

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Franklin County SO
Time of Inspection:

Date of Inspection:

Serial Number: 80-000953
Software: 8100.27

| 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: |
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| Standard Deviations | | | | |
|---------------------|--|--|--|--|

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

Remarks: Compliance not determined for 2023, instrument at repair facility.

The above instrument complies () 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

Israel Soto

Signature and Printed Name

01-05-2024
Date