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NOV 13 2017

# Florida Department of Law Enforcement Alcohol Testing Program

FDLE  
Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO  
Time of Inspection: 15:18

Date of Inspection: 11/06/2017

Serial Number: 80-006475  
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#:201603D<br>Exp: 03/08/2018 | 0.08g/210L Test (g/210L)<br>Lot#:201611B<br>Exp: 11/15/2018 | 0.20g/210L Test (g/210L)<br>Lot#:201604C<br>Exp: 04/05/2018 | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#:34015080A3<br>Exp: 01/05/2018 |
|----------------------------|---|---|---|---|
| 0.000                      | 0.047   | 0.078   | 0.198   | 0.077   |
| 0.000                      | 0.048   | 0.078   | 0.199   | 0.077   |
| 0.000                      | 0.048   | 0.079   | 0.199   | 0.076   |

Number of Simulators Used: 5

Remarks:  
A. FRAZIER *Observed 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.

YVETTE D WASHINGTON

Signature and Printed Name

11/06/2017  
Date

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NOV 13 2017

# Florida Department of Law Enforcement Alcohol Testing Program

FDLE  
Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO  
Time of Inspection: 14:37

Date of Inspection: 11/06/2017

Serial Number: 80-006475  
Software: 8100.27

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

| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L)<br>Lot#: _____<br>Exp: _____ | 0.08g/210L Test (g/210L)<br>Lot#: _____<br>Exp: _____ | 0.20g/210L Test (g/210L)<br>Lot#: _____<br>Exp: _____ | 0.08 g/210L Dry Gas Std Test (g/210L)<br>Lot#: _____<br>Exp: _____ |
|----------------------------|---|---|---|--|
|                            |   |   |   |  |
|                            |   |   |   |  |
|                            |   |   |   |  |

Number of Simulators Used: \_\_\_\_\_

Remarks:

UNKNOWN Non-compliance: UNKNOWN.

During initial START up. I accidentally pressed NO for Diagnostic test instead of YES resulting in Diagnostic FAIL. The instrument automatically ABORTED the INSPECTION and a new inspection was commenced.

The above instrument complies ( ) does not comply ( X ) 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.

YVETTE D WASHINGTON

Signature and Printed Name

11/06/2017  
Date