

# Florida Department of Law Enforcement Alcohol Testing Program

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*BK* APR 26 2016

FDLE

## AGENCY INSPECTION REPORT - INTOXILYZER 8000 Alcohol Testing Program

Agency: DELAND PD

Time of Inspection: 08:28

Date of Inspection: 03/08/2016

Serial Number: 80-001136

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)<br>Lot#: _____<br>Exp: _____ | 0.08g/210L Test (g/210L)<br>Lot#: _____<br>Exp: _____ | 0.20g/210L Test (g/210L)<br>Lot#: _____<br>Exp: _____ | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#: _____<br>Exp: _____ |
|----------------------------|---|---|---|--|
|                            |   |   |   |  |
|                            |   |   |   |  |
|                            |   |   |   |  |

Number of Simulators Used: \_\_\_\_\_

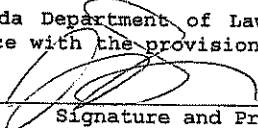
Remarks:

BYPASS TO OPERATE INSTRUMENT Non-compliance: .

*Compliance not determined*

The above instrument complies (       ) 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.

  
Signature and Printed Name

JAKE L SHANAHAN

03/08/2016  
Date