



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Miami PD

Instrument Serial Number: 80-006457

| AGENCY INSPECTION DATA REVIEW | | | | | | | | | | |
|---|--|--|--|--|---|--|---|--|---|--|
| Agency Inspector: Jose Pastor | Date of Inspection: 10/27/2020 and 11/25/2020 | Time of Inspection: 10:53:04 and 11:10:22 | | | | | | | | |
| Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" 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 checked="" type="checkbox"/> Expiration Date for <u>0.08 g/ 210L</u> <input checked="" type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input checked="" 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: <table border="0" style="width:100%; margin-top:5px;"> <tr> <td><input type="checkbox"/> Alcohol Free Subject Test</td> <td><input type="checkbox"/> Mouth Alcohol Test</td> <td><input type="checkbox"/> Alcohol Free Test</td> <td><input type="checkbox"/> Interferent Detect Test</td> </tr> <tr> <td><input type="checkbox"/> 0.05 g/210L Test</td> <td><input checked="" type="checkbox"/> 0.08 g/210L Test</td> <td><input type="checkbox"/> 0.20 g/210L Test</td> <td><input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test</td> </tr> </table> | | | <input type="checkbox"/> Alcohol Free Subject Test | <input 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 type="checkbox"/> 0.20 g/210L Test | <input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test |
| <input type="checkbox"/> Alcohol Free Subject Test | <input 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 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." <table border="0" style="width:100%; margin-top:5px;"> <tr> <td><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.</td> </tr> <tr> <td><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.</td> </tr> <tr> <td><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.</td> </tr> </table> | | | <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. | | | | | |
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| <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: The expiration date (day) for the 0.08 g/210 L Alcohol Reference Solution is incorrect on the October and November 2020 Inspections. Additionally, the 0.08 g/210 L Test was repeated during the November 2020 Inspection. The reason for repeating the test, as well as any corrective action taken prior to repeating the test, must be included. Please see the corrective action below and return to the Department Inspector by 02/04/2021. |
| <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>02/04/2021</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: _____ |

Taylor Gutshou

Signature of Alcohol Testing Program Staff Member

1/2/2021
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MIAMI PD
Time of Inspection: 11:10

Date of Inspection: 11/25/2020

Serial Number: 80-006457
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#:201908B Exp: 08/20/2021 | 0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:989917 Exp: 07/25/2021 |
|----------------------------|---|---|---|---|
| 0.000 | 0.055 | 0.075 / 0.084 | 0.198 | 0.080 |
| 0.000 | 0.051 | INT / 0.084 | 0.195 | 0.078 |
| 0.000 | 0.052 | / 0.083 | 0.196 | 0.082 |

Number of Simulators Used: 5

Remarks:

SAMPLE 2 READING 0.019. 08: Interferent Detect. *inlet + outlet were not connected to complete seal. Push in till click to complete seal. SP5592 1/28/21*

Amended 1/28/21 SP5592

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.

#5537

Signature and Printed Name JOSE F PASTOR

11/25/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MIAMI PD
Time of Inspection: 10:53

Date of Inspection: 10/27/2020

Serial Number: 80-006457
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: 08/20/2021 | 0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:989917 Exp: 07/25/2021 |
|----------------------------|---|---|---|---|
| 0.000 | 0.049 | 0.078 | 0.197 | 0.080 |
| 0.000 | 0.049 | 0.079 | 0.198 | 0.080 |
| 0.000 | 0.049 | 0.079 | 0.198 | 0.080 |


Number of Simulators Used: 5

Remarks:

Amended 1/28/21 SP 5533

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 JOSE F PASTOR

10/27/2020
Date