-	AGENCI INSPEC	IION REPORT	INIOAILIZEA	500	O	
Agency: Fort L	auderdale Police D	epartment	Serial	Numbe	er: 80-	-006939
Time of Inspec		of Inspection:	Softwar			
_		s Ambania with Section 1921 - Section 1990 Albert 1993 About 1993				
CHECK OR TES	T				YES	NO
Date and/or T	ime Adjusted					
Diagnostic Ch	eck (Pre-Inspectio	n) · OK	the the test of			-
Alcohol Free	Subject Test: 0.00	0				
Mouth Alcohol	Test: Slope Not M	et				
Interferent De	etect Test: Interf	erent Detect				
Diagnostic Ch	eck (Post-Inspecti	on): OK	***			
Alcohol Free	0.05g/210L Test	0.08g/210L Test	0.20g/210L Test		8 g/210	
Test	(g/210L)	(g/210L)	(g/210L)			d Test
(g/210L)	Lot#:	Lot#:	Lot#:	_	/210L)	
	Exp:	Exp:	Exp:	Lot		
				Exp	<u>: </u>	
			<u> </u>	-		
					~	
Number of Simulato	ors Used:					
Remarks:						
Remarks:						
Inspection not con	ducted as the instrume	nt was at CMI for repair	ir			
1/4						
The above instrume	nt complies () doe	es not comply () w	ith Chapter 11D-8, FAC	•		
	hold a valid Florida pection in accordance			tor Pe	ermit an	d that I
1	. Vonting		KAYLA KEATI	15		
		Signature and Printed	Name	1		
		7/3/19				
		Date				

	ST			YES	3	NO
Date and/or T	ime Adjusted					
Diagnostic Ch	eck (Pre-Inspectio	n): OK				
Alcohol Free	Subject Test: 0.00	0				
Mouth Alcohol	Test: Slope Not M	et				
Interferent D	etect Test: Interf	erent Detect				
Diagnostic Ch	eck (Post-Inspecti	on): OK				
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/ Dry Gas (g/210 Lot#: Exp:	Std	
				1.		
Number of Simulato	ors Used:					
Remarks:						
Inspection not con	nducted as the instrume	nt was at CMI for repai	ir			
The above instrume	ent complies () do	es not comply () v	with Chapter 11D-8, FAC	: .		
I certify that I	hold a valid Florida	es not comply () we be a comply () we be a comply the complex contract of the contrac	Forcement Agency Inspec		and	that I

Agency: Fort L Time of Inspec	auderdale Police Date	e of Inspection:	Serial Softwar			-006939
CHECK OR TES	T				YES	NO
Date and/or T	ime Adjusted					1
Diagnostic Ch	eck (Pre-Inspectio	n): OK				1
		the side to the second				
Alcohol Free	Subject Test: 0.00	0				
	Test: Slope Not M					
Interferent De	etect Test: Interf	erent Detect				
Diagnostic Che	eck (Post-Inspecti	on): OK				
Alcohol Free	0.05g/210L Test	0.08g/210L Test	0.20g/210L Test	10.00	0 -/01/	\T
Test	(g/210L)	(g/210L)	(g/210L)		8 g/210 Gas St	d Test
(g/210L)	Lot#:	Lot#:	Lot#:		/210L)	
	Exp:	Exp:	Exp:	Lot		
Remarks:	rs Used:ducted as the instrumen	nt sent to CMI for rena	ir			
	,	te sent to the for repa	5/17/19			
			30			
			ith Chapter 11D-8, FAC.			
I certify that I performed this insp	hold a valid Florida pection in accordance w	Department of Law Enforith the provisions of	orcement Agency Inspect Chapter 11D-8, FAC.	tor Pe	ermit an	d that I
V.	anga Ventre		Name KAYLA	KER	TING	
	0	grynature and Printed	Name			
		04/18/19				

Agency: Fort L Time of Inspec	auderdale Police D tion: Date	epartment of Inspection:		Number: 80- ce: 8100.27	006939
CHECK OR TES	T			YES	NO
Date and/or T	ime Adjusted				
Diagnostic Che	eck (Pre-Inspection	n): OK			
Alcohol Free	Subject Test: 0.00	0			
Mouth Alcohol	Test: Slope Not M	et			
Interferent De	etect Test: Interf	erent Detect			
Diagnostic Che	eck (Post-Inspection	on): OK			
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/210 Dry Gas St (g/210L) Lot#: Exp:	
		74.7			
****				1	
Number of Simulato	rs Used:				
Remarks:					
Inspection not con	ducted as the instrumen	nt sent to CMI for repa	5/17/19		
The above instrume	nt complies () doe	es not comply () w	ith Chapter 11D-8, FAC		
I certify that I	hold a valid Florida pection in accordance w	Department of Law Enf	orcement Agency Inspec		d that I
Varyla	- Kentreig	Signature and Printed	Name KAYLA	KEATING	
		1 -1 -			



Alcohol Free Subje Mouth Alcohol Test Interferent Detect Diagnostic Check (Alcohol Free 0.05 (g/2 (g/210L) Lot# Exp: mmber of Simulators Use					YES	NO
Alcohol Free Subjection not conducted	Check (Pre-Inspecti				1	
Mouth Alcohol Test Interferent Detect Diagnostic Check (Alcohol Free 0.05 Test (g/2 (g/210L) Lot# Exp: mber of Simulators Use marks:		on): OK				
Mouth Alcohol Test Interferent Detect Diagnostic Check (Alcohol Free 0.05 Test (g/2 (g/210L) Lot# Exp: mber of Simulators Use marks:	ee Subject Test: 0.0	00				
Diagnostic Check (Alcohol Free 0.05 Test (g/2 (g/210L) Lot# Exp: mber of Simulators Use marks:	nol Test: Slope Not	Met				
Alcohol Free 0.05 Test (g/2 (g/210L) Lot# Exp: mber of Simulators Use marks:	t Detect Test: Inter	ferent Detect				
Alcohol Free 0.05 Pest (g/2 Pest (g/	Check (Post-Inspect	ion): OK				
Test (g/2 (g/210L) Lot# Exp: mber of Simulators Use marks:	***************************************					
marks:	Test (g/210L) (g/210L) (g/210L)				0.08 g/210L Dry Gas Std (g/210L) Lot#: Exp:	
	conducted as the instrum	ent was having power is ent being sent to CMI fo	sues and powered off af	ter al	.cohol/al	cohol
above instrument componently that I hold aformed this inspection						

7	AGENCY INSPEC	TION REPORT -	INTOXILYZER	8000	
Agency: Fort L	auderdale PD			Number: 80-	-006939
Time of Inspec	tion: Date	of Inspection:	Softwa	re: 8100.27	
CHECK OR TES	ST			YES	NO
Date and/or T	ime Adjusted				
Diagnostic Ch	eck (Pre-Inspectio	n): OK			
Alcohol Free	Subject Test: 0.00	0			
Mouth Alcohol	Test: Slope Not M	let			
Interferent D	etect Test: Interf	erent Detect			
Diagnostic Ch	eck (Post-Inspecti	on): OK			
					J
Alcohol Free	0.05g/210L Test	0.08g/210L Test	0.20g/210L Test	0.08 g/210	
Test	(g/210L)	(g/210L)	(g/210L)	Dry Gas St	d Test
(g/210L)	Lot#:	Lot#:	Lot#:	(g/210L) Lot#:	
	Exp:	Exp:	Exp:	Exp:	
				Exp.	
Remarks: Inspection not con appropriately.	nduct as the instrument	rest itself multiple t	times and could not sta	y powered on	
		,			
,					
The above instrume	nt complies () do	es not comply () w	vith Chapter 11D-8, FAC	•	
I certify that I performed this ins	hold a valid Florida pection in accordance	Department of Law Enf with the provisions of	orcement Agency Inspec Chapter 11D-8, FAC.	ctor Permit an	d that I
				1 2 4	
K. Kartie	y	Signature and Printed	K. KEATIN	1G 1704	
	V	signature and Printed	Name		