

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL  
Time of Inspection: 01:41

Date of Inspection: 06/23/2020

Serial Number: 80-006636  
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#: <del>20811C</del> Exp: 11/13/2020 <i>201811C</i>	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#: 1206004 Exp: 09/20/2022
0.000	0.049	0.078	0.196	0.079
0.000	0.049	0.078	0.197	0.079
0.000	0.048	0.078	0.198	0.079

Number of Simulators Used: 5

Remarks:

*Amended to reflect corrected .05g/210L solution*

*For work 2211667 07/27/2020*

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.

*WOD*

WILLIAM D HITCHCOCK

Signature and Printed Name

06/23/2020  
Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol

Instrument Serial Number: 80-006636

AGENCY INSPECTION DATA REVIEW
Agency Inspector: William Hitchcock
Date of Inspection: 06/23/2020
Time of Inspection: 01:41:21
Agency Inspection Discrepancy: [ ] Incomplete [ ] Untimely/Not Received [x] Erroneous Information
[ ] Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
[x] Lot Number [ ] Expiration Date for 0.05 g/ 210L [ ] Alcohol Reference Solution [ ] Dry Gas Standard is [x] 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.
[ ] Other: \_\_\_\_\_

OTHER ELECTRONIC DATA REVIEW
[ ] Login Records Date: \_\_\_\_\_
[ ] Cylinder Change Records Date: \_\_\_\_\_
[ ] Control Test Records Date: \_\_\_\_\_
[ ] Diagnostic Check Records Date: \_\_\_\_\_
Comments:
The lot number for the 0.05 g/210 L alcohol reference solution is mistyped.

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 08/15/2020 (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: \_\_\_\_\_

Michael D. Haughney

Signature of Alcohol Testing Program Staff Member

7/15/2020
Date