

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BAKER COUNTY SO
Time of Inspection: 00:20

Date of Inspection: 11/13/2021

Serial Number: 80-001287
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
Diagnostic Check (Pre-Inspection): OK		No
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	
	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#: 06021080A2 Exp: 04/04/2023
0.000	0.047	0.077	0.200	0.077
0.000	0.048	0.078	0.202	0.076
0.000	0.048	0.079	0.202	0.076

Number of Simulators Used: 5

Remarks:

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NOV 15 2021

Records Department
Baker County Sheriffs Office

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FDLE

NOV 23 2021

Alcohol Testing Program

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.

CALEB A COLLINS 409

CALEB A COLLINS

Signature and Printed Name

11/13/2021
Date



Florida Department of Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Baker County Sheriff's Office

Instrument Serial Number: 80-001287

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Derek Watson/Caleb Collins
Date of Inspection: 01/10/2021
Time of Inspection: 04:37
Agency Inspection Discrepancy: [] Incomplete [] Untimely/Not Received [] Erroneous Information [] Procedural [] Other
[] Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
[] Lot Number [x] Expiration Date for .08g/ 210L [] Alcohol Reference Solution [x] 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: _____

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).
[x] Upload the Agency Inspection(s).
[] Remove the instrument from evidentiary use until otherwise directed by the Department.
[] No action required
[] Other: _____

Signature of Alcohol Testing Program Staff Member

9/8/2021
Date

Amended

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BAKER COUNTY SO
Time of Inspection: 04:37

Date of Inspection: 01/10/2021

Serial Number: 80-001287
Software: 8100.27

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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#:201908B Exp: 08/07/2019	0.20g/210L Test (g/210L) Lot#:202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:2411908071 Exp: 11/05/2021
0.000	0.048	0.079	0.194	0.082
0.000	0.049	0.080	0.200	0.081
0.000	0.049	0.080	0.202	0.081

Number of Simulators Used: 5

Remarks:

cc 409 Lot# 06021080A2
PW382 Exp. 04/05/23

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.

sg.c.m 409 / Watson 382 CALEB COLLINS / DEREK WATSON
Signature and Printed Name

01/10/2021
Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Baker County Sheriff's Office

Instrument Serial Number: 80-001287

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Derek Watson/Caleb Collins
Date of Inspection: 01/10/2021
Time of Inspection: 04:37
Agency Inspection Discrepancy: [] Incomplete [] Untimely/Not Received [] Erroneous Information [] Procedural [] Other
[] Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
[] Lot Number [x] Expiration Date for .08g/ 210L [] Alcohol Reference Solution [x] Dry Gas Standard is [x] Incorrect [] Expired.
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[] 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
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[] 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).
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[x] Upload the Agency Inspection(s).
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[] No action required
[] Other: _____

Signature of Alcohol Testing Program Staff Member

9/8/2021
Date

Amended

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BAKER COUNTY SO
Time of Inspection: 04:37

Date of Inspection: 01/10/2021

Serial Number: 80-001287
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#:201908B Exp: 08/07/2019	0.20g/210L Test (g/210L) Lot#:202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:2411908071 Exp: 11/05/2021
0.000	0.048	0.079	0.194	0.082
0.000	0.049	0.080	0.200	0.081
0.000	0.049	0.080	0.202	0.081

Number of Simulators Used: 5

Remarks:

cc 409 Lot# 06021080A2
PW 382 Exp. 04/05/23

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.

sg.c.m 409 / Watson 382 CALEB COLLINS / DEREK WATSON
Signature and Printed Name

01/10/2021
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BAKER COUNTY SO
Time of Inspection: 05:25

Date of Inspection: 12/14/2020

Serial Number: 80-001287
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#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:24119080A1 Exp: 11/05/2021
0.000	0.050	0.077	0.201	0.081
0.000	0.049	0.079	0.202	0.080
0.000	0.050	0.079	0.202	0.080

Number of Simulators Used: 5

Remarks:

RECEIVED

DEC 14 2020

Records Dept.
Baker County Sheriffs Office

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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.

D Watson

by C. Collins

WATSON, DEREK / COLLINS, CALEB

Signature and Printed Name

12/14/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BAKER COUNTY SO
Time of Inspection: 05:37

Date of Inspection: 11/20/2020

Serial Number: 80-001287
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#: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#:24119080A1 Exp: 11/15/2021
0.000	0.047	0.078	0.201	0.080
0.000	0.048	0.079	0.202	0.080
0.000	0.048	0.079	0.202	0.080

Number of Simulators Used: 5

Remarks:

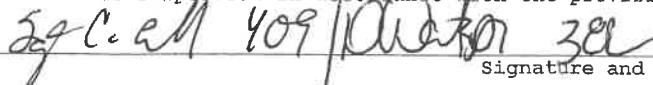
RECEIVED

NOV 30 2020

Records Dept.
Baker County Sheriffs Office

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 performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.


 _____ CALEB COLLINS / DEREK WATSON
 Signature and Printed Name

11/20/2020
 Date