80-004587 DMS

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JUL 11 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: 15:42 Date of Inspection: 07/11/2017 Serial Number: 80-004587
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 | 0.077 | 0.194 | 0.079 |
| 0.000 | 0.048 | 0.077 | 0.196 | 0.079 |
| 0.000 | 0.047 | 0.077 | 0.195 | 0.079 |

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.

D Lyons

DANIEL E LYONS
Signature and Printed Name

07/11/2017
Date

*FDLE/ATP Form 40 – March 2004*

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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: 18:40 Date of Inspection: 06/27/2017
Serial Number: 80-004587
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 | 0.046 | 0.075 | 0.194 | 0.079 |
| 0.000 | 0.047 | 0.077 | 0.195 | 0.078 |
| 0.000 | 0.047 | 0.077 | 0.195 | 0.078 |

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

06/27/2017
Date

*FDLE/ATP Form 40 – March 2004*

80-004587

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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: 06:03
Date of Inspection: 02/15/2017
Serial Number: 80-004587
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#: 63437 Exp: 10/30/2018 |
|---|---|---|---|---|
| 0.000 | 0.047 | 0.075 | 0.190 | 0.079 |
| 0.000 | 0.048 | 0.077 | 0.193 | 0.078 |
| 0.000 | 0.048 | 0.076 | 0.194 | 0.078 |

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.

ANGEL M DIAZ
Signature and Printed Name

02/15/2017
Date

*FDLE/ATP Form 40 - March 2004*