



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Miami Gardens PD

Instrument Serial Number: 80-002988

AGENCY INSPECTION DATA REVIEW	
Agency Inspector: <u>Brian, Omalley</u>	Date of Inspection: <u>2/17/2022</u> Time of Inspection: <u>13:45:08</u>
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: <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 50%;"><input type="checkbox"/> Alcohol Free Subject Test</div> <div style="width: 50%;"><input type="checkbox"/> Mouth Alcohol Test</div> <div style="width: 50%;"><input type="checkbox"/> Alcohol Free Test</div> <div style="width: 50%;"><input type="checkbox"/> Interferent Detect Test</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 0.05 g/210L Test</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 0.08 g/210L Test</div> <div style="width: 50%;"><input type="checkbox"/> 0.20 g/210L Test</div> <div style="width: 50%;"><input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test</div> </div>	
<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: Please make one annotation for each Exemption message (0.05 and 0.08). You may just write in reason of unknown if that is the case.
<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