GBI DIVISION OF FORENSIC SCIENCES
INTOXILYZER 5000
QUARTERLY INSPECTION REPORT

Agency: _____

Address: _____

City: _____

Instrument Serial Number: _____ Area Supervisor: _____

Calendar Year: _____ Calendar Quarter: _____

Inspection Date: _____ Calibration Solution: _____

Diagnostic Test	**Result**
Visual Inspection	
Administrative (F10-Reprint)	
Self Diagnostic	
Mouth Alcohol	
R.F.I. Detection	
Interferent Detection	
Difference Check	
Accuracy / Calibration Check 1st	
Accuracy / Calibration Check 2nd	
Area Supervisor Initials	

Uncontrolled Copy