

1363  
SP

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CHARLOTTE COUNTY SO  
Time of Inspection: 09:30

Date of Inspection: 12/28/2018

Serial Number: 80-001363  
Software: 8100.27

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

| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L)<br>Lot#:201802B<br>Exp: 02/06/2020 | 0.08g/210L Test (g/210L)<br>Lot#:201709A<br>Exp: 09/12/2019 | 0.20g/210L Test (g/210L)<br>Lot#:201702B<br>Exp: 02/23/2019 | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#:10818080A5<br>Exp: 06/05/2020 |
|----------------------------|---|---|---|---|
| 0.000                      | 0.050   | 0.079   | 0.201   | 0.079   |
| 0.000                      | 0.050   | 0.080   | 0.200   | 0.078   |
| 0.000                      | 0.050   | 0.079   | 0.201   | 0.078   |

Number of Simulators Used: 5

Remarks:  
CLEANED AND INSPECTED

*(MK)* Mouth Alcohol Present during A/F Test

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.

*Michael P Kern*

MICHAEL P KERN

Signature and Printed Name

12/28/2018  
Date

1363 SP

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CHARLOTTE COUNTY SO  
Time of Inspection: 15:53

Date of Inspection: 09/26/2018

Serial Number: 80-001363  
Software: 8100.27

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

| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L)<br>Lot#: 201802B<br>Exp: 02/06/2020 | 0.08g/210L Test (g/210L)<br>Lot#: 201709A<br>Exp: 09/12/2019 | 0.20g/210L Test (g/210L)<br>Lot#: 201702B<br>Exp: 02/23/2019 | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#: 10818080A5<br>Exp: 06/05/2018 |
|----------------------------|--|--|--|--|
| 0.000                      | 0.051  | 0.079  | 0.199  | 0.080  |
| 0.000                      | 0.051  | 0.079  | 0.200  | 0.080  |
| 0.000                      | 0.051  | 0.079  | 0.200  | 0.080  |

Number of Simulators Used: 5

Remarks:

CLEANED AND INSPECTED

*108 Solution wrong  
DATE entered  
Should be  
6/5/2020*

RECEIVED  
OCT 25 2018  
FDLE  
Alcohol Testing Program

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.

*cop [Signature]*  
Signature and Printed Name: MICHAEL P KERN

09/26/2018  
Date