

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: FFWCC Tampa

Instrument Serial Number:	80-000902
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AGENCY INSPECTION DATA REVIEW				
Age	ncy Inspector: Damon Pulaski Date of Inspection: 5/19/2021 Time of Inspection: 18:48:55			
<mark>Age</mark>	ncy Inspection Discrepancy: □ Incomplete □ Untimely/Not Received <mark>⊠ Erroneous Information</mark> □ Procedural □ Other			
	Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.			
	Lot Number □Expiration Date <mark>for <u>0.20 g</u>/ 210L ⊠Alcohol Reference Solution</mark> □Dry Gas Standard <mark>is ⊠Incorrect</mark> □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. 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 Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.			
	Other:			
OTH	IER ELECTRONIC DATA REVIEW			

Login Records Date:	Comments: The lot number for the 0.20 g/210 L Alcohol Reference Solution is incorrect (contains an	
Cylinder Change Records Date:	<mark>extra "0").</mark>	
Control Test Records Date:		
Diagnostic Check Records Date:		

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>9/24/2021</u>.

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: _____

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Signature of Alcohol Testing Program Staff Member

8/24/2021 Date

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Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FFWCC TAMPA Time of Inspection: 18:48

Date of Inspection: 05/19/2021

Serial Number: 80-000902 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#:202007A Exp: 07/21/2022	0.20g/210L Test (g/210L) Lot#:2020005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:31420080A2 Exp: 01/05/2023
0.000	0.049	0.080	0.201	0.081
0.000	0.049	0.080	0.202	0.081
0.000	0.049	0.080	0.202	0.081

Number of Simulators Used: 5_____ Remarks: AMENDMENT:

AN EXTRA "Ø" WAS TYPED IN THE LOT NUMBER FOR THE 0.20g/210L TEST. THE CORRECTED LOT NUMBER IS: 202005A.

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

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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.

C Mon	DAMON J PULASKI
000	Signature and Printed Name
	05/19/2021
	Date

FDLE/ATP Form 40 - March 2004