#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO Time of Inspection: 07:55

Date of Inspection: 12/28/2020

Serial Number: 80-001443 Software: 8100.27

Yes

Check or Test	YES	NO
Date and/or Time Adjusted	125	140
Diagnostic Check (Pre-Inspection): OK		No
Alcohol Free Subject Test: 0.000	Yes	
Mouth 31-12	Yes	
Mouth Alcohol Test: Slope Not Met		
Interferent Detect Test: Interferent Detect	Yes	
	7	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201910D Exp: 10/22/2021	0.20g/210L Test (g/210L) Lot#:202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:08819080A1 Exp: 06/05/2021
0.000	0.050	0.079	0.198	0.080
0.000	0.049	0.080	0.200	0.080
0.000	0.049	0.080	0.201	0.080

Number of Simulators Used: 5

Remarks:

MONTHLY INSPECTION

REFERENCE SOLUTION FOR ,08 ENTERED IN EARON CORRECT NUMBER 15 LOT# 202007A EXP: 7/21/2022

) 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.

7)2 / Signature and Printed Name

12/28/2020

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO Time of Inspection: 02:10

Date of Inspection: 11/24/2020

Serial Number: 80-001443

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) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:202005A Exp: 05/12/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:08819080A1 Exp: 06/05/2021
0.000	0.048	0.078	0.199	0.080
0.000	0.049	0.078	0.200	0.080
0.000	0.049	0.079	0.200	0.080

Number	of	Simulators	<b>Used:</b>	5	

Remarks: NONE

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.

JUSTIN L GARLOW

Signature and Printed Name

11/24/2020 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO Time of Inspection: 15:50 Serial Number: 80-001443

Date of Inspection: 10/18/2020

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) Lot#:201910D Exp: 02/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:08819080A1 Exp: 06/05/2021
0.000	0.047	0.072 / 0.076	0.198	0.079
0.000	0.047	0.072 / 0.076	0.199	0.079
0.000	0.048	0.073 / 0.076	0.199	0.079

Number of Simulators Used: 5

Remarks:

08: Control Outside Tolerance.

TIGHTENED SIMULATOR LID, P. ETEST, DESUCTS OIL MONTHLY INSPECTION

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

RICHARD L PATRONE

10/18/2020

Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO Time of Inspection: 10:32

Date of Inspection: 09/20/2020

Serial Number: 80-001443

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) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:08819080A1 Exp: 06/05/2021
0.000	0.048	0.079	0.200	0.079
0.000	0.049	0.079	0.200	0.079
0.000	0.049	0.080	0.200	0.079

Number of Simulators Used: 5

Remarks:

MONTHLY INSPECTION

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

09/20/2020

Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO Time of Inspection: 02:44

Date of Inspection: 08/28/2020

Serial Number: 80-001443 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) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:08819080A1 Exp: 06/05/2021
0.000	0.050	0.080	0.202	0.079
0.000	0.050	0.080	0.202	0.079
0.000	0.050	0.080	0.202	0.078

37		04		weed.	E
Number	OI	Simuia	tors	usea:	5

Remarks:

The above	instrument	complies (	X ) does	not comp	ly (	) with Chapter	11D-8, FAC.				
I certify	that I ho	ld a valid	Florida De	partment	of Law	Enforcement Agen	cy Inspector	Permit	and	that	I
performed	this inspeg	ction in acc	ordance wit	h the pro	visions	of Chapter 11D-8	, FAC.				
	LI b	Larus	nd le	065			M HARWOOD				
_	- 01		S	ignature :	and Pri	nted Name					

08/28/2020 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO Time of Inspection: 00:38

Date of Inspection: 07/27/2020

Serial Number: 80-001443 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) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp:-02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:08819080A1 Exp: 06/05/2021
0 0 0 0	0.049	007-9	0.201	-0.081
0.000	0.050	0.080	0.201	0.080
0.000	0.049	0.080	0.201	0.080

Number	of	Simula	tors	<b>Vsed:</b>	5
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Remarks:

The above instrument complies ( X ) does not comply ( ) with	Chapter 11D-8, FAC.
I certify that I hold valid Florida Department of Law Enforceme performed this inspection in accordance with the provisions of Chapte	ent Agency Inspector Permit and that I er 11D-8, FAC.
Signature and Printed Name	CHARLES M HARWOOD

07/27/2020

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO Time of Inspection: 00:55

Date of Inspection: 05/27/2020

Serial Number: 80-001443

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) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:08819080A1 Exp: 06/05/2021
0.000	0.049	0.078	0.199	0.080
0.000	0.050	0.079	0.201	0.079
0.000	0.050	0.079	0.201	0.079

-	_			
Number	of	Simulato	rs Used:	5

Remarks:

The above instrument complies ( X ) does not comply	<del>-</del>
I certify that I hold a valid Florida Department of	Law Enforcement Agency Inspector Permit and that I
performed with the provisi	ons of Chapter 11D-8, FAC.
A. Exemped leves	CHARLES M HARWOOD
Signature and	Printed Name

05/27/2020

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO Time of Inspection: 19:24

Date of Inspection: 06/28/2020

Serial Number: 80-001443

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) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:08819089A1 Exp: 06/05/2021
0.000	0.048	0.078	0.198	0.080
0.000	0.049	0.078	0.199	0.080
0.000	0.049	0.079	0.200	0.080

Number of Simulators Used: 5

Remarks:

MONTHLY INSPECTION

The above instrument complies ( X ) does not comply ( ) with Chapter 11D-8, FAC.

7/a-

I certify that 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

RICHARD L PATRONE

06/28/2020 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO Time of Inspection: 00:55

Date of Inspection: 05/27/2020

Serial Number: 80-001443

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) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:08819080A1 Exp: 06/05/2021
0.000	0.049	0.078	0.199	0.080
0.000	0.050	0.079	0.201	0.079
0.000	0.050	0.079	0.201	0.079

-	_			
Number	of	Simulato	rs Used:	5

Remarks:

The above instrument complies ( X ) does not comply	<del>-</del>
I certify that I hold a valid Florida Department of	Law Enforcement Agency Inspector Permit and that I
performed with the provisi	ons of Chapter 11D-8, FAC.
A. Exemped leves	CHARLES M HARWOOD
Signature and	Printed Name

05/27/2020

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO Time of Inspection: 11:16

Date of Inspection: 02/28/2020

Serial Number: 80-001443 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) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:08819080A1 Exp: 06/05/2021
0.000	0.050	0.080	0.201	0.082
0.000	0.050	0.080	0.202	0.081
0.000	0.050	0.080	0.202	0.081

Number	of	Simulators	Treed: 5	
	~-		Ober: 7	

Remarks: NONE

The above	instrument complies ( X ) does not comply ( ) with Chapter 11D-8, FAC.			
I certify performed	that I hold a valid Florida Department of Law Enforcement Agency Inspector this inspection in accordance with the provisions of Chapter 11D-8, FAC.	Permit	and t	that

Signature and Printed Name

CHARLES M HARWOOD

02/28/2020 Date

#### AGENCY INSPECTION PROCEDURES - INTOXILYZER 8000

A. Prepare at least two simulators for use and allow them to warm up for at least thirty minutes prior to the first analysis. When changing solutions, allow the new solution to warm up for at least ten minutes after the heater light turns off for the first time. Ensure that each simulator maintains an air leak resistant seal and an operational temperature of 34 C (+/- 0.2 C).

Only distilled or deionized water must be used for the Alcohol Free Test and the Interferent Detect Test. Class A glassware must be used when measuring solutions.

Only approved and non-expired alcohol reference solution and non-expired dry gas standard from an approved source must be used during the applicable portions of the inspection.

Press ESC twice to access the main menu. Enter Agency Inspector last name, first name and middle initial at USER prompts. Press the 2 key to access the Agency Inspector menu. Enter password. Scroll to Inspection Test and press ENTER. Enter Agency Inspector last name, first name and middle initial at INSPECTOR prompts.

All results are reported to three decimal places in g/210L. The result must be 0.000 for each air blank. The instrument will abort the inspection process if the air blank result is not 0.000. If any test is out of compliance the instrument will prompt the Agency Inspector to REPEAT (Y/N) the test. Each test may only be repeated once. If a test must be repeated, the REASON must be entered when prompted and recorded in the Remarks section of FDLE/ATP Form 40 Agency Inspection Report – Intoxilyzer 8000.

Verify DATE. Adjust if necessary. Press ENTER. Verify TIME. Adjust if necessary. Press ENTER.

DIAGNOSTIC CHECK (Pre-Inspection). Press ENTER. The result must be OK for each diagnostic check. If any diagnostic check result is not OK, the instrument will abort the inspection process.

NUMBER OF SIMULATORS USED. Enter the number of simulators used during the inspection.

ALCOHOL FREE SUBJECT/MOUTH ALCOHOL TEST. Press ENTER. When PROVIDE SAMPLE NOW is displayed, introduce an alcohol-free breath sample into the instrument. The result must be 0.000. Rinse mouth with mouth alcohol solution. When PROVIDE SAMPLE NOW is again displayed introduce a breath sample into the instrument. The result must be SLOPE NOT MET.

ALCOHOL FREE TEST. Attach a simulator containing 500 mL distilled or deionized water to the instrument. Press ENTER. Conduct three (3) analyses. The result must be 0.000 for each analysis.

INTERFERENT DETECT TEST. Attach a simulator containing 3 mL of acetone stock solution and 500 mL distilled or deionized water to the instrument. Press ENTER. Conduct three (3) analyses. The result must be INTERFERENT DETECT for each analysis.

0.05 g/210L TEST. Attach a simulator containing 0.05 g/210L alcohol reference solution to the instrument. Press ENTER. Enter the lot number and expiration date of the alcohol reference solution used. Conduct three (3) analyses. The result of each analysis must be within the acceptable range.

0.08 g/210L TEST. Attach a simulator containing 0.08 g/210L alcohol reference solution to the instrument. Press ENTER. Enter the lot number and expiration date of the alcohol reference solution used. Conduct three (3) analyses. The result of each analysis must be within the acceptable range.

0.20 g/210L TEST. Attach a simulator containing 0.20 g/210L alcohol reference solution to the instrument. Press ENTER. Enter the lot number and expiration date of the alcohol reference solution used. Conduct three (3) analyses. The result of each analysis must be within the acceptable range.

0.08 g/210L DRY GAS STANDARD TEST. Attach a cylinder containing 0.08 g/210L dry gas standard to the instrument. Press ENTER. Enter the lot number and expiration date of the dry gas standard used. Conduct three (3) analyses. The result of each analysis must be within the acceptable range.

DIAGNOSTIC CHECK (Post-Inspection). Press ENTER. The result must be OK for each diagnostic check. If any diagnostic check result is not OK, the instrument will abort the inspection process.

REVIEW REMARKS. Enter Y/N.

IN COMPLIANCE. Enter Y/N to state whether the instrument complies or does not comply with the requirements of Chapter 11D-8, FAC. If the instrument does not comply with Chapter 11D-8, FAC, remove the instrument from service and notify the Department Inspector.

The results of the Agency Inspection must be recorded on FDLE/ATP Form 40 Agency Inspection Report – Intoxilyzer 8000. For regulatory and administrative purposes only, the results of the agency inspection must be made electronically available to the Department within five (5) days of completing the inspection.

Stated by Lt. C Harwood

FDLE/ATP Form 39 - Revised August 2005, Ref. 11D-8.006

Phone# 9, 1-866-425-3069

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO

Time of Inspection: 00:18

Date of Inspection: 01/26/2020

Serial Number: 80-001443

Software: 8100.27

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

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:08819080A1 Exp: 06/05/2021
0.000	0.050	0.079	0.200	0.081
0.000	0.050	0.080	0.201	0.081
0.000	0.051	0.081	0.202	0.081

Number	of	Simulators	Used:	5
				~

Remarks:

The above	instrument complies ( $$ X $$ ) does not comply	( ) with Chapter 11D-8, FAC.	
I certify performed	this pection in accordance with the provis	Law Enforcement Agency Inspector Permit and that ions of Chapter 11D-8, FAC.	I
	Signature and	CHARLES M HARWOOD Printed Name	

01/26/2020 Date

80-001443



### AGENCY INSPECTION PROCEDURES – INTOXILYZER 8000

- Prepare at least two simulators for use and allow them to warm up for at least thirty minutes prior to the first analysis. When changing solutions, allow the new solution to warm up for at least ten minutes after the heater light turns off for the first time. Ensure that each simulator maintains an air leak resistant seal and an operational temperature of 34 C (+/- 0.2 C).
- 2. Only distilled or deionized water must be used for the Alcohol Free Test and the Interferent Detect Test. Class A glassware must be used when measuring solutions.
- Only approved and non-expired alcohol reference solution and non-expired dry gas standard from an approved source must be used during the applicable portions of the inspection.
- A: Press ESC twice to access the main menu. Enter Agency Inspector last name, first name and middle initial at USER prompts. Press the 2 key to access the Agency Inspector menu. Enter password. Scroll to Inspection Test and press ENTER. Enter Agency Inspector last name, first name and middle initial at INSPECTOR prompts.
- All results are reported to three decimal places in g/210L. The result must be 0.000 for each air blank. The instrument will abort the inspection process if the air blank result is not 0.000. If any test is out of compliance the instrument will prompt the Agency Inspector to REPEAT (Y/N) the test. Each test may only be repeated once. If a test must be repeated, the REASON must be entered when prompted and recorded in the Remarks section of FDLE/ATP Form 40 Agency Inspection Report – Intoxilyzer 8000.
  - Verify DATE. Adjust if necessary. Press ENTER. Verify TIME. Adjust if necessary. Press ENTER.
  - DIAGNOSTIC CHECK (Pre-Inspection). Press ENTER. The result must be OK for each diagnostic check. If any diagnostic check result is not OK, the instrument will abort the inspection process.
  - NUMBER OF SIMULATORS USED. Enter the number of simulators used during the inspection.
  - ALCOHOL FREE SUBJECT/MOUTH ALCOHOL TEST. Press ENTER. When PROVIDE SAMPLE NOW is displayed, introduce an alcohol-free breath sample into the instrument. The result must be 0.000. Rinse mouth with mouth alcohol solution. When PROVIDE SAMPLE NOW is again displayed introduce a breath sample into the instrument. The result must be SLOPE NOT MET.
  - ALCOHOL FREE TEST. Attach a simulator containing 500 mL distilled or deionized water to the instrument. Press ENTER. Conduct three (3) analyses. The result must be 0.000 for each analysis.
  - MINTERFERENT DETECT TEST. Attach a simulator containing 3 mL of acetone stock solution and 500 mL distilled or deionized water to the instrument. Press ENTER. Conduct three (3) analyses. The result must be INTERFERENT DETECT for each analysis.
  - √ 0.05 g/210L TEST. Attach a simulator containing 0.05 g/210L alcohol reference solution to the instrument. Press ENTER. Enter the lot number and expiration date of the alcohol reference solution used. Conduct three (3) analyses. The result of each analysis must be within the acceptable range.
- 0.08 g/210L TEST. Attach a simulator containing 0.08 g/210L alcohol reference solution to the instrument. Press ENTER. Enter the lot number and expiration date of the alcohol reference solution used. Conduct three (3) analyses. The result of each analysis must be within the acceptable range.
- 0.20 g/210L TEST. Attach a simulator containing 0.20 g/210L alcohol reference solution to the instrument. Press ENTER. Enter the lot number and expiration date of the alcohol reference solution used. Conduct three (3) analyses. The result of each analysis must be within the acceptable range.
- 0.08 g/210L DRY GAS STANDARD TEST. Attach a cylinder containing 0.08 g/210L dry gas standard to the instrument. Press ENTER. Enter the lot number and expiration date of the dry gas standard used. Conduct three (3) analyses. The result of each analysis must be within the acceptable range.
- DIAGNOSTIC CHECK (Post-Inspection). Press ENTER. The result must be OK for each diagnostic check. If any diagnostic check result is not OK, the instrument will abort the inspection process.
- REVIEW REMARKS. Enter Y/N.
- IN COMPLIANCE. Enter Y/N to state whether the instrument complies or does not comply with the requirements of Chapter 11D-8, FAC. If the instrument does not comply with Chapter 11D-8, FAC, remove the instrument from service and notify the Department Inspector.
- The results of the Agency Inspection must be recorded on FDLE/ATP Form 40 Agency Inspection Report Intoxilyzer 8000. For regulatory and administrative purposes only, the results of the agency inspection must be made electronically available to the Department within five (5) days of completing the inspection.

HAMOOR

FDLE/ATP Form 39 - Revised August 2005, Ref. 11D-8.006