

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT – INTOXILYZER 9000

Agency:

Time of Inspection:

Date of Inspection:

Software:

Serial Number:

| 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 Dry Gas Std Test (g/210L) Lot#: Exp: | 0.08g/210L Dry Gas Std Test (g/210L) Lot#: Exp: | 0.20g/210L Dry Gas Std Test (g/210L) Lot#: Exp: |
| | | | |
| | | | |
| | | | |

Number of Simulators Used: _____

Remarks:

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