

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT – INTOXILYZER 9000

Agency: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Time of Inspection: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_ Software: \_\_\_\_\_

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 Lot #: _____ Expiration Date: _____		
Interferent Detect Test: Interferent Detected Lot #: _____ Expiration Date: _____		
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