AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Broward County SO

Time of Inspection:

Serial Number: 80-006925

Date of Inspection: December 2024

| | ST | | | YES | NO |
|------------------|-------------------------|------------------------|---|------------|--------|
| Date and/or ? | Time Adjusted | | | | |
| Diagnostic Ch | neck (Pre-Inspection | on): OK | | | - |
| Alcohol Free | Subject Test: 0.00 | 00 | | | |
| | Test: Slope Not M | | | | |
| | | | | | |
| Interferent D | etect Test: Interf | erent Detect | | | |
| Diagnostic Ch | eck (Post-Inspecti | on): OK | | | |
| | | | | | |
| Alcohol Free | | 0.08g/210L Test | 0.20g/210L Test | 0.08 g/210 | L |
| rest | (g/210L) | (g/210L) | (g/210L) | Dry Gas St | |
| (g/210L) | Lot#: | Lot#: | Lot#: | (g/210L) | |
| | Exp: | Exp: | Exp: | Lot#: | |
| | | | _ | Exp: | |
| | | | Yı | | |
| | | | | | |
| | | | | | |
| | | | | | |
| marks: Inspectio | on was not conducted as | the instrument was ser | nt to FDLE for evaluation | on. | |
| | | the instrument was ser | nt to FDLE for evaluation | on. | |
| above instrume | nt complies () doe | es not comply () w | ith Chapter 11D-8, FAC. | | |
| above instrument | nt complies () doe | es not comply () w | ith Chapter 11D-8, FAC. | | that |
| above instrument | nt complies () doe | es not comply () w | ith Chapter 11D-8, FAC. | | that : |
| above instrument | nt complies () doe | es not comply () w | ith Chapter 11D-8, FAC. orcement Agency Inspec Chapter 11D-8, FAC. | | that |

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Broward County SO

Serial Number: 80-006925

Time of Inspection:

Date of Inspection: November 2024

Software: 8100.27

| CHECK OR TES | | | | | | | | |
|----------------------------------|--|--|--|--|----------|--|--|--|
| Date and/or Ti | ate and/or Time Adjusted | | | | | | | |
| Diagnostic Che | iagnostic Check (Pre-Inspection): OK | | | | | | | |
| Alcohol Free S | l Free Subject Test: 0.000 | | | | | | | |
| Mouth Alcohol | Test: Slope Not M | et | | | | | | |
| Interferent De | etect Test: Interf | erent Detect | | | | | | |
| Diagnostic Che | eck (Post-Inspecti | on): OK | | | | | | |
| | | T | 10.00-/010T Most | 0.08 g/21 | OT | | | |
| 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: | Dry Gas S (g/210L) Lot#: Exp: | td Test | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ors Used:on was not conducted as | the instrument was se | ent to CMI, Inc for repa | airs. | | | | |
| | | s the instrument was se | ent to CMI, Inc for repa | airs. | | | | |
| emarks: Inspection | on was not conducted as | | | | | | | |
| emarks: Inspection | ent complies () do | not comply () | with Chapter 11D-8, FA | c. | and that | | | |
| emarks: Inspection | ent complies () do | not comply () | with Chapter 11D-8, FA | c. | | | | |

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Broward County SO

Serial Number: 80-006925

Time of Inspection:

Date of Inspection: October 2024

Software: 8100.27

| CHECK OR TES | T | | | YES | NO | |
|------------------------------------|--|---|---------------------|--------------|----------|--|
| | or Time Adjusted | | | | | |
| Diagnostic Ch | eck (Pre-Inspectio | n): OK | | | | |
| | | | | | | |
| Alcohol Free | Subject Test: 0.00 | | | | | |
| Mouth Alcohol | Test: Slope Not M | et | | | | |
| Interferent D | etect Test: Interf | erent Detect | | | | |
| Diagnostic Ch | eck (Post-Inspecti | on): OK | | | | |
| Alcohol Free | 0.05g/210L Test | 0.08g/210L Test | 0.20g/210L Test | 0.08 g/21 | 0L | |
| Test | (g/210L) | (g/210L) | (g/210L) | Dry Gas S | | |
| (g/210L) | Lot#: | Lot#: | Lot#: | (g/210L) | | |
| (3//-/ | Exp: | Exp: | Exp: | Lot#: | | |
| | LAP. | | | Exp: | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | the instrument was ser | | | | |
| | | | | | and that | |
| certify that I erformed this in | npid a valid Florida spection in accordance | Department of Law Entwith the provisions of | Chapter 11D-8, FAC. | COL FEIMIC 8 | and that | |
| _ | The Contract | I A MO | NON | Anaya Frazie | er | |
| | | | | | | |
| | 7 | Signature and Printed | Name | | | |
| | 7.7 | Signature and Printed | Name | | | |

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Broward County SO

Serial Number: 80-006925

Time of Inspection:

Date of Inspection: September 2024

| CHECK OR TES | ST | | | | YES | NO |
|------------------|---------------------|-----------------|-----------------|------|----------------|---------|
| Date and/or I | ime Adjusted | | | | | |
| Diagnostic Ch | eck (Pre-Inspection | on): OK | | | | |
| Alcohol Free | Subject Test: 0.00 | 0 | | | | |
| Mouth Alcohol | . Test: Slope Not M | let | | | | |
| Interferent D | etect Test: Interf | erent Detect | | | | |
| Diagnostic Ch | eck (Post-Inspecti | on): OK | | | | |
| Alcohol Free | J 2: | 0.08g/210L Test | 0.20g/210L Test | | g/210 | |
| Test (g/210L) | (g/210L) | (g/210L) | (g/210L) | _ | Gas 5 210L) | td Test |
| (g/2101) | Exp: | Exp: | Exp: | Lot# | : | |
| | | | | LAP. | | |
| | | | | | | |
| | | | | | | |
| umber of Simulat | ors Used: | | | | | |

| 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. |
| Anaya Frazier |
| Signature and Printed Name |
| 09/04/2024 |
| Date |

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: Broward County SO

Serial Number: 80-006925

Time of Inspection:

Date of Inspection: August 2024

| CHECK OR TES | T | | | | YES | NO |
|----------------------------------|--|--|--|-----|--------------|---------------|
| Date and/or T | ime Adjusted | | | | | |
| Diagnostic Ch | eck (Pre-Inspectio | n): OK | | | | |
| Alcohol Free | Subject Test: 0.00 | 0 | | | | |
| Mouth Alcohol | Test: Slope Not M | let | | | | |
| Interferent D | etect Test: Interf | erent Detect | | | | |
| Diagnostic Ch | eck (Post-Inspecti | on): 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: | Dry | /210L) #: | OL td Test |

| Number of | Simulators | . Use | ed: | | | | | | | | | | | |
|-----------|------------|-------|-----|-----------|----|-----|------------|-----|------|----|------|-----|-----|----------|
| Remarks: | Inspection | was | not | conducted | as | the | instrument | was | sent | to | CMI, | Inc | for | repairs. |

| 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. |
| Anaya Frazier |
| Signature and Printed Name |
| |
| 08/31/2024 Date |
| |