

80-003935 23

RECEIVED

Florida Department of Law Enforcement

Alcohol Testing Program

JUL 11 2017

FDLE
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.
Time of Inspection: 15:46

Date of Inspection: 07/11/2017

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#: 201603D Exp: 03/08/2018 | 0.08g/210L Test (g/210L) Lot#: 201611B Exp: 11/15/2018 | 0.20g/210L Test (g/210L) Lot#: 201604C Exp: 04/05/2018 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 163437 Exp: 10/30/2018 |
|----------------------------|--|--|--|--|
| 0.000 | 0.048 | 0.077 | 0.195 | 0.080 |
| 0.000 | 0.049 | 0.079 | 0.196 | 0.080 |
| 0.000 | 0.048 | 0.079 | 0.196 | 0.080 |

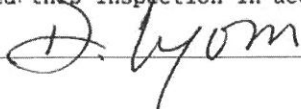
Number of Simulators Used: 5

Remarks:

Time-Date changed. DID NOT MEET SNM.

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

07/11/2017
Date

80-003935 DB

RECEIVED

JUN 28 2017

FDLE
Alcohol Testing Program

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.
Time of Inspection: 18:58

Date of Inspection: 06/27/2017

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#:201603D Exp: 03/08/2018 | 0.08g/210L Test (g/210L) Lot#:201611B Exp: 11/15/2018 | 0.20g/210L Test (g/210L) Lot#:201604C Exp: 04/05/2018 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#:163437 Exp: 10/30/2018 |
|----------------------------|---|---|---|---|
| 0.000 | 0.047 | 0.078 | 0.193 | 0.080 |
| 0.000 | 0.047 | 0.079 | 0.195 | 0.079 |
| 0.000 | 0.048 | 0.078 | 0.195 | 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

06/27/2017
Date

80-003935 08

Florida Department of Law Enforcement Alcohol Testing Program

RECEIVED

MAR 02 2017

FDLE

AGENCY INSPECTION REPORT - INTOXILYZER 8000 Alcohol Testing Program

Agency: OSCEOLA COUNTY S.O.
Time of Inspection: 06:22

Date of Inspection: 02/18/2017

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#: 201603D Exp: 03/08/2018 | 0.08g/210L Test (g/210L) Lot#: 201611B Exp: 11/15/2018 | 0.20g/210L Test (g/210L) Lot#: 201604C Exp: 04/05/2018 | 0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 163437 Exp: 10/30/2018 |
|----------------------------|--|--|--|--|
| 0.000 | 0.048 | 0.079 | 0.194 | 0.081 |
| 0.000 | 0.049 | 0.079 | 0.195 | 0.080 |
| 0.000 | 0.049 | 0.080 | 0.192 | 0.081 |

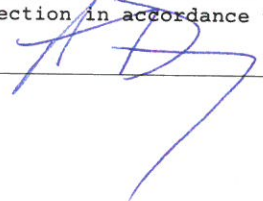
Number of Simulators Used: 5

Remarks:

A F / M A: RINSED MOUTH OF M/A.

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.



ANGEL M DIAZ

Signature and Printed Name

02/18/2017
Date