Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SARASOTA COUNTY SO Time of Inspection: 10:29

Date of Inspection: 11/15/2017

Serial Number: 80-001347 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: |
|----------------------------------|--|--|--|--|
| | | | | |

| Number | OI | SII | nul | ator | s Us | sed: | |
|--------|------|-----|-----|------|------|------|------------|
| Remark | s: | | | | | | |
| BY | PASS | SED | AI | TO | OPER | RATE | INSTRUMENT |

J@)

What a primise

| The above instrument complies (| X |) 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 D PLATT
Signature and Printed Name

11/15/2017

Date

11/2/17

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SARASOTA COUNTY SO Time of Inspection: 09:00

Date of Inspection: 10/31/2017

Serial Number: 80-001347

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: |
|----------------------------------|--|--|--|--|
| | | | | |

| | _ | M2014 W 10 | V400011 EQ. |
|--------|----|------------|-------------|
| Number | of | Simulators | Used: |

Remarks:

BYPASSED AI TO OPERATE INSTRUMENT



N/A COMPLIANCE NOT DETERMINED

| The above | instrument complies | (k) does not comply (|) with Chapter 11D-8, FAC. | | |
|---------------------|---|---|---|--------------|-------|
| I certify performed | that I hold a val this inspection in | id Florida Department of Law accordance with the provisions | Enforcement Agency Inspector of Chapter 11D-8, FAC. | Permit and t | hat I |
| | | Signature and Pri | SHAYLA D PLATT | | _ |

10/31/2017

Date

134 gr

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SARASOTA COUNTY SO Time of Inspection: 09:11

Date of Inspection: 06/28/2017

Serial Number: 80-001347

Software: 8100.27

| Check or Test | YES | NO |
|---|-------|----|
| Date and/or Time Adjusted | | |
| | | No |
| Diagnostic Check (Pre-Inspection): OK | | 1 |
| | Yes | |
| Alcohol Free Subject Test: 0.000 | | |
| | Yes | |
| Mouth Alcohol Test: Slope Not Met | | |
| | Yes | |
| Interferent Detect Test: Interferent Detect | 1,000 | |
| | Yes | |
| Diagnostic Check (Post-Inspection): OK | | |
| | | No |

| Alcohol Free Test (g/210L) | | 0.05g/2 (g/210L Lot#:20 Exp: 07 |) 1507 | 'A | 0.08g/210L Test (g/210L) Lot#:201601F Exp: 01/26/2018 | | | 0.20g/210L Test (g/210L) Lot#: Exp: | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp: | |
|----------------------------------|---|--|-----------|----|--|-------|---|--|--|--|
| 0.000 | / | 0.000 | 0.051 | / | 0.049 | 0.080 | / | INT | | |
| 0.000 | / | 0.000 | 0.056 | / | 0.052 | 0.081 | | | | |
| INT | / | 0.000 | 0.057 | / | 0.055 | INT | | | | |

Number of Simulators Used: 5

Remarks

00: Interferent Detect. 05: Control Outside Tolerance. 08: Interferent Detect, Interferent Detect. N on-compliance: .

A/F TEST - UNKNOWN INTERESTENT DETECTED. NO CHANGES
MADE TEST REDONE.

REDONE

,08 - UNKNOWN INTERPRETE DETECT. NO CHANGES MASE. TEST ATTEMPTED ZUD TIME W/ SAME RESULT.

The above instrument complies () does not comply (X) 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

DEP M FELTOV

06/28/2017

Date