

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Pinellas CSO Instrument Serial Number: 80-000889

| AGENCY INSPECTION DATA REVIEW | | | | |
|---|--|---|----------------------------------|--|
| Agency Inspector: Malcolm Deane | | Date of Inspection: 10/28/2 | <mark>021</mark> | Time of Inspection: 23:46:39 |
| | | itimely/Not Received ⊠ her | Erroneou | us Information |
| ☐ Agency Inspection Not Conducted or Re | ecords regarding Age | ency Inspection have not be | en uploade | d. |
| □ Lot Number □Expiration Date for | g/ 210L □Alcohol R | eference Solution | Standard i | s □Incorrect □Expired. |
| □ FDLE/ATP Form 39 states in part, "If a tell Remarks section of FDLE/ATP Form 40 test(s); OR the □ Possible Cause and 0 □ Alcohol Free Subject Test □ □ 0.05 g/210L Test □ | Agency Inspection F Corrective Action Ta Mouth Alcohol Tes | Report – Intoxilyzer 8000. The ken on the following test(s) | ie □REAS was not rec □ Int | ON for repeating the following |
| □ FDLE/ATP Form 39 states in part, "If the instrument from service and notify the I □ The Department Inspector was not Inspection complies with the requirements of Chapter 11D-8, F □ The Department Inspector was not Chapter 11D-8, FAC and the instru | Department Inspectory of notified. However purements of Chapte of notified. However FAC and the instrument of notified. The repe | r." t, the issue was satisfactorily r 11D-8, FAC. t, the repeated Agency Inspection ated Agency Inspection does | ction does | and the repeated Agency not comply with the tiary use. |
| ☐ The Agency Inspection is noted as "Con | nplies" when it does | not comply with the require | ments of C | hapter 11D-8, FAC. |
| □ Other: | | | | |
| OTHER ELECTRONIC DATA REVIEW | | | | |
| ☐ Login Records | Comments: | | | |
| Date: | | | | phol Reference Solution was |
| ☐ Cylinder Change Records Date: | <u>mistyped. Please s</u> | ee below for corrective action | <u>on.</u> | |
| ☐ Control Test Records Date: | | | | |
| ☐ Diagnostic Check Records Date: | | | | |
| CORRECTIVE ACTION | | | | |
| Record hand-written amendments on the | e FDLE/ATP Form 40 | , Agency Inspection Report | initial and | date the amendments, mark |
| the report "AMENDED", and forward a c | opy to the Departme | nt Inspector by <u>01/05/2022</u> . | | |
| □ Provide a written explanation regarding □ Upload the Agency Inspection(s). □ Remove the instrument from evidentiary □ No action required □ Other: | | | - | _(Date). |
| Taylor Gutschow Digitally Date: 202 | | now ' | 11/27/20 Date | 21 |

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO Time of Inspection: 23:46

Date of Inspection: 10/28/2021

Serial Number: 80-000889

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#:202101C Exp: 01/12/2023 | 0.08g/210L Test (g/210L) Lot#:202007A Exp: 07/21/2022 | 0.20g/210L Test (g/210L) & B MD Lot#:202105B Exp: 95/22/2023 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG106803 Exp: 03/09/2023 |
|----------------------------------|--|--|---|---|
| 0.000 | 0.050 | 0.079 | 0.000 / 0.202 | 0.080 |
| 0.000 | 0.050 | 0.080 | 0.000 / 0.202 | 0.080 |
| 0.000 | 0.050 | 0.081 | 0.205 / 0.202 | 0.080 |

Number of Simulators Used: 5

Remarks

20: Control Outside FORGOT TO CONNECT INLET HOSE REPEAT OK.

AMENDED: HUMAN TYPO ERROR (. 20 LOT + DATE)

ON

12-15-2071

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.

Signature and Printed Name

10/28/2021 Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO Time of Inspection: 01:21

Date of Inspection: 11/25/2021

Serial Number: 80-000889

| Software: | 8100 27 |
|------------|---------|
| SOT CMOTE: | 0100.27 |

| 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#:202101C Exp: 01/12/2023 | 0.08g/210L Test (g/210L) Lot#:202007A Exp: 07/21/2022 | 0.20g/210L Test (g/210L) 6B A) Lot#:202105B Exp: -05/22/2023 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG106803 Exp: 03/09/2023 |
|----------------------------------|--|--|---|---|
| 0.000 | 0.049 | 0.079 | 0.200 | 0.081 |
| 0.000 | 0.050 | 0.080 | 0.203 | 0.082 |
| 0.000 | 0.050 | 0.080 | 0.204 | 0.081 |

Number of Simulators Used: 5

AMENDED! HUMAN TYPO ERROR (. 20 LOT + DATE) 12-15-2021

| 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.

M. Well Printed Name

11/25/2021

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO Time of Inspection: 23:07

Date of Inspection: 12/09/2021

Serial Number: 80-000889

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 | 1 |
| 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#:202101C Exp: 01/12/2023 | 0.08g/210L Test (g/210L) Lot#:202007A Exp: 07/21/2022 | 0.20g/210L Test (g/210L) & B MD Lot#:2021092 MD Exp: 05 /22/2023 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG106803 Exp: 03/09/2023 |
|----------------------------------|--|--|--|---|
| 0.000 | 0.050 | 0.080 | 0.201 | 0.086 / 0.084 |
| 0.000 | 0.050 | 0.081 | 0.203 | 0.086 / 0.084 |
| 0.000 | 0.051 | 0.081 | 0.203 | 0.086 / 0.082 |

Number of Simulators Used: 5

08: Control Outside Tolerance UNK.PROB.REPEAT OK..

AMENDED: HUMAN TYPO ERROR (. 20 LOT + DATE) 12-15-2021

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.

M. W. Lind Signature and Printed Name

M DEANE

12/09/2021 Date