

INSTRUMENT PROCESSING SHEET

Agency FWC - Hillsborough S/N 80-0009102
Date In 7/27/17 Date Out 7/31/17 Ship P/U H/D CMI EE

<p>Intake Performed By <u>[Signature]</u></p> <p><input type="checkbox"/> Registration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Return from CMI <input type="checkbox"/> Return from Enforcement Electronics <input type="checkbox"/> Other _____</p> <p>Visual Inspection: <u>ok</u> Case <u>ok</u> Handle <u>ok</u> Dry Gas Holder <u>ok</u> Feet <u>ok</u> Keyboard/Plug <u>ok</u> Back/Plugs <u>ok</u> Screws tight <u>ok</u> Breath Hose</p> <p>Other Equipment: <input type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Other <u>static Bag</u></p> <p>Notes: _____ _____ _____</p>	<p>Quality Checks Performed By _____</p> <p><input type="checkbox"/> Lab Temp °C _____ <input type="checkbox"/> Breath Tube Screen <input type="checkbox"/> Replace External O-Rings <input type="checkbox"/> Instrument Set Up Verified <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Flow Verification (L/s) Flow Column # _____ 32mm _____ (.139 - .169) 36mm _____ (.156 - .190) 53mm _____ (.228 - .278) 103mm _____ (.447 - .547)</p> <p><input type="checkbox"/> Barometric Pressure Check Gauge ID # _____</p> <p><input type="checkbox"/> Stability Checks</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.05</td> <td></td> <td></td> </tr> <tr> <td>0.08</td> <td></td> <td></td> </tr> <tr> <td>0.20</td> <td></td> <td></td> </tr> <tr> <td>0.08 DGS</td> <td>N/A</td> <td></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.05			0.08			0.20			0.08 DGS	N/A		<p>Flow Calibration Performed By _____</p> <p><input type="checkbox"/> Flow Calibration N/A <input type="checkbox"/> Flow Calibration Complete Flow Column # _____ <input type="checkbox"/> 5L/min - 17mm <input type="checkbox"/> 15L/min - 53mm <input type="checkbox"/> 30L/min - 103mm <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Post Calibration Verification (L/s) Flow Column # _____ 32mm _____ (.139 - .169) 36mm _____ (.156 - .190) 53mm _____ (.228 - .278) 103mm _____ (.447 - .547)</p> <p>Maintenance Performed By _____</p> <p><input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____</p> <p>Quality Checks Cont. Performed By _____ Simulator Temperatures °C External Digital Therm. ID#: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____</p>
Simulator	Serial #	Lot #/Exp															
0.05																	
0.08																	
0.20																	
0.08 DGS	N/A																

Calibration Adjustment Performed By _____

Calibration Adjustment N/A
 Calibration Adjustment Complete

Barometric Pressure Gauge _____ ID # _____

Simulator	Serial Number	Lot Number	Expiration
0.000		N/A	N/A
0.040			
0.100			
0.200			
0.300			
0.080 DGS	N/A		

Post Calibration Adjustment Stability Checks

Simulator	Serial Number	Lot Number	Expiration
0.05			
0.08			
0.20			
0.08 DGS	N/A		

Department Inspection Performed By _____

Barometric Pressure _____ Gauge
 ID# _____ Instrument

Mouth Alcohol Solution Lot # _____
 Acetone Stock Solution Lot # _____

Simulator	Serial Number
0.00	
Interferent	
0.05	
0.08	
0.20	

Attachments

<input type="checkbox"/> Form 41	<input type="checkbox"/> Calibration Adjustment
<input type="checkbox"/> Pre-Stability Tests	<input type="checkbox"/> Post-Stability Tests
<input type="checkbox"/> Flow Calibration	<input type="checkbox"/> Other _____

Notes/Suggested Service:
Printer cable connection has dislodged into instrument. Checked for records, no records. Sending to call for repair. @ms

Instrument Complies with Chapter 11D-8, FAC
 Instrument Does Not Comply with Chapter 11D-8, FAC

Return to/Place into Evidentiary Use
 Remain Out of Evidentiary Use
 Conduct an Agency Inspection Before Evidentiary Use

Return Material Authorization form

SHIP TO:

CMI, Inc.

Enforcement Electronics

Shipment to repair facility authorized by: Damon Pulaski on 7/27/17

Items Returned:

Instrument Supplies other Please Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number 80-000902

Bill To Address:

FFWCC
5110 Gandy Blvd.
Tampa, FL 33611

Ship To Address:

FDLE-ATP
Danielle Bell
2331 Phillips Rd.
Tallahassee, FL 32308

Reason for Return:

Printer port dislodged = inside instrument otherwise
working well.

Please choose one of the following options:

- 1. I _____, authorize all repairs.
- 2. I _____, authorize repairs up to \$ _____.
- 3. I require an estimate **BEFORE** any repairs will be authorized and/or conducted,
Please contact, Name: Damon Pulaski Phone Number: (321) 586-7244
Damon.Pulaski@myfwc.com

Notes:

INSTRUMENT PROCESSING SHEET

Agency FFWCC S/N 80-000902
 Date In 4/15/17 Date Out 6/6/17 Ship P/U H/D CMI EE

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 Alcohol Testing Program

Intake Performed By _____

Registration
 Annual
 Return from CMI
 Return from Enforcement Electronics
 Other _____

Visual Inspection:
 Case _____ Handle _____
 Dry Gas Holder _____ Feet _____
 Keyboard/Plug _____ Back/Plugs _____
 Screws tight _____ Breath Hose _____

Other Equipment:
 Power cord
 Printer Cable
 Other _____

Notes: _____

Quality Checks Performed By SOB

Lab Temp °C 20.7
 Breath Tube Screen
 Replace External O-Rings
 Instrument Set Up Verified
 R-Value _____
 Flow Verification (L/s)
 Flow Column # _____
 32mm _____ (.139 - .169)
 36mm _____ (.156 - .190)
 53mm _____ (.228 - .278)
 103mm _____ (.447 - .547)

Barometric Pressure Check
 Gauge ID # _____

Stability Checks

Simulator	Serial #	Lot #/Exp
0.05		
0.08		
0.20		
0.08 DGS	N/A	AG612705 513118

Flow Calibration Performed By _____

Flow Calibration N/A
 Flow Calibration Complete
 Flow Column # _____
 5L/min - 17mm
 15L/min - 53mm
 30L/min - 103mm

R-Value _____
 Post Calibration Verification (L/s)
 Flow Column # _____
 32mm _____ (.139 - .169)
 36mm _____ (.156 - .190)
 53mm _____ (.228 - .278)
 103mm _____ (.447 - .547)

Maintenance Performed By SOB

Battery Replacement
 Dry Gas Regulator Replacement
 Breath Tube Replacement
 Other _____

Quality Checks Cont. Performed By SP
Simulator Temperatures °C
 External Digital Therm. ID#: 300505
 34°C +/- .2 Serial #: SD3962
 34°C +/- .2 Serial #: SD3964
 34°C +/- .2 Serial #: SD3933

Calibration Adjustment Performed By _____

Calibration Adjustment N/A
 Calibration Adjustment Complete
 Barometric Pressure Gauge _____ ID # _____

Simulator	Serial Number	Lot Number	Expiration
0.000		N/A	N/A
0.040			
0.100			
0.200			
0.300			
0.080 DGS	N/A		

Post Calibration Adjustment Stability Checks

Simulator	Serial Number	Lot Number	Expiration
0.05			
0.08			
0.20			
0.08 DGS	N/A		

Department Inspection Performed By SOB

Barometric Pressure 1004 Gauge
 ID# 28421 1004 Instrument

Mouth Alcohol Solution Lot # 2016-C
 Acetone Stock Solution Lot # 2017-A

Simulator	Serial Number
0.00	G2880
Interferent	G2834
0.05	SD3962
0.08	SD3964
0.20	SD3933

Attachments

Form 41
 Pre-Stability Tests (DG Only)
 Flow Calibration

Calibration Adjustment
 Post-Stability Tests
 Other _____

Notes/Suggested Service:
Replaced dry gas regulator then performed a DGS Quality Check. Repeated Department inspection after DG Regulator replacement.
SOB

QC 6/6/17 J. E. ... 6/6/17

Instrument Complies with Chapter 11D-8, FAC
 Instrument Does Not Comply with Chapter 11D-8, FAC

Return to/Place into Evidentiary Use
 Remain Out of Evidentiary Use
 Conduct an Agency Inspection Before Evidentiary Use

Quality Control Review _____ Date _____

Dry Gas Standard
Stability Check
After Regulator Replacement

#80-000902

FFWCC

6/6/17

[Signature]

DBS

FFWCC TAMPA
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000902
06/06/2017
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:29
Control Test	0.080	14:30
Air Blank	0.000	14:30
Control Test	0.079	14:30
Air Blank	0.000	14:31
Control Test	0.080	14:31
Air Blank	0.000	14:32
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

[Handwritten mark]

[Signature]

Operator's Signature

[Handwritten mark]

INSTRUMENT PROCESSING SHEET

Agency FWC

S/N 80-000902

Date In 4/15/17

Date Out 5/3/17

Ship P/U H/D CMI EE Keep

Not leaving facility FWS

Intake <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Return from CMI <input type="checkbox"/> Return from Enforcement Electronics <input type="checkbox"/> Other _____ Visual Inspection: <u>ok</u> Case <u>ok</u> Handle <u>ok</u> Dry Gas Holder <u>ok</u> Feet <u>ok</u> Keyboard/Plug <u>ok</u> Back/Plugs <u>ok</u> Screws tight <u>ok</u> Breath Hose Other Equipment: <input checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Other _____ Notes: _____ _____ _____	Quality Checks Performed By <u>FWS</u> <input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace O-Rings <input checked="" type="checkbox"/> Instrument Set Up Verified <input checked="" type="checkbox"/> R-Value <u>129</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP105</u> 32mm <u>0.140</u> (.139 - .169) 36mm <u>0.156</u> (.156 - .190) 53mm <u>0.230</u> (.228 - .278) 103mm <u>0.511</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</u> <input checked="" type="checkbox"/> Stability Checks	Flow Calibration Performed By <u>FWS</u> <input checked="" type="checkbox"/> Flow Calibration N/A <input type="checkbox"/> Flow Calibration Complete Flow Column # _____ <input type="checkbox"/> 5L/min - 17mm <input type="checkbox"/> 15L/min - 53mm <input type="checkbox"/> 30L/min - 103mm <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Post Calibration Verification (L/s) Flow Column # _____ 32mm _____ (.139 - .169) 36mm _____ (.156 - .190) 53mm _____ (.228 - .278) 103mm _____ (.447 - .547)															
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Simulator	Serial #	Lot #/Exp															
0.05	<u>G3709</u>	<u>201603D</u> <u>3/8/18</u>															
0.08	<u>DR1279</u>	<u>201611B</u> <u>11/15/18</u>															
0.20	<u>DR3856</u>	<u>201604C</u> <u>4/5/18</u>															
0.08 DGS	N/A	<u>AG1626605</u> <u>9/22/18</u>															

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Optical Bench Calibration Performed By _____ <input checked="" type="checkbox"/> Optical Bench Calibration N/A <input type="checkbox"/> Optical Bench Calibration Complete Barometric Pressure Gauge ID # _____ <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td></td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>0.040</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.100</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.200</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.400</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Post Calibration Stability Checks <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>0.05</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.08</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.20</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.08 DGS</td> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table>	Simulator	Serial Number	Lot Number	Expiration	0.000		N/A	N/A	0.040				0.100				0.200				0.400				0.080 DGS	N/A			Simulator	Serial Number	Lot Number	Expiration	0.05				0.08				0.20				0.08 DGS	N/A		
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0.20																																																
0.08 DGS	N/A																																															

Department Inspection Performed By <u>FWS</u> <input checked="" type="checkbox"/> Barometric Pressure ID# <u>28427</u> Gauge <u>1013</u> Instrument <u>1011</u> Mouth Alcohol Solution Lot # <u>2016-C</u> Acetone Stock Solution Lot # <u>2017-A</u> <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.00</td> <td><u>G2880</u></td> </tr> <tr> <td>Interferent</td> <td><u>G2834</u></td> </tr> <tr> <td>0.05</td> <td><u>G3709</u></td> </tr> <tr> <td>0.08</td> <td><u>DR1279</u></td> </tr> <tr> <td>0.20</td> <td><u>DR3856</u></td> </tr> </tbody> </table>	Simulator	Serial Number	0.00	<u>G2880</u>	Interferent	<u>G2834</u>	0.05	<u>G3709</u>	0.08	<u>DR1279</u>	0.20	<u>DR3856</u>
Simulator	Serial Number											
0.00	<u>G2880</u>											
Interferent	<u>G2834</u>											
0.05	<u>G3709</u>											
0.08	<u>DR1279</u>											
0.20	<u>DR3856</u>											
Attachments <input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Pre-Stability Tests <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Optical Bench Cal <input type="checkbox"/> Post-Stability Tests <input checked="" type="checkbox"/> Other <u>Form 40</u>												

Notes: Please change menu level 2 password to something unique. FWS
Dry gas regulator has a slow leak. Sending regulator to repair. FWS
QA/RC OK SP

<input checked="" type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input type="checkbox"/> Return to/Place into Evidentiary Use <input checked="" type="checkbox"/> Remain Out of Evidentiary Use <input checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use

Quality Control Review

JJ Graham

5/4/17

Date



Alcohol Testing Program

INSTRUMENT PROCESSING SHEET

Agency FWC

S/N 80-000902

Date In 4/15/17

Date Out 5/3/17

Ship P/U H/D CMI EE Keep

Intake Performed By [Signature]

Registration
 Annual
 Return from CMI
 Return from Enforcement Electronics
 Other _____

Visual Inspection:
OK Case OK Handle
OK Dry Gas Holder OK Feet
OK Keyboard/Plug OK Back/Plugs
OK Screws tight OK Breath Hose

Other Equipment:
 Power cord
 Printer Cable
 Other _____

Notes: _____

Quality Checks Performed By [Signature]

Breath Tube Screen
 Replace O-Rings
 Instrument Set Up Verified
 R-Value 129
 Flow Verification (L/s)
 Flow Column # ATP105
 32mm 0.140 (.139 - .169)
 36mm 0.156 (.156 - .190)
 53mm 0.230 (.228 - .278)
 103mm 0.511 (.447 - .547)

Barometric Pressure Check
 Gauge ID # 28427

Stability Checks

Simulator	Serial #	Lot #/Exp
0.05	<u>G3709</u>	<u>201603D</u> <u>3/8/18</u>
0.08	<u>DR1279</u>	<u>201611B</u> <u>11/15/18</u>
0.20	<u>DR3856</u>	<u>201604C</u> <u>4/15/18</u>
0.08 DGS	N/A	<u>AG626605</u> <u>9/22/18</u>

Flow Calibration Performed By [Signature]

Flow Calibration N/A
 Flow Calibration Complete
 Flow Column # _____
 5L/min - 170mm
 15L/min - 53mm
 30L/min - 103mm

R-Value _____
 Post Calibration Verification (L/s)
 Flow Column # _____
 32mm _____ (.139 - .169)
 36mm _____ (.156 - .190)
 53mm _____ (.228 - .278)
 103mm _____ (.447 - .547)

Maintenance Performed By _____

Battery Replacement
 Dry Gas Regulator Replacement
 Breath Tube Replacement
 Other _____

Suggested Service
Sending dry gas regulator for repair.

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Optical Bench Calibration Performed By _____

Optical Bench Calibration N/A
 Optical Bench Calibration Complete

Barometric Pressure Gauge ID # _____

Simulator	Serial Number	Lot Number	Expiration
0.000		N/A	N/A
0.040			
0.100			
0.200			
0.400			
0.080 DGS	N/A		

Post Calibration Stability Checks

Simulator	Serial Number	Lot Number	Expiration
0.05			
0.08			
0.20			
0.08 DGS	N/A		

Department Inspection Performed By [Signature]

Barometric Pressure
 ID# 28427 1013 Gauge
1011 Instrument

Mouth Alcohol Solution Lot # 2016-C
 Acetone Stock Solution Lot # 2017-A

Simulator	Serial Number
0.00	<u>G2880</u>
Interferent	<u>G2834</u>
0.05	<u>G3709</u>
0.08	<u>DR1279</u>
0.20	<u>DR3856</u>

Attachments

Form 41
 Pre-Stability Tests
 Flow Calibration
 Optical Bench Cal
 Post-Stability Tests
 Other Form 40

Notes: Please change menu level 2 password to something unique. [Signature]

Dry gas regulator has a slow leak. Sending regulator to repair. [Signature]

OK SP

Instrument Complies with Chapter 11D-8, FAC
 Instrument Does Not Comply with Chapter 11D-8, FAC
 Return to/Place into Evidentiary Use
 Remain Out of Evidentiary Use
 Conduct an Agency Inspection Before Evidentiary Use

[Signature] 5/4/17

Quality Control Review

Date

Stability Checks

#80-000902

FFWCC

5/3/17

RWS

FFWCC TAMPA
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000902
05/03/2017
Software: 8100.27

FFWCC TAMPA
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000902
05/03/2017
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:59
Control Test	0.196	14:00
Air Blank	0.000	14:00
Control Test	0.197	14:01
Air Blank	0.000	14:01
Control Test	0.197	14:02
Air Blank	0.000	14:03
Control Test Stats		
Average	0.1967	
Std Dev	0.0006	
Rel Std Dev(%)	0.2936	

Test	g/210L	Time
Air Blank	0.000	14:04
Control Test	0.079	14:05
Air Blank	0.000	14:05
Control Test	0.079	14:06
Air Blank	0.000	14:06
Control Test	0.080	14:07
Air Blank	0.000	14:07
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	

FFWCC TAMPA
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000902
05/03/2017
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:19
Control Test	0.051	14:20
Air Blank	0.000	14:21
Control Test	0.050	14:21
Air Blank	0.000	14:22
Control Test	0.050	14:22
Air Blank	0.000	14:23
Control Test Stats		
Average	0.0503	
Std Dev	0.0006	
Rel Std Dev(%)	1.1471	

RWS

Operator's Signature

RWS

Operator's Signature

DGS

FFWCC TAMPA
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000902
05/03/2017
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:11
Control Test	0.079	14:12
Air Blank	0.000	14:12
Control Test	0.080	14:13
Air Blank	0.000	14:13
Control Test	0.079	14:13
Air Blank	0.000	14:14
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	

RWS

Operator's Signature

JTB

SP

RWS

Operator's Signature

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FFWCC TAMPA
Time of Inspection: 13:57

Date of Inspection: 05/03/2017

Serial Number: 80-000902
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) 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:
BYPASSED AI TO OPERATE INSTRUMENT. NOT A COMPLIANCE CHECK.

SP
JD

N/A Compliance Not Determined. RMB

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.

Danielle M Bell

DANIELLE M BELL

Signature and Printed Name

05/03/2017
Date