

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: St. Lucie County Sheriff's Office

Serial Number: 80-000794

Time of Inspection: July 2022 Date of Inspection: July 2022

Software: 8100.27

CHECK OR TEST	YES	NO
Date and/or Time Adjusted		N/A
Diagnostic Check (Pre-Inspection): OK		N/A
Alcohol Free Subject Test: 0.000		N/A
Mouth Alcohol Test: Slope Not Met		N/A
Interferent Detect Test: Interferent Detect		N/A
Diagnostic Check (Post-Inspection): OK		N/A

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
Not completed	Not completed	Not completed	Not completed	Not completed

Number of Simulators Used: 0

Remarks: A July 2022 Inspection was not completed on this instrument. 1 of the 2 Agency Inspectors was on Military Leave and the other was on FMLA.

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.

Deputy H. Limb #342

Signature and Printed Name

July 2022

Date

Florida Department of Law Enforcement Alcohol Testing Program

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Diagnostic Check (Post-Inspection): OK		N/A

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
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Deputy H. Limb #342

Signature and Printed Name

July 2022

Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: **St. Lucie County Sheriff's Office**

Instrument Serial Number: **80-000794**

AGENCY INSPECTION DATA REVIEW

Agency Inspector: **David Caglioni**

Date of Inspection: **08/01/2022**

Time of Inspection: **14:09:32**

Agency Inspection Discrepancy: ☐ Incomplete ☐ Untimely/Not Received ☐ Erroneous Information
☐ Procedural ☒ 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.

☐ 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:

The Agency Inspection was not completed. Please include a remark describing why.

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 **01/05/2023 (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: _____

Taylor Dutachow

Signature of Alcohol Testing Program Staff Member

12/5/2022

Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: ST LUCIE COUNTY SO

Time of Inspection: 14:09

Date of Inspection: 08/01/2022

Serial Number: 80-000794

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		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:202101C Exp: 01/12/2023	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000	0.048			
0.000	0.049			
0.000	0.049			

Number of Simulators Used: 5

Remarks:

Non-compliance: . *lost power*

The above instrument complies () does not comply (X) 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.

[Signature] #366
Signature and Printed Name

DAVID A CAGLIONI

08/01/2022
Date