



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Port St. Lucie Police Department

Instrument Serial Number: 80-001323

AGENCY INSPECTION DATA REVIEW
Agency Inspector: Farquharson
Date of Inspection: 08/31/2022
Time of Inspection: 10:45:03
Agency Inspection Discrepancy: [X] Erroneous Information
Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.
Lot Number [X] Expiration Date for 0.20 g/ 210L [X] Alcohol Reference Solution [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:
The expiration date (year) for the 0.20 ARS is incorrect.

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 01/05/2023 (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 Gutschow

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: PORT ST LUCIE PD
Time of Inspection: 10:45

Date of Inspection: 08/31/2022

Serial Number: 80-001323
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#:202108D Exp: 08/17/2023	0.20g/210L Test (g/210L) Lot#:202106B Exp: 06/22/2024 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:08822080A1 Exp: 06/05/2024
0.000	0.043 / 0.045	0.077 / 0.077	0.194 <i>KF 12/10/22</i>	0.079
0.000	0.044 / 0.045	0.078 / 0.078	0.195	0.080
0.000	0.044 / 0.047	/ 0.077	0.194	0.080

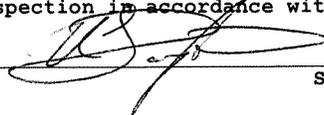
Number of Simulators Used: 4

Remarks:

05: Control Outside Tolerance, TIGHTENED TUBES. 08: RFI Detect MOVED CELL PHONE.

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.



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KEVIN D FARQUHARSON

Signature and Printed Name

08/31/2022
Date