



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Broward County Sheriff's Office

Instrument Serial Number: 80-007008

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>Brittany Armstrong</u>	Date of Inspection: <u>6/11/2020 and 07/02/2020</u>	Time of Inspection: <u>15:22:16 15:38:13</u>
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input checked="" type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input type="checkbox"/> Other _____		
<input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.		
<input checked="" type="checkbox"/> Lot Number <input type="checkbox"/> Expiration Date for <u>0.08 g/ 210L</u> <input type="checkbox"/> Alcohol Reference Solution <input checked="" type="checkbox"/> Dry Gas Standard is <input checked="" type="checkbox"/> Incorrect <input type="checkbox"/> Expired.		
<input 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 type="checkbox"/> REASON for repeating the following test(s); OR the <input 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 type="checkbox"/> Alcohol Free Test <input type="checkbox"/> Interferent Detect Test <input type="checkbox"/> 0.05 g/210L Test <input 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: _____ <input type="checkbox"/> Cylinder Change Records Date: _____ <input type="checkbox"/> Control Test Records Date: _____ <input type="checkbox"/> Diagnostic Check Records Date: _____	Comments: <u>The lot number for the 0.08 g/210 L Dry Gas Standard is incorrect (missing a digit). Please follow the corrective action below and forward to the Department Inspector by 09/26/2020.</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>09/26/2020</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: _____

David Eliezer Reyes Rivera Digitally signed by David Eliezer Reyes
Rivera
Date: 2020.08.26 11:02:49 -04'00'

Signature of Alcohol Testing Program Staff Member

8/26/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO
Time of Inspection: 15:38

Date of Inspection: 07/02/2020

Serial Number: 80-007008
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#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:0091908A3 Exp: 03/05/2021
0.000	0.048	0.077	0.196	0.080
0.000	0.049	0.078	0.198	0.079
0.000	0.049	0.078	0.198	0.079

Number of Simulators Used: 5

Remarks:

J.SAPP PRESENT AND OBSERVED

Lot # 00919080A3

08/29/2020

AMENDED

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.

16817

BRITTANY A ARMSTRONG

Signature and Printed Name

07/02/2020
Date