Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT – INTOXILYZER 8000

Agency: Seminole County SO
Time of Inspection: **Date of Inspection:** **Serial Number:** 80-001272
Software:

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

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

Remarks:
Unable to perform Department Inspection due to instrument being sent to a repair facility.

N/A Compliance not determined

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.

Israel Soto
Signature and Printed Name

12-15-2020
Date

FDLE/ATP Form 41 –Revised August 2005 Ref. 11D-8.004