

Instrument Serial Number: 80-000948 Agency: Glades CSO AGENCY INSPECTION DISCREPENCY Inspection Date: 07/23/2023 Agency Inspector: Joseph Palladino A test was repeated without reason for repeat or the corrective action given ■ Alcohol Free/Mouth Alcohol ☐Alcohol Free Test Interferent Detect □ 0.080 g/210L □ 0.200 g/210L ☐ 0.080 g/210L Dry Gas □ 0.050 g/210L ☐ Agency Inspection not conducted for calendar month ☐ 0.080 g/210L Dry Gas □ 0.080 g/210L □ 0.200 g/210L □ 0.050 g/210L ☐ Lot Number and/or Expiration Date for Standards entered incorrectly □ 0.050 g/210L ☐0.080 g/210L □ 0.200 g/210L □ 0.080 g/210L Dry Gas ■ Other Electronic Data Review/Comments: The first inspection (time 09:29:48) needs a remark added about the repeated AF/MA Test; the compliance should be changed to "no". The second inspection (time 10:27:01) needs a remark about the corrective action taken prior to repeating the 0.20 Test. REQUESTED CORRECTIVE ACTION ■ Record hand-written amendments on FDLE/ATP Form 40, initial and date amendments, mark report "AMENDED", and forward copy to Department Inspector ☐ Provide written explanation regarding referenced item(s) to Department Inspector ☐ Remove instrument from evidentiary use until otherwise directed by the Department Other: Digitally signed by Taylor Taylor Gutschow Gutschow

Signature of Alcohol Testing Program Staff Member

10/30/2023

Date: 2023.10.30 13:40:50 -04'00'

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY SO Time of Inspection: 09:29

Date of Inspection: 10/15/2023

Serial Number: 80-000948

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		1
		No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		
<u> </u>	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#:202112A Exp: 12/07/2023	0.08g/210L Test (g/210L) Lot#:202206B Exp: 06/14/2024	0.20g/210L Test (g/210L) Lot#:202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000	0.046	0.076	0.196	
0.000	0.047	0.076	0.196	
0.000	0.048	0.077	0.197	

Number of Simulators Used: 4

Remarks:

Accidentally exited out before it could do day gas test.

The above	instrument comp	plies (X)	does not comply () with Chapter 11D-8, FAC.		
I certify performed	that I hold a this inspection	valid Florid n in accordance	a Department of the with the provisi	JOSEPH D PALLADINO	Permit and that	I
w			U 6/1 84/7	JOSEPH D PALLADINO		
			Signature and	Printed Name		

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10/15/2023

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O. Time of Inspection: 10:27

Date of Inspection: 07/23/2023

Serial Number: 80-000948

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#:202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:06022080A4 Exp: 04/05/2024
0.000	0.047	0.077	0.187 / 0.191	0.078
0.000	0.047	0.077	0.189 / 0.191	0.078
0.000	0.047	0.077	0.190 / 0.191	0.079

Number of Simulators Used: 3

Remarks:

20: Control Outside Tolerance.

re-checked the Seal + allowed ample time to heat back-up.

The above	instrumen	t complie	es (X)	does not co	omply () with Cl	napter 11D-8,	FAC.		
I certify performed	that I h	old a va	alid Florid accordance	a Departmen	t of Law	Enforcement of Chapter	Agency Insp 11D-8, FAC.	pector Perm	mit and	that I
				(4)	. []][] #	4/3 J	SEPH D PALLA	DINO		_
					re/find Pri: 07/23/2023	nted Name				



Instrument Serial Number: 80-000948 Agency: Glades CSO AGENCY INSPECTION DISCREPENCY Inspection Date: 08/21/2023 **Agency Inspector:** Travis Arnold A test was repeated without reason for repeat or the corrective action given Alcohol Free/Mouth Alcohol ☐Alcohol Free Test ■ Interferent Detect □ 0.080 g/210L □ 0.200 g/210L ☐ 0.080 g/210L Dry Gas □ 0.050 g/210L ☐ Agency Inspection not conducted for calendar month ☐ 0.080 g/210L Dry Gas □ 0.080 g/210L □ 0.200 g/210L □ 0.050 g/210L Lot Number and/or Expiration Date for Standards entered incorrectly □ 0.050 g/210L □ 0.080 g/210L □ 0.200 g/210L □ 0.080 g/210L Dry Gas Other Electronic Data Review/Comments: REQUESTED CORRECTIVE ACTION ■ Record hand-written amendments on FDLE/ATP Form 40, initial and date amendments, mark report "AMENDED", and forward copy to Department Inspector ☐ Provide written explanation regarding referenced item(s) to Department Inspector ☐ Remove instrument from evidentiary use until otherwise directed by the Department Other: Digitally signed by Taylor Taylor Gutschow Gutschow Date: 2023.10.31 12:44:31 -04'00' 10/31/2023

Signature of Alcohol Testing Program Staff Member

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O. Time of Inspection: 09:12

Date of Inspection: 08/21/2023

Serial Number: 80-000948

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#:202206B Exp: 06/14/2024	0.20g/210L Test (g/210L) Lot#:202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:212993 Exp: 04/05/2024
0.000	0.047	0.077	0.198	0.078
0.000	0.048	0.078	0.198	0.078
0.000	0.048	0.078	0.199	0.078

Number	٥f	Simulators	IIsed· 4

Remarks:

Int Det: USER ERROR.

Diel Not allen Sim time te worn up

The above instrument complies (X) 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.

TRAVIS J ARNOLI

Signature and Printed Name

08/21/2023 Date





Agency: Glades County Sheriff's Office Instrument Serial Number: 80-000948 **AGENCY INSPECTION DATA REVIEW** Agency Inspector: John Gadson Date of Inspection: 07/26/2022 Time of Inspection: 16:28:40 **Agency Inspection Discrepancy:** Incomplete Untimely/Not Received **Erroneous Information** Procedural П \Box Other Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded. Lot Number ⊠Expiration Date for <u>0.05 g</u>/ <u>210L</u> ⊠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 Dessible 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** \Box 0.05 q/210L Test 0.08 q/210L Test \Box 0.20 q/210L Test 0.08 g/210L Dry Gas Standard Test П 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 Comments: Login Records The expiration date (day) of the 0.05 ARS was mistyped. Date: **Cylinder Change Records Control Test Records** Date: **Diagnostic Check Records** Date: **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). П Remove the instrument from evidentiary use until otherwise directed by the Department. No action required Other: Lylor Dutcher 12/5/2022

Signature of Alcohol Testing Program Staff Member

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O. Time of Inspection: 16:28

Date of Inspection: 07/26/2022

Serial Number: 80-000948

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
	n	No
Diagnostic Check (Pre-Inspection): OK		
	Yes	
Alcohol Free Subject Test: 0.000		
	Yes	
Mouth Alcohol Test: Slope Not Met		1,15
	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: 01/33/2023	0.08g/210L Test (g/210L) Lot#:202108D Exp: 08/17/2023	0.20g/210L Test (g/210L) Lot#:202106B Exp: 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:06022080A4 Exp: 04/05/2024
0.000	0.047	0.077	0.179 / 0.196	0.080
0.000	0.048	0.077	0.185 / 0.197	0.081
0.000	0.048	0.078	0.188 / 0.197	0.081

Number of Simulators Used: 4

Remarks:

20: Control Outside/LOOSE HOSE.

The above instrument complies (X) 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.

JOHN P GADSON

Signature and Printed Name

07/26/2022 Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O. Time of Inspection: 09:12

Date of Inspection: 08/21/2023

Serial Number: 80-000948 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		Ī
	Yes	
Mouth Alcohol Test: Slope Not Met		
	Yes	
Interferent Detect Test: Interferent Detect		
	Yes	
Diagnostic Check (Post-Inspection): OK		<u> </u>
	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#:202206B Exp: 06/14/2024	0.20g/210L Test (g/210L) Lot#:202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:212993 Exp: 04/05/2024
0.000	0.047	0.077	0.198	0.078
0.000	0.048	0.078	0.198	0.078
0.000	0.048	0.078	0.199	0.078

Number of Simulators Used: 4

Remarks:

Int Det: USER ERROR.

Diel Not alleur Sim Time te Worn up

The above instrument complies (X) 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.

TRAVIS J ARNOLD

Signature and Printed Name

08/21/2023

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Agency: Glades CSO Instrument Serial Number: 80-000948

AGENCY INSPECTION DISCREPENCY	
Agency Inspector: Travis Arnold Inspe	ction Date: 05/05/2023
■ A test was repeated without reason for repeat or the o	corrective action given
■ Alcohol Free/Mouth Alcohol	st Interferent Detect
□ 0.050 g/210L □ 0.080 g/210L □ 0.200 g/210	L ☐ 0.080 g/210L Dry Gas
☐ Agency Inspection not conducted for calendar month	
☐ Expired Alcohol Reference Solution or Dry Gas Stand	dard was used for inspection
☐ 0.050 g/210L ☐ 0.080 g/210L ☐ 0.200 g/210L	☐ 0.080 g/210L Dry Gas
□ Lot Number and/or Expiration Date for Standards enter□ 0.050 g/210L□ 0.080 g/210L□ 0.200 g/210L	
■ Other Electronic Data Review/Comments: Three Agend	cy Inspections were conducted on
5/5/2023. The first two were incomplete. The third inspection	on was successful/compliant, but
the Interferent Detect Test was repeated. Please include a	handwritten remark on all three
inspections describing why the tests were repeated or the in	spections were not completed.
REQUESTED CORRECTIVE ACTION	
■ Record hand-written amendments on FDLE/ATP Form amendments, mark report "AMENDED", and forward	•
☐ Provide written explanation regarding referenced item	n(s) to Department Inspector
☐ Remove instrument from evidentiary use until otherw☐ Other:	vise directed by the Department
Digitally signed by Taylor	
Taylor Gutschow Gutschow Date: 2023.06.15 14:16:38 -04'00'	06/15/2023
Signature of Alcohol Testing Program Staff Member	Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O. Time of Inspection: 15:39

Date of Inspection: 05/05/2023

Serial Number: 80-000948

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#:202106B Exp: 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:212993 Exp: 04/05/2024
0.000	0.048	0.078	0.199	0.080
0.000	0.048	0.078	0.199	0.079
0.000	0.048	0.078	0.199	0.080

Number of Simulators Used: 4

Remarks:

TestATTempt I +2 user eller Test Attenpt 3 interest did not detect
allowed water with interest to worn up st detect

The above instrument complies (X) 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.

TRAVIS J ARNOLD

Signature and Printed Name

05/05/2023 Date