

# AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Pinellas CSO Instrument Serial Number: 80-001367

AGE	NCY INSPECTION DATA REVIEW				
Age	ncy Inspector: Malcolm Deane		Date of Inspection: 10/2	8/2021	Time of Inspection: 20:06:50
Age			ntimely/Not Received her	⊠ Erroneoι	us Information
	Agency Inspection Not Conducted or Re	ecords regarding Ago	ency Inspection have not	been uploade	d.
	Lot Number ⊠Expiration Date for <u>0.20 g</u>	g <mark>/ 210L ⊠Alcohol Re</mark>	<mark>ference Solution</mark>	is Standard <mark>is</mark>	☑Incorrect ☐ Expired.
	FDLE/ATP Form 39 states in part, "If a to Remarks section of FDLE/ATP Form 40 test(s); OR the ☐ Possible Cause and ☐ Alcohol Free Subject Test ☐ ☐ 0.05 g/210L Test ☐	Agency Inspection F	Report – Intoxilyzer 8000. ken on the following test(	The □REAS s) was not rec st □ In	ON for repeating the following
	FDLE/ATP Form 39 states in part, "If the instrument from service and notify the instrument from service and notify the instrument from service and notify the instrument inspector was not requirement inspector was not requirement inspector was not chapter 11D-8, FAC and the instruments."	Department Inspector not notified. However quirements of Chapte not notified. However FAC and the instrum not notified. The repe	r."  7, the issue was satisfactor  8r 11D-8, FAC.  7, the repeated Agency Insent was correctly removed the stated Agency Inspection of the stated Agency Inspe	rily corrected spection does d from evident loes not comp	and the repeated Agency not comply with the tiary use.
	The Agency Inspection is noted as "Cor	mplies" when it does	not comply with the requ	irements of C	hapter 11D-8, FAC.
	Other:				
OTL	IED EL ECTRONIC DATA DEVIEW				
	ER ELECTRONIC DATA REVIEW  Login Records	Comments:			
	Date:		l expiration date for the 0.	20 g/10 L Alco	phol Reference Solution was
	Cylinder Change Records  Date:	mistyped. Please s	see below for corrective a	<mark>ction.</mark>	
	Control Test Records Date:				
	Diagnostic Check Records  Date:				
COF	RRECTIVE ACTION	_			
	Record hand-written amendments on the the report "AMENDED", and forward a control of the regarding Provide a written explanation regarding	copy to the Departme	ent Inspector by <u>01/05/202</u>	<u>2</u> .	·
	Upload the Agency Inspection(s). Remove the instrument from evidentiary No action required Other:			-	_ \ =/-
_	Taylor Gutschow Digitally Date: 20		how D'	11/27/20	<u>21</u>
S	ignature of Alcohol Testing Program Stat	ff Member		Date	

## Florida Department of Law Enforcement Alcohol Testing Program

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO Time of Inspection: 20:06

Date of Inspection: 10/28/2021

Serial Number: 80-001367

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) 6B MD Lot#:202105B- Exp: 95/22/2023 06 MD	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG021605 Exp: 08/03/2022
0.000	0.050	0.080	0.198	0.079
0.000	0.049	0.080	0.199	0.079
0.000	0.050	0.080	0.199	0.079

Number	of	Simulators	Used:	5
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Remarks:

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

ON
12-15-2021

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 provise of Chapter 11D-8, FAC.

M. Deane M

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: 00:47

Date of Inspection: 11/25/2021

Serial Number: 80-001367

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) bB MD Lot#:202105B Exp: 05/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG021605 Exp: 08/03/2022
0.000	0.049	0.080	0.197	0.079
0.000	0.051	0.080	0.199	0.080
0.000	0.051	0.080	0.200	0.080

Number of Simulators Used: 5	5
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Remarks: AMENDED; HUMAN TYPO ERROR (.20 LOT + DATE)
0N
12-15-2021

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.

M DEANE
Signature and Printed Name

11/25/2021 Date

### Florida Department of Law Enforcement Alcohol Testing Program

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO Time of Inspection: 01:31

Date of Inspection: 12/10/2021

Serial Number: 80-001367

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) bB MD Lot#:202105B Exp: 05/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG021605 Exp: 08/03/2022
0.000	0.049	0.079	0.198	0.079
0.000	0.050	0.081	0.200	0.079
0.000	0.050	0.080	0.200	0.079

Number of Simulators Used: 5

REMARKS: 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.

Mi Allund Signature and Printed Name

12/10/2021 Date