Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT 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		
Minimum Sample Volume Check: 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		

~~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)	0.02g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.30g/210L Test (g/210L) Lot#: Exp:	0.15g/210L Dry Gas Std Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:

%CV					

Number of Simulators Used: _____

Remarks:

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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.

_____

Signature and Printed Name

_____

Date