

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 _____