

Amended Report

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: *JACKSONVILLE SHERIFFS OFFICE*

Serial Number: *80-001018*

Time of Inspection:

Date of Inspection: *10-6-2020*

Software: *8100.27*

CHECK OR TEST	YES	NO
Date and/or Time Adjusted		
Diagnostic Check (Pre-Inspection): OK		
Alcohol Free Subject Test: 0.000		
Mouth Alcohol Test: Slope Not Met		
Interferent Detect Test: Interferent Detect		
Diagnostic Check (Post-Inspection): 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/210L Dry Gas Std Test (g/210L) Lot#: Exp:

Number of Simulators Used: _____

Remarks: *ON OCTOBER 6 2020 I WAS ADVISED THAT INSTRUMENT 80-001018 HAD FAILED ITS DIAGNOSTIC TEST DUE TO A (DSP FAILURE). I NOTIFIED THE DIAGNOSTIC FAILURE AND REMOVED THE INSTRUMENT FROM SERVICE. I NOTIFIED MY DEPARTMENTAL INSPECTOR ISRAEL SOTO WITH FILE/ATP TALLAHASSEE ABOUT THE REMOVAL OF THE INSTRUMENT FROM EVIDENTIARY USE. ARRANGEMENTS WERE MADE TO RETURN THE INSTRUMENT TO THE MANUFACTURER FOR INSPECTION (CMD, INC.) OWENSBORO KY. AGENCY INSPECTION WAS NOT POSSIBLE BEFORE REMOVAL DUE TO FAILURE DIAGNOSTIC INSPECTION.*

*P. LIGATSIS #69016
AGENCY INSPECTOR
JACKSONVILLE SHERIFFS OFFICE*

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.

[Signature]
Signature and Printed Name

ROBERT D. LIGATSIS

10-6-2020
Date