Florida Department of Law Enforcement
Alcohol Testing Program

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MAR 28 2017
FDLE
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: HARDEE COUNTY SO
Time of Inspection:13:51 Date of Inspection:03/22/2017 Serial Number: 80-001002 BK
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: 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#:201603D Exp: 03/08/2018	0.08g/210L Test (g/210L) Lot#:201601F Exp: 01/26/2018	0.20g/210L Test (g/210L) Lot#: 201604C Exp: 04/05/2018	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: AG626605 Exp: 09/22/2018
0.000	0.051	0.079	0.198	0.080
0.000	0.052	0.079	0.200	0.080
0.000	0.052	0.080	0.200	0.080
0.000	0.052	0.079	0.200	0.081
0.000	0.052	0.079	0.199	0.080
0.000	0.052	0.080	0.199	0.080
0.000	0.052	0.080	0.199	0.080
0.000	0.052	0.080	0.199	0.080
0.000	0.052	0.080	0.199	0.080
0.000	0.053	0.080	0.199	0.080
Standard Deviations	0.0004	0.0005	0.0006	0.0003

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 Number of Simulators Used: 5

Remarks:

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

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Shayla Platt
SHAYLA D PLATT
Signature and Printed Name

03/22/2017
Date

FDLE/ATP Form 41 -- Revised August 2005

Reprinted From Database

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DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: HARDEE COUNTY SO
Time of Inspection: 13:51
Date of Inspection: 03/22/2017
Serial Number: 80-001002 BK
Software: 8100.27.00

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: 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#:201603D Exp: 03/08/2018	0.08g/210L Test (g/210L) Lot#:201601F Exp: 01/26/2018	0.20g/210L Test (g/210L) Lot#:201604C Exp: 04/05/2018	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG626605 Exp: 09/22/2018
0.000	0.051	0.079	0.198	0.080
0.000	0.052	0.079	0.200	0.080
0.000	0.052	0.080	0.200	0.080
0.000	0.052	0.079	0.200	0.081
0.000	0.052	0.079	0.199	0.080
0.000	0.052	0.080	0.199	0.080
0.000	0.052	0.080	0.199	0.080
0.000	0.052	0.080	0.199	0.080
0.000	0.052	0.080	0.199	0.080
0.000	0.053	0.080	0.199	0.080

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 Number of Simulators Used: 5

Remarks:

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

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Shayla Platt
SHAYLA D PLATT
Signature and Printed Name

03/22/2017
Date

FDLE/ATP Form 41 – March 2004

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Alcohol Testing Program

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: HARDEE COUNTY SO
Time of Inspection: 10:42
Date of Inspection: 03/28/2017
Serial Number: 80-001002
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK		No	Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK		No	Barometric Pressure Sensor Check: 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) 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:
Standard Deviations				

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: _____ Number of Simulators Used: ____

Remarks:

RWS 4/12

N/A NOT A COMPLIANCE CHECK.
TESTING INSTRUMENT FORMS ARE CORRECT.

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

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Shayla Platt SHAYLA D PLATT
Signature and Printed Name

03/28/2017
Date

FDLE/ATP Form 41 –Revised August 2005