



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Dade City PD

Instrument Serial Number: 80-001073 and 80-005477

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Dean Baldwin
Dates of Inspection: July, August, September, October, November, and December 2020 and January, February, March, April, May, and June 2021
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.
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.
[X] Other: An expired lot of mouth alcohol was used for the Mouth Alcohol Test.

OTHER ELECTRONIC DATA REVIEW
[ ] Login Records Date: \_\_\_
[ ] Cylinder Change Records Date: \_\_\_
[ ] Control Test Records Date: \_\_\_
[ ] Diagnostic Check Records Date: \_\_\_
Comments:
During a field audit, it was determined that an expired lot of mouth alcohol (2018-B) was used to conduct Mouth Alcohol Tests on Agency Inspections on instruments 80-001073 and 80-005477 from July 2020 until present. Please add a remark on each affected Form 40 - Agency Inspection Report indicating that an expired lot of mouth alcohol was used during the inspection. Please see below for further details of corrective action.

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 8/21/2021.
[ ] 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: \_\_\_

Taylor Gutschow Digitally signed by Taylor Gutschow Date: 2021.07.21 14:04:15 -04'00'

Signature of Alcohol Testing Program Staff Member

7/21/2021 Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Dade City PD

Instrument Serial Number: 80-005477

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Dean Baldwin
Date of Inspection: 10/12/2021
Time of Inspection: 17:05:04
Agency Inspection Discrepancy: [ ] Incomplete [ ] Untimely/Not Received [ ] Erroneous Information [ ] Procedural [x] Other (Missing Required Information)
[ ] 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 [x] 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:
The Alcohol Free Test was repeated. The reason for repeating the test, as well as any corrective action taken prior to repeating the test, must be included.

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 01/05/2022.
[ ] 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: \_\_\_\_\_

Taylor Gutschow Digitally signed by Taylor Gutschow Date: 2021.11.27 12:31:29 -05'00'

Signature of Alcohol Testing Program Staff Member

11/27/2021 Date