AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO

Time of Inspection: 11:06

Date of Inspection: 02/07/2022

Serial Number: 80-005935

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#:202101C Exp: 01/12/2023	0.08g/210L Test (g/210L) Lot#:202108D Exp: 08/17/2023	0.20g/210L Test (g/210L) Lot#:202106B Exp: 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.047	0.076	0.196	0.079
0.000	0.047	0.077	0.196	0.079
0.000	0.047	0.077	0.197	0.079

Number	of	Simulators	Used:	5	

Remarks:

The above instrument comp	es (X)	does not comply () with Chapter	11D-8, FAC.
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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 Frinted Name

02/07/2022 Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

1	Agency: Osceola County SO Instrument Serial Number: 80-005935					
AG	ENCY INSPECTION DATA REVIEW					
Age	ncy Inspector: Daniel Lyons		Date of Inspection: 01/2	28/22	Time of Inspection: 12:02	
Age		•	ntimely/Not Received	□ Erroneo	us Information	
	Agency Inspection Not Conducted or Re	ecords regarding Ag	ency Inspection have not	t been uploade	d.	
	Lot Number □Expiration Date for	g/ 210L □Alcohol R	eference Solution □Dry	Gas Standard	is □Incorrect □Expired.	
X	FDLE/ATP Form 39 states in part, "If a Remarks section of FDLE/ATP Form 40 test(s); OR the ⊠Possible Cause and □ Alcohol Free Subject Test ⊠ □ 0.05 g/210L Test □	Agency Inspection I	Report – Intoxilyzer 8000. aken on the following tes est	The □REAS t(s) was not red fest □ I	ON for repeating the following	
	FDLE/ATP Form 39 states in part, "If the instrument from service and notify the The Department Inspector was in Inspection complies with the recomplex of Chapter 11D-8, The Department Inspector was in Chapter 11D-8, FAC and the inst	Department Inspector to the institution of the institution of the institution of the institution of the instrument notified. The report of the instrument notified.	or." r, the issue was satisfact er 11D-8, FAC. r, the repeated Agency In ent was correctly remove eated Agency Inspection	orily corrected spection does ed from eviden does not comp	and the repeated Agency not comply with the tiary use.	
	The Agency Inspection is noted as "Cor	mplies" when it does	not comply with the req	uirements of C	hapter 11D-8, FAC.	
	Other:					
ΛTI	HER ELECTRONIC DATA REVIEW					
	Login Records	Comments:				
	Date:			set off RFI. Rac	lio was removed and test was	
	Cylinder Change Records Date:	retried with nomin	result.			
	Control Test Records Date:					
	Diagnostic Check Records Date:					
CO	RRECTIVE ACTION					
×	Record hand-written amendments on t the report "AMENDED", and forward a c				d date the amendments, mark	
	Provide a written explanation regarding Upload the Agency Inspection(s). Remove the instrument from evidentiary No action required Other:	the referenced item	(s) to the Department Ins	pector by	_ (Date).	
	Richard Williams Signature of Alcohol Testing Program State	ff Member		2/21/202 Date	<u>2</u>	
	- 0 0					

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 12:02

Date of Inspection: 01/28/2022

Serial Number: 80-005935

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#:202101C Exp: 01/12/2023	0.08g/210L Test (g/210L) Lot#:202108D Exp: 08/17/2023	0.20g/210L Test (g/210L) Lot#:202005A Exp: 05/01/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.049	0.079	0.195	0.081
0.000	0.050	0.079	0.196	0.080
0.000	0.050	0.079	0.198	0.080

Number of Simulators Used: 5

AFIMA TEST REC RFI RENDING. DIS WIRADIO ON ENFERED ROOM
DIS REMONED. REFESTED NOT RESTARTED.

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.

Signature and Printed Name

DANIEL E LYONS

01/28/2022 Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO

Serial Number: 80-005935

Time of Inspection:10:39

Date of Inspection:10/13/2022

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)	(g/210L)	(g/210L) Lot#:202108D	(g/210L)	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: 1472328 Exp: 04/02/2024
0.000	0.048	0.079	0.198	0.081
0.000	0.049	0.079	0.197	0.081
0.000	0.049	0.080	0.197	0.081

Number of Simulators Used: 5
Remarks: INPUT 221 IN ERROR
SHOULD BE 7023 SHOULD BE 7023 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.
2) Lyon 10/17/22 DANIEL E LYONS
Signature and Printed Name
10/13/2022

FDLE/ATP Form 40 -- March 2004

Reprinted From Database

Date



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Osceola Sheriff's Office Instrument Serial Number: 80-005935

AGE	NCY INSPECTION DATA REVIEW			
Age	ncy Inspector: Daniel Lyons		Date of Inspection: 10/13/2022	Time of Inspection: 10:39
Age			ntimely/Not Received 区 Er ther	roneous Information
	Agency Inspection Not Conducted or R	ecords regarding Ag	ency Inspection have not been up	oaded.
X	Lot Number □Expiration Date for	_g/ 210L □Alcohol l	Reference Solution □Dry Gas Star	ndard is ⊠Incorrect □Expired.
	FDLE/ATP Form 39 states in part, "If a temperate Remarks section of FDLE/ATP Form 40 test(s); OR the ☐ Possible Cause and ☐ Alcohol Free Subject Test ☐ 0.05 g/210L Test ☐	Agency Inspection Corrective Action Ta Mouth Alcohol Tes	Report – Intoxilyzer 8000. The \Box Fiken on the following test(s) was n	REASON for repeating the following of recorded: Interferent Detect Test
	Inspection complies with the re ☐ The Department Inspector was requirements of Chapter 11D-8,	Department Inspector to not notified. However quirements of Chaptor to notified. However FAC and the instrument notified. The report notified.	or." r, the issue was satisfactorily correr 11D-8, FAC. r, the repeated Agency Inspection lent was correctly removed from eleated Agency Inspection does not	ected and the repeated Agency does not comply with the videntiary use.
	The Agency Inspection is noted as "Co	mplies" when it does	not comply with the requirements	of Chapter 11D-8, FAC.
	Other:			
OTL	ER ELECTRONIC DATA REVIEW			
	Login Records Date:	Comments:		
	Cylinder Change Records Date:			
	Control Test Records Date:	-		
	Diagnostic Check Records Date:			
COL	DECTIVE ACTION			
	RECTIVE ACTION Record hand-written amendments on the report "AMENDED", and forward a Provide a written explanation regarding Upload the Agency Inspection(s). Remove the instrument from evidentian No action required	copy to the Departmo the referenced item	ent Inspector by <u>N/A</u> (Date). (s) to the Department Inspector by	
	Other:ignature of Alcohol Testing Program Sta	ıff Member		8/2022 te



AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Osceola Sheriff's Office Instrument Serial Number: 80-005935

AGEN	CY INSPECTION DATA REVIEW					
Agend	cy Inspector: Daniel Lyons		Date of Inspection: 10/	13/2022	Time of Inspection: 10:39	
Agend		•	ntimely/Not Received ther	⊠ Erroneo	us Information	
	Agency Inspection Not Conducted or R	ecords regarding Ag	ency Inspection have no	t been uploaded	d.	
X	Lot Number □Expiration Date for	_g/ 210L □Alcohol	Reference Solution □Dry	y Gas Standard	is ⊠Incorrect □Expired.	
	FDLE/ATP Form 39 states in part, "If a t Remarks section of FDLE/ATP Form 40 test(s); OR the ☐ Possible Cause and ☐ Alcohol Free Subject Test ☐ ☐ 0.05 g/210L Test ☐	Agency Inspection	Report – Intoxilyzer 8000 ken on the following tes	. The □REAS(t(s) was not rec est □ Int	ON for repeating the following	
	FDLE/ATP Form 39 states in part, "If the instrument from service and notify the The Department Inspector was r Inspection complies with the recomment Inspector was requirements of Chapter 11D-8, The Department Inspector was r Chapter 11D-8, FAC and the instruments."	Department Inspector not notified. However quirements of Chaptor notified. However FAC and the instrument notified. The rep	or." r, the issue was satisfact er 11D-8, FAC. r, the repeated Agency Ir ent was correctly remove eated Agency Inspection	torily corrected spection does ed from evident does not comp	and the repeated Agency not comply with the iary use.	
_ 1	The Agency Inspection is noted as "Co	mplies" when it does	not comply with the req	uirements of Cl	napter 11D-8, FAC.	
	Other:					
OTHE	R ELECTRONIC DATA REVIEW					
	ogin Records	Comments:				
	Cylinder Change Records Date:					
	Control Test Records Date:					
	Diagnostic Check Records Date:					
CODD	RECTIVE ACTION					
X	Record hand-written amendments on the report "AMENDED", and forward a Provide a written explanation regarding Upload the Agency Inspection(s). Remove the instrument from evidentiar No action required Other:	copy to the Departm the referenced item	ent Inspector by <u>N/A</u> (Dat (s) to the Department Ins	te). spector by	date the amendments, mark _ (Date).	
	Phil Nicodemo Date: 2022.10.18 08:51:36 -04'00' Signature of Alcohol Testing Program Staff Member Date Digitally signed by Phil Nicodemo Date: 2022.10.18 08:51:36 -04'00' Date					

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 14:13

Date of Inspection: 12/22/2022

Serial Number: 80-005935

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#:202112A Exp: 12/07/2023	0.08g/210L Test (g/210L) Lot#:202108D Exp: 08/17/2023	0.20g/210L Test (g/210L) Lot#:202106B Exp: 06/22/2023	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1472328 Exp: 04/02/2024
0.000	0.048	0.078	0.199	0.080
0.000	0.048	0.078	0.199	0.080
0.000	0.048	0.078	0.198	0.080

Number	of	Simulators	Head.	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.

Signature and Printed Name

DANIEL/OWEN E LYONS/GAYLE

12/22/2022

Date