

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

	Agency: <u>Lakeland PD</u> Instrument Serial Number: 80-005810			
AGENCY INSPECTION DATA REVIEW				
Agency Inspector: Camilo Almeida		Date of Inspection: 7/09/2021	Time of Inspection: 11:37:39 and 12:10:09	
Agency Inspection Discrepancy: □ Incomplete □ □ Procedural ☑		Untimely/Not Received ☐ Erro Other (Missing Required Information	neous Information <mark>)</mark>	
☐ Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.				
	□ Lot Number □Expiration Date for <u>g</u> / 210L □Alcohol Reference Solution □Dry Gas Standard is □Incorrect □Expired.			
	FDLE/ATP Form 39 states in part, "If a test Remarks section of FDLE/ATP Form 40 A test(s); OR the ⊠ Possible Cause and C □ Alcohol Free Subject Test □ □ 0.05 g/210L Test □	Agency Inspection	on Report – Intoxilyzer 8000. The ⊠Rl ı Taken on the following test(s) was no Test Alcohol Free Test	EASON for repeating the following
	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:	Comments: On both of the listed Agency Inspections, the 0.05 g/210 L Dry Gas Test was repeated. The		
	Cylinder Change Records Date:	reason for repetest, must be in	eating the test, as well as any correctivncluded.	e action taken prior to repeating the
	Control Test Records Date:	,		
	Diagnostic Check Records Date:			
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 9/24/2021.			
	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:			
	Signature of Alcohol Testing Program Sta	ff Member		4/2021 ate