



Office of Inspector General

Alcohol Testing Program
Audit

Final Report

Project Number IA-1516-01

December 2016

Service ★ Integrity ★ Respect ★ Quality



EXECUTIVE SUMMARY

This audit of the Florida Department of Law Enforcement's (FDLE) Alcohol Testing Program (ATP) was initiated in accordance with the Office of Inspector General's 2015–2016 Annual Audit Plan.

The Alcohol Testing Program is responsible for regulating the operation, inspection and registration of breath test instruments as well as the individuals who operate and inspect those instruments. The program is further responsible for the regulation of blood analysts who conduct blood alcohol testing. ATP is authorized by Chapters 316, 322 and 327, Florida Statutes, as well as Chapter 11D-8, Florida Administrative Code.

The mission of ATP is, *"To enhance public safety by ensuring the accuracy and scientific reliability of evidentiary blood and breath alcohol tests, facilitating enforcement of Implied Consent Laws and Administrative Rules, and promoting the qualifications and professionalism of persons responsible for blood and breath alcohol analyses in the State of Florida."*¹

The objectives of this audit were to determine if ATP complied with policies and procedures pertaining to the following areas:

- breath test permit process,
- blood analyst permit process, and
- breath test permit continuing education requirements.

Our review determined that ATP was generally in compliance with statutory and procedural requirements regarding the breath test permitting process as well as continuing education requirements. For the blood analyst permit application process, we have one finding and recommendation for management's consideration.

Finding 1: The Blood Alcohol Analyst Permit Checklists were not always completed as required by procedure.

Thirty-five blood alcohol analyst permit applications fell within the scope of this audit. Our review of those applications revealed that nine checklists were completed in accordance with procedures, and the remaining twenty-six checklists were not complete.

Recommendation: We recommend management ensure all information required on the checklist is complete and the form is signed in accordance with procedures.

¹ www.fdle.state.fl.us/cms/Alcohol-Testing-Program/ATP-Home.aspx



OBJECTIVES, SCOPE AND METHODOLOGY

The objectives were to determine if ATP was in compliance with policies and procedures pertaining to breath test/blood analyst permit applications and continuing education requirements. The scope of this audit focused on the breath test/blood analyst permit application process for the period of July 2014 through June 2016.

In performing this review we:

- Interviewed appropriate Department staff in the ATP division.
- Obtained an overall understanding of the permit application process.
- Reviewed guidelines and policies relating to ATP.
- Reviewed selected permit applications and training records.

The following criteria were used:

- *Florida Statutes*: Chapters 316, 322, and 327
- *Florida Administrative Code*: 11D-8
- *FDLE*: Alcohol Testing Program Procedures Manual



FINDINGS AND RECOMMENDATIONS

Finding 1: *The Blood Alcohol Analyst Permit Checklists were not always completed as required by procedure.*

Per Florida Statutes, ATP is responsible for establishing uniform criteria for the issuance of permits to breath test operators, agency inspectors, instructors, blood analysts, and instruments.

As part of the process to obtain a blood alcohol analyst permit, applicants complete the FDLE/ATP Form 4 and submit it to FDLE. Upon reviewing the application, proposed analytical procedures, and proficiency test results, the [ATP] Program Manager will either approve the application and issue a permit or deny the application². In order to ensure compliance with all the requirements set forth by Florida Administrative Code (FAC) 11D-8.013, ATP developed an internal checklist that encompasses all the necessary information (see attached Appendix A – Blood Alcohol Analyst Permit Checklist).

The checklist is divided into the following sections, and within each are specific items for the reviewer to evaluate and check off:

- Applicant name and Date
- Blood Alcohol Test Method
- Application
- Qualifications for Blood Analyst Permit
- Analytical Procedures
- Issuance of Permit

As per procedures, ATP publishes all permit applications and supporting documents on their website. There were thirty-five applications that fell within the scope of this audit (July 2014 – June 2016) and all were reviewed for completeness.

Our review found that nine checklists were completed in accordance with the procedures manual; however, the remaining twenty-six were not complete. The ATP Procedures Manual requires the following items to be indicated on the Blood Alcohol Analyst Permit Checklist document:

“...check “Issue Permit,” and record the date the permit was issued, the permit number, the name of the approved method, and the name of the approved procedures. Sign and date the Blood Alcohol Analyst Permit Checklist.”³

² Policy 3.3 Blood Analyst Permit Applications

³ Policy 3.3 Blood Analyst Permit Applications, #5 under Approval of Application



The incomplete checklists were missing one or more of the required items. The table below summarizes how many of the twenty-six checklists were missing each of the required items.

Reviewer's Signature and Date	"Issue Permit" or "Deny Permit" Checked	Date Permit Issued	Permit Number	Approved Method and Procedures
10	8	24	13	0

Regardless of the information missing from the checklists, all thirty-five applicants did receive a permit. For the ten checklists that were missing a reviewer's signature, we verified the applicant received the approval notification from FDLE and that the permit was signed by the authorized ATP Program Manager. The incomplete checklists appear to be an oversight.

The checklists are intended to ensure all aspects of a task are consistently performed and fully completed. When items are not checked off on a list, it could increase the risk of oversight where an application could be inadvertently approved without having all required information. Since ATP documents are published online and available for public viewing, due diligence should be taken to ensure all information is complete.

Following a meeting with ATP regarding the incomplete checklists, they were provided with the list of checklists that were missing a reviewer's signature. Those checklists were subsequently signed and uploaded to the website by ATP.

Recommendation: We recommend management ensure all information required on the checklist is complete and the form is signed in accordance with procedures.



DISTRIBUTION, STATEMENT OF ACCORDANCE, AND PROJECT TEAM

Distribution

Rick Swearingen, Commissioner
Dean Register, Director, Criminal Justice Professionalism
Vickie Koenig, Chief of Policy and Special Programs, Criminal Justice Professionalism
Brett Kirkland, Senior Management Analyst Supervisor, Criminal Justice Professionalism

Statement of Accordance

This audit was conducted pursuant to Section 20.055, Florida Statutes, and in accordance with Generally Accepted Government Auditing Standards as published by the United States Government Accountability Office. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.


Copies of this audit report will be made available for public inspection.

Project Team


Engagement conducted by:
Linh Trang, Senior Management Analyst II

Under the supervision of:
Susan Cureton, Director of Auditing

Approved by:



Lourdes Howell-Thomas, Inspector General



Date



Appendix A

Blood Alcohol Analyst Permit Checklist

Applicant: _____ Date of Application: _____

11D-8.011, F.A.C. – BLOOD ALCOHOL TEST METHOD

_____ Gas Chromatography

11D-8.013(1), F.A.C. – APPLICATION

Name and Address of Applicant: _____ License/College Transcript: _____
 Name/Address Employer/Lab Facility where analyses performed: _____
 Agency for which blood analyses are to be performed: _____
 Proposed Analytical Procedures: _____

11D-8.013(2), F.A.C. – QUALIFICATIONS FOR BLOOD ANALYST PERMIT

Approval of Analytical Procedure(s): _____
 Satisfactory Determination/Five Proficiency Samples using Proposed Analytical Procedure: _____
 At least one agency/blood alcohol analyses performed: _____
 Meet one of following (check one): _____
 1. Clinical Laboratory License in Clinical Chemistry (as, check one): _____
 Technologist: _____ Supervisor: _____ Director: _____
 2. Licensed Physician: _____
 3. 60 Semester Hours of College/15 Semester Hours in Chemistry: _____

11D-8.013(3), F.A.C. – ANALYTICAL PROCEDURES

(a) Approved method used: _____
 (a) Description of method: _____
 Equipment Used _____ Reagents Used _____
 Standards Used _____ Controls Used _____
 (b) Standards and Controls: _____
 Commercially Prepared/Certified (Manufacturer/Lot #/Expiration Documented) _____
 Laboratory Prepared/Verified by GC (Date/Person Prep/Method of Prep) _____
 (c) Concentration Range over which Procedure Calibrated: _____
 (c) Calibration Curve Linear over the above stated Range: _____
 (d) Calibration Curve – Standards and Controls: _____
 New Calibration Curve (At least three standards and two controls)
 Standard ≤ 0.05 _____ Standard $</> 0.05$ & 0.20 _____ Standard ≥ 0.20 _____
 Control 0.05 or less _____ Control 0.20 or greater _____
 Existing Calibration Curve (At least two controls)
 Control 0.05 or less _____ Control 0.20 or greater _____
 (e) Analysis of alcohol-free control (blank): _____
 (e) Analysis of whole blood or serum control (May be used for controls in (d)): _____
 (f) Discriminate between methanol, ethanol, acetone, isopropanol: _____
 (f) Employ internal standard technique: _____

11D-8.013(4), F.A.C. – ISSUANCE OF PERMIT

Issue Permit: Date Permit Issued: _____ Permit #: _____
 Approved Method: _____
 Approved Procedure: _____
 Deny Permit:
 Reason for Denial: _____
 Intent to Deny Sent: _____ Denial Letter Sent: _____

 Signature of Reviewer, Alcohol Testing Program Member

 Date of Review

March 2016

Management Response



Florida Department of
Law Enforcement

Richard L. Swearingen
Commissioner


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Pam Bondi, Attorney General
Jeff Atwater, Chief Financial Officer
Adam Putnam, Commissioner of Agriculture

MEMORANDUM

DATE: December 16, 2016

TO: Lourdes Howell-Thomas, Inspector General
Office of Inspector General

FROM: Vickie Koenig, Chief of Policy and Special Programs 
Criminal Justice Professionalism

SUBJECT: Alcohol Testing Program
IA-1516-01

The Office of Criminal Justice Professionalism has reviewed the Alcohol Testing Program Audit Report and offers the following written response:

Finding 1 – *The Blood Alcohol Analyst Permit Checklists were not always completed as required by procedure.*

Recommendation 1 – We recommend management ensure all information required on the checklist is complete and the form is signed in accordance with procedures.

Management Response: Agree. The Alcohol Testing Program has already reviewed and corrected the permit checklists identified. The permit checklists are for internal use only and all permits are in compliance with 11D-8, F.A.C. Additionally, safeguards have been implemented to prevent this from happening in the future.

Corrective Action Implementation Date: December 16, 2016