

Agency Report

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: *JACKSONVILLE SO*

Serial Number: *80-001279*

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 80-001279 HAD FAILED IT'S DIAGNOSTIC TEST DUE TO A (MEDIUM FAULT). I VISITED THE INSTRUMENT FAILED & IT'S DIAGNOSTIC TEST DUE TO A MEDIUM FAILURE. AFTER VISUALLY DIAGNOSTIC FAILURE I REMOVED INSTRUMENT 80-001279 FROM EVERYDAY USE. I NOTIFIED MY AGENCY INSPECTOR AT FDLE/ATP TALLAHASSEE OF THE REMOVAL. I MADE ARRANGEMENTS FOR THE INSTRUMENT TO BE RETURNED TO THE MANUFACTURER FOR INSPECTION (CME INC) OUNDTOWN KY. AGENCY INSPECTION BEFORE REMOVAL WAS NOT POSSIBLE DUE TO FAILED DIAGNOSTIC INSPECTION.*

(DEPARTMENTAL INSPECTOR ISRAEL SOTO AT FDLE/ATP)

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 LEGNITZ

10-6-2020
Date

*R. LEGNITZ 69066
AGENCY INSPECTOR
INSTRUMENT CHECKER
OFFICE*