



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Osceola County SO

Instrument Serial Number: 80-005935

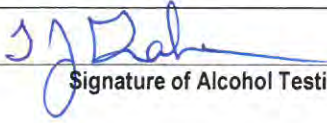
Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
<input type="checkbox"/> Registration <input type="checkbox"/> Request for Registration Attached <input type="checkbox"/> Annual <input type="checkbox"/> Inspection After Repair <input type="checkbox"/> Other: _____ <input type="checkbox"/> Barometric Pressure: _____ Gauge _____ Instrument <input type="checkbox"/> Instrument Set Up Verified	<input type="checkbox"/> Agency Inspection Notification <input type="checkbox"/> Agency Contact <input type="checkbox"/> Other _____ Date of Notification/Contact: _____ Agency Inspector: _____	The following records were audited: <input checked="" type="checkbox"/> Agency Inspection Reports <input type="checkbox"/> Breath Test Instrument Repair/Maintenance Records <input type="checkbox"/> Instrument Registration <input type="checkbox"/> Dry Gas Standard Certificate(s) of Analysis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Comments:
 Upon review of the Agency Inspection of instrument # 80-005935 performed on 1/7/2019, I found that the expiration date on the 0.05 g/210L simulator is incorrect. I believe that you typed in the manufacture date instead of the expiration date. Please amend the FDLE/ATP Form 40 to reflect the

Instrument/Area:	Equipment:	Supplies:
<input type="checkbox"/> Clean/Dry <input type="checkbox"/> Secure <input type="checkbox"/> Limited Access <input type="checkbox"/> Other: _____	<input type="checkbox"/> Proper Number of Simulators <input type="checkbox"/> Checked Simulators for Air Leak Resistant Seal and Proper Temperature <input type="checkbox"/> Class A Glassware	<input type="checkbox"/> Distilled/Deionized Water <input type="checkbox"/> Mouth Alcohol Solution <input type="checkbox"/> Acetone Stock Solution <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard <input type="checkbox"/> Mouth Pieces

Comments:
 correct expiration date, and submit the amended paperwork to ATP.

Action:	
<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC	Comments: _____ _____ _____
<input type="checkbox"/> Remain in Evidentiary Use <input type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remove from Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use	
<input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use	


 Signature of Alcohol Testing Program Staff Member

1/7/2019
 Date

Original - FDLE Copy - Agency

Florida Department of Law Enforcement Alcohol Testing Program

1/7/19
JD

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO
Time of Inspection: 00:09

Date of Inspection: 01/07/2019

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	

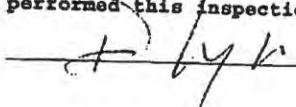
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 201802B Exp: 02/06/2018	0.08g/210L Test (g/210L) Lot#: 201709A Exp: 09/12/2019	0.20g/210L Test (g/210L) Lot#: 201802G Exp: 02/22/2020	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: 646645 Exp: 12/05/2019
0.000	0.048	0.076	0.196	0.080
0.000	0.048	0.077	0.196	0.080
0.000	0.049	0.077	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

01/07/2019
Date