



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

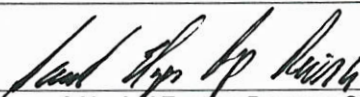
Agency: Miami Gardens PD

Instrument Serial Number: 80-002987

| AGENCY INSPECTION DATA REVIEW | | |
|---|-------------------------------|------------------------------|
| Agency Inspector: Brian, Omalley | Date of Inspection: 2/17/2022 | Time of Inspection: 13:53:11 |
| Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input checked="" type="checkbox"/> Procedural <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded. | | |
| <input type="checkbox"/> Lot Number <input type="checkbox"/> Expiration Date for _____ g/ 210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input type="checkbox"/> Expired. | | |
| <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> REASON for repeating the following test(s); OR the <input type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded: <input type="checkbox"/> Alcohol Free Subject Test <input type="checkbox"/> Mouth Alcohol Test <input type="checkbox"/> Alcohol Free Test <input type="checkbox"/> Interferent Detect Test <input type="checkbox"/> 0.05 g/210L Test <input checked="" type="checkbox"/> 0.08 g/210L Test <input type="checkbox"/> 0.20 g/210L Test <input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test | | |
| <input type="checkbox"/> 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." <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. | | |
| <input type="checkbox"/> The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC. | | |
| <input type="checkbox"/> Other: _____ | | |

| OTHER ELECTRONIC DATA REVIEW | |
|--|--------------------------------------|
| <input type="checkbox"/> Login Records Date: _____ | Comments: _____ _____ _____ |
| <input type="checkbox"/> Cylinder Change Records Date: _____ | |
| <input type="checkbox"/> Control Test Records Date: _____ | |
| <input type="checkbox"/> Diagnostic Check Records Date: _____ | |

| CORRECTIVE ACTION | |
|--|--|
| <input checked="" type="checkbox"/> 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 <u>3/25/2022</u> (Date). | |
| <input type="checkbox"/> Provide a written explanation regarding the referenced item(s) to the Department Inspector by _____ (Date). | |
| <input type="checkbox"/> Upload the Agency Inspection(s). | |
| <input type="checkbox"/> Remove the instrument from evidentiary use until otherwise directed by the Department. | |
| <input type="checkbox"/> No action required | |
| <input type="checkbox"/> Other: _____ | |



Signature of Alcohol Testing Program Staff Member

2/22/2022
Date