Florida Department of Law Enforcement JAN 10 2017 Alcohol Testing Program

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO Time of Inspection: 12:26

Date of Inspection: 01/06/2017

Serial Number: 80-001259

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 |

| 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: |
|--|--|--|--|
| | | | |
| | (g/210L) Lot#: | (g/210L) (g/210L) Lot#: Lot#: | (g/210L) (g/210L) (g/210L) Lot#: Lot#: Lot#: |

| Number of Simulators Used | |
|---------------------------|--|

Remarks:

BYPASSED AI TO OPERATE INSTRUMENT. NOT A COMPLIANCE CHECK.

N/A Not Compliance ANB not determined.

The above instrument complies ($\begin{tabular}{c} \begin{tabular}{c} \begin{tabular}{c$

) 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

DANIELLE M BELL

01/06/2017 Date