

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FFWCC
Time of Inspection: 13:43

Date of Inspection: 10/24/2022

Serial Number: 80-000891
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#:202112A Exp: 12/07/2023	0.08g/210L Test (g/210L) Lot#:202108D Exp: 08/17/2023	0.20g/210L Test (g/210L) Lot#:15421080A1 Exp: 08/05/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:15421080A1 Exp: 08/05/2023
0.000	0.050	INT / 0.079	0.000 / 0.199	0.080
0.000	0.050	/ 0.078	0.000 / 0.201	0.081
0.000	0.051	/ 0.080	0.000 / 0.200	0.082

Number of Simulators Used: 4

Remarks:
08: Interferent Detect. DID NOT HOOK TO .2 SOLUTION SIM.

*Lot# for .2 solution
20220602*

*EXP DATE for .2 solution
01/15/2024*

** Accidentally wrote the lot# and date for the ^{Dry} gas
Lester Basford N302.*

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.

Nicole M Basford N302 _____
Signature and Printed Name

10/24/2022
Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Florida Fish and Wildlife Conservation

Instrument Serial Number: 80-000891

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Nicole Basford
Date of Inspection: 10-24-2022
Time of Inspection: 13:43
Agency Inspection Discrepancy: [] Incomplete [] Untimely/Not Received [x] Erroneous Information
[] Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
[x] Lot Number [x] Expiration Date for 0.200g/ 210L [x] Alcohol Reference Solution [] Dry Gas Standard is [x] 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: _____

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: 2022.11.09 10:40:08 -05'00'

Signature of Alcohol Testing Program Staff Member

11/9/2022
Date