 8100.27

Chack or Test	YES	NO
Date and/or Time Adjusted		
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Nouth Alcohol Test: Slope Not Met		
	Yes	
Interferent Detoct Test: Interferent Detect		
	Yes	
Blagnostic Check (Post-Inspection): OK		
	Yes	

Elechel Eree West (g/2101)	0.05g/210L Test (g/210L) Lot#:201311C 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 Yest (g/210L) Lot#:1012059 Exp: 69/05/2021
1-1.600	6.047	0.074 / 0.076	0.197	0.080
0.000	0.047	0.075 / 0.076	0.198	0.081
0.096	0.048	0.075 / 0.076	0.199	0.080

Whateve of Simulators Used: 5

Remarks:

08: Control Outside Tolerance.

The above instrument complies (X) does not comply () with Chapter 11D-8. FAC.

h certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I corformed this inspection is accordance with the provisions of Chapter 11D-8, FAC.

1.19	
Ma	JAMES & HESTER
17	Signature and Printed Name
/	

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

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MENDRY COUNTY SO Time of Inspection: 16:56

Date of Inspection: 03/12/2020

Serial Number: 80-006234 Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		················
		No
Wlagrostic Check (Pre-Inspection): OK		1
	Yes	
Alenhel Frue Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		
	Yes	
(atexferent Detect Test: Interferent Detect		
	Yes	
Diagnostic Check (Post-Inspection): OK		· · · · · · · · · · · · · · · · · · ·
		No

Alcobol Suco 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#: Exp:	0.08 g/210L Dry Gas Std Test (g/216L) Lot#: Exp:
0,000	0.047	0.068 / 0.072		
0.000	0.047	0.069 / 0.072		
3.000	0.047	0.071 / 0.073		

howhere as filmshotory Used: 5

Comarks:

Control Curside Tolerance, Control Outside Tolerance, Non-compliance:0.080 TEST NOT WITEIN TOL.

Asit

A/C was very cold in Room. Allowed Simulator to heat for longer before trying new inspection. I Also found a leak in simulator, but was cracked. Simulator Replaced.

Spoke with Department Inspector who said start New inspection.

The above instrument complies () does not comply (X) with Chapter 11D-8, FAC.

I cectify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that T performed this inspection in accordance with the provisions of Chapter 11D-8, PAC.

518	JAMES R HESTER
1 P	Signature and Printed Name
	03/12/2020