



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol

Instrument Serial Number: 80-003413

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Marlon Boggan
Date of Inspection: 08-21-2021
Time of Inspection: 00:21
Agency Inspection Discrepancy: Incomplete, Untimely/Not Received, Erroneous Information, Procedural, Other
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
Cylinder Change Records
Control Test Records
Diagnostic Check Records
Comments:

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 10-14-2021 (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: 2021.09.14 13:07:24 -04'00'

9/14/2021
Date

Signature of Alcohol Testing Program Staff Member

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL

Serial Number: 80-003413

Time of Inspection: 00:21

Date of Inspection: 08/21/2021

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	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#: 202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: 1060911 Exp: 12/11/2021
0.000	0.044 / 0.047	0.076	0.190	0.080
0.000	0.045 / 0.047	0.077	0.192	0.080
0.000	0.045 / 0.047	0.078	0.193	0.080

Number of Simulators Used: 5

Amended 

Remarks:

05: Control Outside Tolerance. *Tightend cylinder head & repeated test*

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.

MARLON M BOGGAN

Signature and Printed Name

08/21/2021

Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL
Time of Inspection: 00:21

Date of Inspection: 08/21/2021

Serial Number: 80-003413
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#: 202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: 1060911 Exp: 12/11/2021
0.000	0.044 / 0.047	0.076	0.190	0.080
0.000	0.045 / 0.047	0.077	0.192	0.080
0.000	0.045 / 0.047	0.078	0.193	0.080

Number of Simulators Used: 5

Amended 

Remarks:

05: Control Outside Tolerance. *Tightend cylinder head & repeated test*

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.

MARLON M BOGGAN

Signature and Printed Name

08/21/2021

Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol

Instrument Serial Number: 80-003413

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Marlon Boggan
Date of Inspection: 08-21-2021
Time of Inspection: 00:21
Agency Inspection Discrepancy: Incomplete, Untimely/Not Received, Erroneous Information, Procedural, Other
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:
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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
Cylinder Change Records
Control Test Records
Diagnostic Check Records
Comments:

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 10-14-2021 (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: 2021.09.14 13:07:24 -04'00'

9/14/2021
Date

Signature of Alcohol Testing Program Staff Member

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL
Time of Inspection: 12:01

Date of Inspection: 09/08/2021

Serial Number: 80-003413
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 #: 1060911 Exp: 12/11/2021
0.000	0.046	0.076	0.187 / 0.190	0.000 / 0.080
0.000	0.047	0.077	0.189 / 0.192	0.000 / 0.080
0.000	0.047	0.077	0.190 / 0.192	0.080 / 0.080

Number of Simulators Used: 5

Amended

Remarks:

WAITED TO LONG TO PROVIDE SAMPLE. 20: Control Outside Tolerance. 08: Control Outside Tolerance

↳ Tighted cylinder head & repeated test *↳ Tighted cylinder head & repeated test*

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.

MARLON M BOGGAN

Signature and Printed Name

09/08/2021

Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol

Instrument Serial Number: 80-003413

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Marlon Boggan
Date of Inspection: 09-08-2021
Time of Inspection: 12:01
Agency Inspection Discrepancy: [] Incomplete [] Untimely/Not Received [] Erroneous Information [x] Procedural [] Other
[] 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 [] 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
[] 0.05 g/210L Test [x] 0.08 g/210L Test [x] 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.
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[] 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: 2021.11.15 11:02:14 -05'00'

Signature of Alcohol Testing Program Staff Member

11/15/2021
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL

Serial Number: 80-003413

Time of Inspection: 14:20

Date of Inspection: 11/17/2021

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	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 #: 1355293 Exp: 07/29/2023
0.000	0.048	0.078	0.195	0.080
0.000	0.048	0.078	0.194	0.079
0.000	0.048	0.078	0.195	0.079

Number of Simulators Used: 5

Remarks:

Repeat done due to RFI.

Marlon Boggan

12/6/21

A F / M A: RFI Detect.

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.

MARLON M BOGGAN

Signature and Printed Name

11/17/2021

Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Highway Patrol

Instrument Serial Number: 80-003413

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Marlon Boggan
Date of Inspection: 11-17-2021
Time of Inspection: 14:20
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 [] REASON for repeating the following test(s); OR the [X] Possible Cause and Corrective Action Taken on the following test(s) was not recorded:
[X] Alcohol Free Subject Test [X] 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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[] 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: 2021.12.03 13:09:38 -05'00'

12/3/2021
Date

Signature of Alcohol Testing Program Staff Member