

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO
Time of Inspection: 12:37

Date of Inspection: 03/25/2025

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#:202402E Exp: 02/27/2026	0.08g/210L Test (g/210L) Lot#:202307A Exp: 07/11/2025	0.20g/210L Test (g/210L) Lot#:202307C Exp: 07/12/2025	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:403207507 Exp: 11/26/2027
0.000	0.048	0.079	0.196	0.080
0.000	0.048	0.078	0.196	0.080
0.000	0.048	0.078	0.197	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.

D. Lyons / Z. Black

DANIEL/TIMOTHY E LYONS/BLACK

Signature and Printed Name

03/25/2025
Date

Florida Department of Law Enforcement

Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO
Time of Inspection: 14:21

Date of Inspection: 02/26/2025

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	

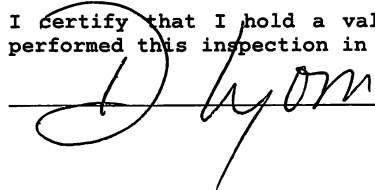
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0.000	0.050	0.079	0.197	0.080
0.000	0.050	0.079	0.197	0.079
0.000	0.050	0.079	0.197	0.080

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

02/26/2025
Date