Florida Department of Law Enforcement Alcohol Testing Program

JUN 0-6 2017

FDLE

AGENCY INSPECTION REPORT - INTOXILYZER 8000 Testing Program

Agency: LEE COUNTY SO

Time of Inspection: 08:06

Date of Inspection: 06/06/2017

Serial Number: 80-001722

Software: 8100.27

| Check or Test | YES | NO |
|--|-----|----|
| Date and/or Time Adjusted | | 1 |
| | | No |
| Diagnostic Check (Pre-Inspection): OK | | |
| 21-1-1 7 7 7 7 | | No |
| Alcohol Free Subject Test: 0.000 | | |
| Mouth Alcohol most Glass Ville | | No |
| Mouth Alcohol Test: Slope Not Met | | |
| Interferent Detect Test: Interferent Detect | | No |
| interierent beteet lest: interierent beteet | | |
| Diagnostic Check (Post-Inspection): OK | | No |
| programme of the contract of t | | |
| | | 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 | Simulators | Used: | |
|---------|----|------------|-------|--|
| Remarks | | | | |

BYPASSED AI TO OPERATE INSTRUMENT

POBS

NIA COMPLIANCE WOT DETERMINED.

| 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.

Signature and Printed Name

06/06/2017

Date