Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FDLE

Time of Inspection: 10:16

Date of Inspection: 12/07/2016

Serial Number: 80-000227

Software: 8100.27

| Check or Test | YES | NO |
|---|-----|-----|
| Date and/or Time Adjusted | | *** |
| | | No |
| Diagnostic Check (Pre-Inspection): OK | | |
| | | No |
| Alcohol Free Subject Test: 0.000 | | |
| | | No |
| Mouth Alcohol Test: Slope Not Met | | |
| | | No |
| Interferent Detect Test: Interferent Detect | | |
| | | No |
| Diagnostic Check (Post-Inspection): OK | | |
| | | No |

| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L) Lot#: Exp: | 0.08g/210L Test (g/210L) Lot#: Exp: | 0.20g/210L Test (g/210L) Lot#: Exp: | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp: |
|----------------------------------|--|--|--|--|
| | | | | |

| Mumber | of. | Simulators | ITCAN + | |
|--------|-----|------------|---------|--|

Remarks:

BYPASSED AI TO OPERATE INSTRUMENT, NOT A COMPLIANCE CHECK.

BK

SP

on the Dechmined

The above instrument complies (

X) does not comply (

) with Chapter 11D-8, FAC.

DANIELLE M BELL

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.

Signature and Printed Name

12/07/2016

Date