

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO
Time of Inspection: 14:24

Date of Inspection: 11/14/2018

Serial Number: 80-006925
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#:201709A Exp: 09/12/2019 | 0.08g/210L Test (g/210L) Lot#:201709A Exp: 09/12/2019 | 0.20g/210L Test (g/210L) Lot#:201702B Exp: 02/23/2019 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:19817080A1 Exp: 09/05/2019 |
|----------------------------|---|---|---|---|
| 0.000 | 0.047 | 0.078 | 0.195 | 0.078 |
| 0.000 | 0.048 | 0.078 | 0.196 | 0.078 |
| 0.000 | 0.048 | 0.078 | 0.197 | 0.078 |

Number of Simulators Used: 5

Remarks:

A F / M A: .RESIDUAL MOUTH ALCOHOL FROM PREVIOUS TEST. *GERMANS PRESENT & OBSERVED*

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.



YVETTE D WASHINGTON

Signature and Printed Name

11/14/2018
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO
Time of Inspection: 12:44

Date of Inspection: 09/19/2018

Serial Number: 80-006925
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#:201802B Exp: 02/06/2020 | 0.08g/210L Test (g/210L) Lot#:201709A Exp: 09/12/2019 | 0.20g/210L Test (g/210L) Lot#:201702B Exp: 02/23/2019 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:19817080A1 Exp: 09/05/2019 |
|----------------------------|---|---|---|---|
| 0.000 | 0.046 | 0.076 | 0.197 | 0.076 |
| 0.000 | 0.046 | 0.078 | 0.199 | 0.076 |
| 0.000 | 0.045 | 0.078 | 0.199 | 0.076 |

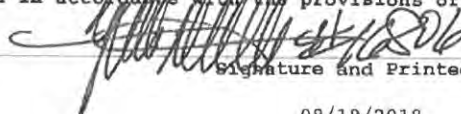
Number of Simulators Used: 5

Remarks:

"O" RING CHANGED & INSTRU PASSED INSPEC A FRAZIER PRST & OB

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.



YVETTE D WASHINGTON

Signature and Printed Name

09/19/2018
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO
Time of Inspection: 12:06

Date of Inspection: 09/19/2018

Serial Number: 80-006925
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 | | No |

| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L) Lot#:201802B Exp: 02/06/2020 | 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: |
|----------------------------|---|---|---|--|
| 0.000 | 0.043 / 0.043 | | | |
| 0.000 | 0.044 / 0.043 | | | |
| 0.000 | 0.043 / 0.043 | | | |

Number of Simulators Used: 5

Remarks:

05: Control Outside Tolerance, Control Outside Tolerance. Non-compliance: CONTRL OUTSIDE TOL UNKN.

SECOND INSPECTION CONDUCTED

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 #16804
Signature and Printed Name

YVETTE D WASHINGTON

09/19/2018
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO
Time of Inspection: 12:44

Date of Inspection: 09/19/2018

Serial Number: 80-006925
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#:201802B Exp: 02/06/2020 | 0.08g/210L Test (g/210L) Lot#:201709A Exp: 09/12/2019 | 0.20g/210L Test (g/210L) Lot#:201702B Exp: 02/23/2019 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:19817080A1 Exp: 09/05/2019 |
|----------------------------|---|---|---|---|
| 0.000 | 0.046 | 0.076 | 0.197 | 0.076 |
| 0.000 | 0.046 | 0.078 | 0.199 | 0.076 |
| 0.000 | 0.045 | 0.078 | 0.199 | 0.076 |

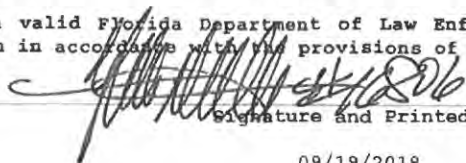
Number of Simulators Used: 5

Remarks:

"O" RING CHANGED & INSTRU PASSED INSPEC A FRAZIER PRST & OB

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.



YVETTE D WASHINGTON

Signature and Printed Name

09/19/2018
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Broward County SO

Serial Number: 80-006925

Time of Inspection:

Date of Inspection: May 2018

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: _____ |
|----------------------------|---|---|---|--|
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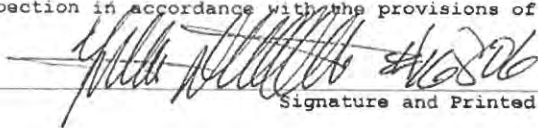
Number of Simulators Used: _____

Remarks:

Inspection not conduct as the instrument was sent to CMI, Inc by FDLE in

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 and Printed Name

Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO
Time of Inspection: 12:06

Date of Inspection: 09/19/2018

Serial Number: 80-006925
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 | | No |

| Alcohol Free Test (g/210L) | 0.05g/210L Test (g/210L) Lot#:201802B Exp: 02/06/2020 | 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: |
|----------------------------|---|---|---|--|
| 0.000 | 0.043 / 0.043 | | | |
| 0.000 | 0.044 / 0.043 | | | |
| 0.000 | 0.043 / 0.043 | | | |

Number of Simulators Used: 5

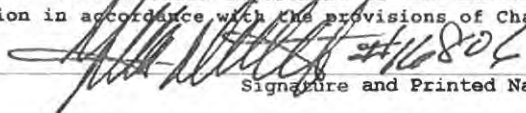
Remarks:

05: Control Outside Tolerance, Control Outside Tolerance. Non-compliance:CONTRL OUTSIDE TOL UNKN.

SECOND INSPECTION CONDUCTED

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.



YVETTE D WASHINGTON

Signature and Printed Name

09/19/2018

Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO
Time of Inspection: 15:53

Date of Inspection: 07/13/2018

Serial Number: 80-006925
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#:201703A Exp: 03/07/2019 | 0.08g/210L Test (g/210L) Lot#:201709A Exp: 09/12/2019 | 0.20g/210L Test (g/210L) Lot#:201702B Exp: 02/23/2019 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:19817080A1 Exp: 09/05/2019 |
|----------------------------|---|---|---|---|
| 0.000 | 0.048 | 0.077 | 0.197 | 0.078 |
| 0.000 | 0.049 | 0.077 | 0.198 | 0.079 |
| 0.000 | 0.048 | 0.078 | 0.199 | 0.079 |

Number of Simulators Used: 5

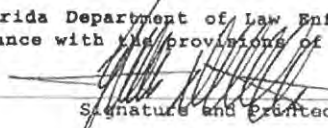
Remarks:

A F / M A: MOUTH ALCOHOL PROVIDED BEFORE ALCOHOL FREE BREATH. MOUTH ALCHOL PROVIDED BEFORE ALCOHOL FREE BREATH

A. FRAZIER PRESENT AND OBSERVED.

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 and Printed Name

YVETTE D WASHINGTON

07/13/2018
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Broward County SO
Time of Inspection:

Date of Inspection: May 2018

Serial Number: 80-006925
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: _____ |
|----------------------------|---|---|---|--|
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| | | | | |
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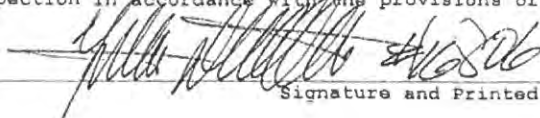
Number of Simulators Used: _____

Remarks:

Inspection not conduct as the instrument was sent to CMI, Inc by FDLE in

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 and Printed Name

Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Broward County SO

Serial Number: 80-006925

Time of Inspection:

Date of Inspection: April 2018

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: _____ |
|----------------------------|---|---|---|--|
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| | | | | |
| | | | | |

Number of Simulators Used: _____

Remarks:

Inspection not conduct as the instrument was sent to CMI, Inc by FDLE in March 2018.

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.

[Handwritten Signature]

Signature and Printed Name

Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Broward County SO

Serial Number: 80-006925

Time of Inspection:

Date of Inspection: March 2018

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: _____ |
|----------------------------|---|---|---|--|
| | | | | |
| | | | | |
| | | | | |

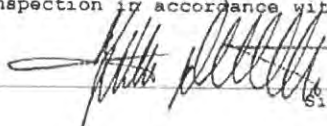
Number of Simulators Used: _____

Remarks:

Inspection not conduct as the instrument was sent back to CMI, Inc by FDLE.

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.

 #16806

Signature and Printed Name

Date