

RECEIVED

# Florida Department of Law Enforcement Alcohol Testing Program

OCT 03 2016

FDLE

Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FORT MEYERS PD  
Time of Inspection: 10:08

Date of Inspection: 10/03/2016

Serial Number: 80-005655  
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:

BYPASSED AI TO OPERATE INSTRUMENT

*PL*  
*BK*

*N/A COMPLIANCE NOT DETERMINED SP*

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.

*Shayla Platt*

SHAYLA D PLATT

Signature and Printed Name

10/03/2016  
Date