

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT – INTOXILYZER 9000

Agency:
Time of Inspection:

Date of Inspection:

Serial Number:
Software:

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:

Standard Deviations					
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Average Standard Deviation of 0.02, 0.08 and 0.15, 0.30 g/210L Tests: ____ Number of Simulators Used: ____

Remarks:

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