

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SATELLITE BEACH P.D.

Serial Number: 80-001001

Time of Inspection: 22:29

Date of Inspection: 11/24/2021

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		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08g/210L Test (g/210L) Lot#: _____ Exp: _____	0.20g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: _____ Exp: _____
0.000				
0.000				
0.000				

Number of Simulators Used: 4

**Remarks:**

Int Det: , . Non-compliance: .

*Interferent NOT detected in all 3 test; repeat, interferent NOT detected in all 3 test RP 439*

The above instrument complies ( ) does not comply ( X ) 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.

*Sgt Don R. Triebell 439*  
*12-15-21*

DON R TRIEBELL

Signature and Printed Name

11/24/2021

Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SATELLITE BEACH P.D.

Serial Number: 80-001001

Time of Inspection: 21:10

Date of Inspection: 11/24/2021

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		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08g/210L Test (g/210L) Lot#: _____ Exp: _____	0.20g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: _____ Exp: _____
0.000				
0.000				
0.000				

Number of Simulators Used: 4

**Remarks:**

Int Det: , . Non-compliance: .

*Change simulators, still interferent not detected in all 3 test, Repeat, interferent not detected in all 3 test RP 489*

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.

*Sgt Don R. Triebell 489  
12-15-21*

DON R. TRIEBELL

Signature and Printed Name

11/24/2021

Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SATELLITE BEACH P.D.  
Time of Inspection: 23:56

Date of Inspection: 11/24/2021

Serial Number: 80-001001  
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) Lot#: 202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: 1327124 Exp: 05/14/2023
0.000	0.050	0.080	0.188 / 0.199	0.077
0.000	0.050	0.080	0.194 / 0.199	0.077
0.000	0.050	0.080	0.197 / 0.200	0.077

Number of Simulators Used: 4

**Remarks:**

20: Control Outside Tolerance.

*0.20 - controls outside tolerance due to not warm enough 489*

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.

*Sgt Don R. Triebell 489*  
 \_\_\_\_\_  
 DON R. TRIEBELL  
 Signature and Printed Name

11/24/2021  
 Date



Florida Department of Law Enforcement

### AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Satellite Beach PD

Instrument Serial Number: 80-001001

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: <u>Don Triebell</u>	Date of Inspection: <u>11-24-2021</u>	Time of Inspection: <u>Multiple</u>
Agency Inspection Discrepancy: <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input 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 type="checkbox"/> Expiration Date for _____g/ 210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input 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 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 checked="" 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: _____	Comments: _____
<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 _____ (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: _____

# Israel Soto

Digitally signed by Israel Soto  
Date: 2021.12.03 12:27:26 -05'00'

Signature of Alcohol Testing Program Staff Member

12/3/2021  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SATELLITE BEACH P.D.  
Time of Inspection: 03:18

Date of Inspection: 12/15/2021

Serial Number: 80-001001  
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		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 202101C Exp: 01/12/2023	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000	0.000 / 0.050			
0.000	0.049 / 0.000			
0.000	0.050 / 0.050			

Number of Simulators Used: 4

**Remarks:**

Int Det: . 05: Control Outside Tolerance, Control Outside Tolerance. Non-compliance: .

AIR NOT GOING THROUGH SIMULATOR RETURN @ 1-19-21

The above instrument complies ( ) does not comply ( X ) 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.

DON R. TRIEBELL  
 \_\_\_\_\_  
 Signature and Printed Name

12/15/2021  
 Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Satellite Beach Police Department

Instrument Serial Number: 80-001001

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Don Triebell
Date of Inspection: 12-15-2021
Time of Inspection: 03:18
Agency Inspection Discrepancy: [x] Procedural
Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
Lot Number [ ] Expiration Date for \_\_\_g/ 210L [ ] Alcohol Reference Solution [ ] Dry Gas Standard is [ ] Incorrect [ ] Expired.
[x] 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 [x] REASON for repeating the following test(s); OR the [x] 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
[x] 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: \_\_\_\_\_

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 \_\_\_\_\_ (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: \_\_\_\_\_

Israel Soto

Digitally signed by Israel Soto
Date: 2022.01.19 08:44:10 -05'00'

Signature of Alcohol Testing Program Staff Member

1/19/2022
Date