Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT – INTOXILYZER 8000

Agency: ST JOHNS COUNTY SO
Serial Number: 80-007363
Time of Inspection:
Date of Inspection: 12/31/25
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:
Standard Deviations				

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

Remarks:

As of 12/11/24 instrument is currently out for repair. Unable to perform 2025 Department Inspection. SLH 12/31/25

Compliance not determined. SLH 12/31/25

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.

LeAndra Higginbotham

Signature and Printed Name

12/31/25

Date

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