

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Time of Inspection: 09:53

Date of Inspection: 11/23/2020

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted	Yes	
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.050	0.082	0.197	0.080
0.000	0.049	0.082	0.198	0.080
0.000	0.050	0.082	0.198	0.080

Number of Simulators Used: 5

Remarks:

Time-Date changed.

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.

OD Gayle

Charles Owen McConnell Gayle
Signature and Printed Name

11/23/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Time of Inspection: 12:03

Date of Inspection: 10/20/2020

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	



Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.050	0.083	0.200	0.079
0.000	0.050	0.082	0.200	0.080
0.000	0.050	0.082	0.199	0.079

Number of Simulators Used: 4

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.



 CHARLES OWEN MCCONNELL GAYLE
 Signature and Printed Name

10/20/2020
 Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Osceola County Sheriff's Office

Instrument Serial Number: 80-003935

AGENCY INSPECTION DATA REVIEW

Agency Inspectors: Owen Gayle and Charles McConnell

Date of Inspection: 09/01/2020

Time of Inspection: 13:59:43

Agency Inspection Discrepancy: ☐ Incomplete ☐ Untimely/Not Received ☐ Erroneous Information
☐ Procedural ☒ Other (Required Information Missing)

☐ Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.

☒ Lot Number ☒ Expiration Date for 0.08 g/ 210L ☒ Alcohol Reference Solution ☐ Dry Gas Standard is ☒ Incorrect ☐ Expired.

☒ FDLE/ATP Form 39 states in part, "If a test must be repeated, the REASON must be entered when prompted and recorded in the Remarks section of FDLE/ATP Form 40 Agency Inspection Report – Intoxilyzer 8000." The ☒ REASON for repeating the following test(s); OR the ☒ Possible Cause and Corrective Action Taken on the following test(s) was not recorded:
☐ Alcohol Free Subject Test ☐ Mouth Alcohol Test ☐ Alcohol Free Test ☐ Interferent Detect Test
☐ 0.05 g/210L Test ☐ 0.08 g/210L Test ☒ 0.20 g/210L Test ☐ 0.08 g/210L Dry Gas Standard Test

☐ FDLE/ATP Form 39 states in part, "If the instrument does not comply with the requirements of Chapter 11D-8, FAC, remove the instrument from service and notify the Department Inspector."
☐ The Department Inspector was not notified. However, the issue was satisfactorily corrected and the repeated Agency Inspection complies with the requirements of Chapter 11D-8, FAC.
☐ The Department Inspector was not notified. However, the repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was correctly removed from evidentiary use.
☐ The Department Inspector was not notified. The repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was not removed from evidentiary use.

☐ The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.

☐ Other: _____

OTHER ELECTRONIC DATA REVIEW

☐ Login Records
Date: _____

☐ Cylinder Change Records
Date: _____

☐ Control Test Records
Date: _____

☐ Diagnostic Check Records
Date: _____

Comments:

The lot number and expiration date for the 0.08 g/210 L Alcohol Reference Solution are incorrect. Additionally, the 0.20 g/210 L Test had to be repeated. The reason the test had to be repeated, as well as any corrective action taken prior to repeating the test, must be included. Please see below for the required corrective action.

CORRECTIVE ACTION

- ☒ Record hand-written amendments on the FDLE/ATP Form 40, Agency Inspection Report, initial and date the amendments, mark the report "AMENDED", and forward a copy to the Department Inspector by 11/13/2020 (Date).
☐ Provide a written explanation regarding the referenced item(s) to the Department Inspector by _____ (Date).
☐ Upload the Agency Inspection(s).
☐ Remove the instrument from evidentiary use until otherwise directed by the Department.
☐ No action required
☐ Other: _____

Taylor Hunsch

Signature of Alcohol Testing Program Staff Member

10/13/2020
Date



Florida Department of
Law Enforcement

AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Osceola County Sheriff's Office

Instrument Serial Number: 80-003935

AGENCY INSPECTION DATA REVIEW	
Agency Inspector(s): <u>Charles McConnell and Owen Gayle</u>	Date of Inspection: <u>09/01/2020</u> Time of Inspection: <u>13:59:43</u>
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input checked="" type="checkbox"/> Other (<u>Missing Required Information</u>)	
<input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.	
<input type="checkbox"/> Lot Number <input type="checkbox"/> Expiration Date for <u> </u> g/ 210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input type="checkbox"/> Expired.	
<input checked="" type="checkbox"/> FDLE/ATP Form 39 states in part, "If a test must be repeated, the REASON must be entered when prompted and recorded in the Remarks section of FDLE/ATP Form 40 Agency Inspection Report – Intoxilyzer 8000. The <input checked="" type="checkbox"/> REASON for repeating the following test(s); OR the <input checked="" type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded: <input type="checkbox"/> Alcohol Free Subject Test <input type="checkbox"/> Mouth Alcohol Test <input type="checkbox"/> Alcohol Free Test <input type="checkbox"/> Interferent Detect Test <input type="checkbox"/> 0.05 g/210L Test <input type="checkbox"/> 0.08 g/210L Test <input checked="" type="checkbox"/> 0.20 g/210L Test <input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test	
<input type="checkbox"/> FDLE/ATP Form 39 states in part, "If the instrument does not comply with the requirements of Chapter 11D-8, FAC, remove the instrument from service and notify the Department Inspector." <input type="checkbox"/> The Department Inspector was not notified. However, the issue was satisfactorily corrected and the repeated Agency Inspection complies with the requirements of Chapter 11D-8, FAC. <input type="checkbox"/> The Department Inspector was not notified. However, the repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was correctly removed from evidentiary use. <input type="checkbox"/> The Department Inspector was not notified. The repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was not removed from evidentiary use.	
<input type="checkbox"/> The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.	
<input type="checkbox"/> Other: <u> </u>	

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: <u> </u>	Comments: <u>The 0.20 g/210 L Test was repeated. The reason for repeating the test, as well as the corrective action taken prior to repeating it, must be included. Please see below for the corrective action and return to your Department Inspector by 10/11/2020.</u>
<input type="checkbox"/> Cylinder Change Records Date: <u> </u>	
<input type="checkbox"/> Control Test Records Date: <u> </u>	
<input type="checkbox"/> Diagnostic Check Records Date: <u> </u>	

CORRECTIVE ACTION
<input checked="" type="checkbox"/> Record hand-written amendments on the FDLE/ATP Form 40, Agency Inspection Report, initial and date the amendments, mark the report "AMENDED", and forward a copy to the Department Inspector by <u>10/11/2020</u> (Date).
<input type="checkbox"/> Provide a written explanation regarding the referenced item(s) to the Department Inspector by <u> </u> (Date).
<input type="checkbox"/> Upload the Agency Inspection(s).
<input type="checkbox"/> Remove the instrument from evidentiary use until otherwise directed by the Department.
<input type="checkbox"/> No action required
<input type="checkbox"/> Other: <u> </u>

Taylor Hutchins
Signature of Alcohol Testing Program Staff Member

9/11/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Time of Inspection: 13:59

Date of Inspection: 09/01/2020

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) <i>201908B</i> Lot#: <i>201910D</i> Exp: <i>10/22/2021</i> <i>CM</i> <i>08/07/2021</i>	0.20g/210L Test (g/210L) Lot#: 201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 1190213 Exp: 08/28/2022
0.000	0.048	0.080	0.190 / 0.195	0.077
0.000	0.049	0.079	0.190 / 0.196	0.078
0.000	0.048	0.079	0.189 / 0.195	0.078

Number of Simulators Used: 5

Remarks:

20: Control Outside Tolerance. *Simulator 01 loose, lid tighten, & retorted*

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] *[Signature]* *[Signature]* CHARLES OWEN MCCONNELL GAYLE
Signature and Printed Name

09/01/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

15969

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Serial Number: 80-003935

Time of Inspection: 15:31

Date of Inspection: 08/03/2020

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

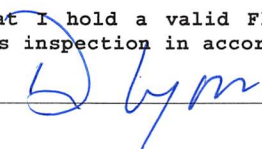
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.047	0.079	0.198	0.080
0.000	0.048	0.080	0.198	0.080
0.000	0.048	0.080	0.199	0.080

Number of Simulators Used: 5

Remarks:

The above instrument complies (X) 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.



DANIEL E LYONS

Signature and Printed Name

08/03/2020
Date

Florida Department of Law Enforcement

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Time of Inspection: 17:21

Date of Inspection: 07/14/2020

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

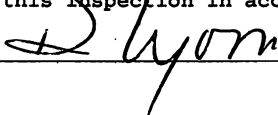
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.048	0.079	0.196	0.079
0.000	0.047	0.079	0.197	0.080
0.000	0.048	0.079	0.197	0.080

Number of Simulators Used: 5

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.



DANIEL E LYONS

Signature and Printed Name

07/14/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Time of Inspection: 20:47

Date of Inspection: 07/06/2020

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.050	0.197 / 0.080	0.197	0.080
0.000	0.049	0.197 / 0.080	0.198	0.079
0.000	0.050	0.197 / 0.080	0.198	0.079

Number of Simulators Used: 5

LOT# 201908B
EXP 08/07/2021

Remarks:

08:Control Outside Tolerance/PLUGGED IN 0.20 SIM IN ERROR .

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.

D Lyon

DANIEL E LYONS

Signature and Printed Name

07/06/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Time of Inspection: 13:06

Date of Inspection: 06/22/2020

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		No
Alcohol Free Subject Test: 0.000		No
Mouth Alcohol Test: Slope Not Met		No
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:

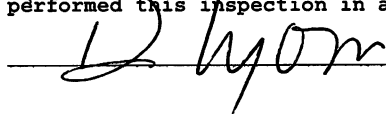
Number of Simulators Used: _____

Remarks:

Non-compliance:DIAGNOSTIC FAILURE.

The above instrument complies () does not comply (X) 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.



DANIEL E LYONS

Signature and Printed Name

06/22/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Time of Inspection: 15:19

Date of Inspection: 06/22/2020

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

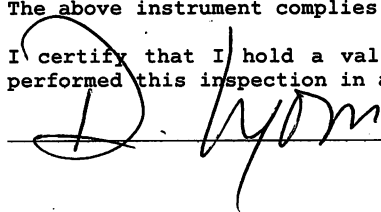
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.049	0.080	0.199	0.080
0.000	0.050	0.081	0.197	0.080
0.000	0.050	0.081	0.199	0.080

Number of Simulators Used: 5

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.



DANIEL E LYONS

Signature and Printed Name

06/22/2020
Date

Florida Department of Law Enforcement

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Time of Inspection: 18:53

Date of Inspection: 06/05/2020

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

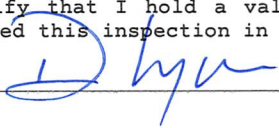
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.049	0.080	0.198	0.079
0.000	0.050	0.081	0.199	0.079
0.000	0.049	0.080	0.198	0.079

Number of Simulators Used: 5

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.



DANIEL E LYONS

Signature and Printed Name

06/05/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Serial Number: 80-003935

Time of Inspection: 10:48

Date of Inspection: 05/01/2020

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

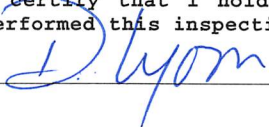
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.051	0.082	0.200	0.080
0.000	0.051	0.082	0.199	0.080
0.000	0.052	0.083	0.199	0.080

Number of Simulators Used: 5

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.

 DANIEL E LYONS
Signature and Printed Name

05/01/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Serial Number: 80-003935

Time of Inspection: 10:48

Date of Inspection: 04/21/2020

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

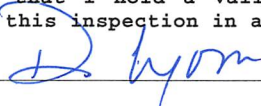
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.051	0.082	0.197	0.081
0.000	0.050	0.082	0.199	0.080
0.000	0.050	0.083	0.200	0.080

Number of Simulators Used: 5

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

DANIEL E LYONS

04/21/2020
Date

Florida Department of Law Enforcement

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Time of Inspection: 11:01

Date of Inspection: 03/31/2020

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:_____ Exp:_____	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:_____ Exp:_____
0.000	0.049	0.073 / 0.069		
0.000	0.049	0.074 / 0.074		
0.000	0.050	0.074 / 0.075		

Number of Simulators Used: 5

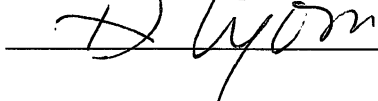
Remarks:

08: Control Outside Tolerance, Control Outside Tolerance. Non-compliance: .

SOLUTION BAD/CHANGED RE-STARTED AND RE-TEST IN COMPLIANCE
BAD BOTTLE SOLUTION # 0680

The above instrument complies () does not comply (X) 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.



DANIEL E LYONS

Signature and Printed Name

03/31/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

80-003935
BK

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.

Time of Inspection: 15:07

Date of Inspection: 02/26/2020

Serial Number: 80-003935

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
Alcohol Free Subject Test: 0.000	Yes	
Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes	
Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.050	0.076	0.198	0.081
0.000	0.050	0.078	0.201	0.080
0.000	0.050	0.078	0.202	0.080

Number of Simulators Used: 5

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.

D. Lyons

DANIEL E LYONS

02/26/2020
Date