

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 10:51

Date of Inspection: 11/23/2020

Serial Number: 80-000968  
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	

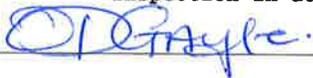
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.052	0.082	0.195	0.083
0.000	0.052	0.081	0.197	0.084
0.000	0.052	0.080	0.199	0.084

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.



Charles Owen McConnell Gayle CHARLES OWEN MCCONNELL GAYLE  
Signature and Printed Name

11/23/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 14:43

Date of Inspection: 10/20/2020

Serial Number: 80-000968  
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#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.050	0.084	0.200	0.082
0.000	0.049	0.084	0.203	0.082
0.000	0.050	0.084	0.203	0.081

Number of Simulators Used: 4

Remarks:  
ADDITIONAL TEST DUE TO TRANSMISSION ERROR

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.




CHARLES OWEN MCCONNELL GAYLE  
 Signature and Printed Name

10/20/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 13:50

Date of Inspection: 10/20/2020

Serial Number: 80-000968  
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		No
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08g/210L Test (g/210L) Lot#: _____ Exp: _____	0.20g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: _____ Exp: _____

Number of Simulators Used: 4

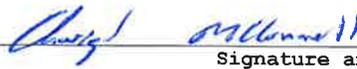
**Remarks:**

A F / M A: Sequence Aborted No Sample Provided. MISSED M/A TEST HUMAN ERROR.

Mouth Alcohol was provided within the 3 minutes time frame.  
Answer phone

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.



CHARLES OWEN MCCONNELL GAYLE  
 \_\_\_\_\_  
 Signature and Printed Name

10/20/2020  
 Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 13:24

Date of Inspection: 10/20/2020

Serial Number: 80-000968  
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#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.050	0.084	0.197	0.080
0.000	0.050	0.084	0.200	0.081
0.000	0.050	0.083	0.201	0.081

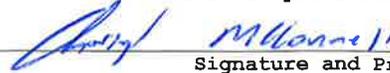
Number of Simulators Used: 4

**Remarks:**

SECOND INSPECTION DUE TO CONTROL OUTSIDE TOLERANCE 0.08

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.



CHARLES OWEN MCCONNELL GAYLE  
 Signature and Printed Name

10/20/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 10:51

Date of Inspection: 10/20/2020

Serial Number: 80-000968  
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		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000	0.050	0.086 / 0.086		
0.000	0.050	0.086 / 0.086		
0.000	0.050	0.085 / 0.085		

Number of Simulators Used: 4

**Remarks:**

OUTSIDE TOLERENCE08 SOLUTION OUTSIDE TOLERANCE.  
EPEAT TEST, Control .

. SIMULATOR LID WAS LOOSE TIGHTENED AND R

*Test restart*

The above instrument complies ( ) does not comply ( X ) 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.

*Charles Owen McConnell Gayle*

*Charles Owen McConnell Gayle*

*Charles Owen McConnell Gayle*

CHARLES OWEN MCCONNELL GAYLE

Signature and Printed Name

10/20/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 10:54

Date of Inspection: 09/01/2020

Serial Number: 80-000968  
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		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:

Number of Simulators Used: 5

Remarks:

RESTART. COMP M/A, HIT WRONG KEY / CLOSED OUT INSPECTION. RE-STARTED INSPECTION

The above instrument complies ( ) does not comply ( X ) 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.

 OWEN CHARLES GAYLE MCCONNELL  
Signature and Printed Name

09/01/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 11:51

Date of Inspection: 09/01/2020

Serial Number: 80-000968  
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#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1060911 Exp: 12/11/2021
0.000	0.049	0.080	0.200	0.080
0.000	0.050	0.080	0.201	0.081
0.000	0.049	0.080	0.201	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.

  
 OWEN CHARLES GAYLE MCCONNELL  
 Signature and Printed Name

09/01/2020  
 Date



Florida Department of  
Law Enforcement

## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Osceola Corrections

Instrument Serial Number: 80-000968

AGENCY INSPECTION DATA REVIEW		
Agency Inspector: Daniel Lyons	Date of Inspection: 07/14/2020	Time of Inspection: 16:56:00
Agency Inspection Discrepancy: <input type="checkbox"/> Incomplete <input type="checkbox"/> Untimely/Not Received <input type="checkbox"/> Erroneous Information <input type="checkbox"/> Procedural <input checked="" type="checkbox"/> Other (Required Information Missing)		
<input type="checkbox"/> Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.		
<input type="checkbox"/> Lot Number <input type="checkbox"/> Expiration Date for _____g/ 210L <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard is <input type="checkbox"/> Incorrect <input type="checkbox"/> Expired.		
<input checked="" type="checkbox"/> FDLE/ATP Form 39 states in part, "If a test must be repeated, the REASON must be entered when prompted and recorded in the Remarks section of FDLE/ATP Form 40 Agency Inspection Report – Intoxilyzer 8000. The <input checked="" type="checkbox"/> REASON for repeating the following test(s); OR the <input checked="" type="checkbox"/> Possible Cause and Corrective Action Taken on the following test(s) was not recorded: <input type="checkbox"/> Alcohol Free Subject Test <input type="checkbox"/> Mouth Alcohol Test <input checked="" type="checkbox"/> Alcohol Free Test <input type="checkbox"/> Interferent Detect Test <input type="checkbox"/> 0.05 g/210L Test <input type="checkbox"/> 0.08 g/210L Test <input type="checkbox"/> 0.20 g/210L Test <input type="checkbox"/> 0.08 g/210L Dry Gas Standard Test		
<input type="checkbox"/> FDLE/ATP Form 39 states in part, "If the instrument does not comply with the requirements of Chapter 11D-8, FAC, remove the instrument from service and notify the Department Inspector." <input type="checkbox"/> The Department Inspector was not notified. However, the issue was satisfactorily corrected and the repeated Agency Inspection complies with the requirements of Chapter 11D-8, FAC. <input type="checkbox"/> The Department Inspector was not notified. However, the repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was correctly removed from evidentiary use. <input type="checkbox"/> The Department Inspector was not notified. The repeated Agency Inspection does not comply with the requirements of Chapter 11D-8, FAC and the instrument was not removed from evidentiary use.		
<input type="checkbox"/> The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.		
<input type="checkbox"/> Other: _____		

OTHER ELECTRONIC DATA REVIEW	
<input type="checkbox"/> Login Records Date: _____	<b>Comments:</b> <u>The Alcohol Free Test was repeated. The reason for the repeated test and the corrective action taken prior to repeating the test must be recorded.</u>  <u>Please see below for the corrective action required and send to the Department Inspector by 09/20/2020.</u>
<input type="checkbox"/> Cylinder Change Records Date: _____	
<input type="checkbox"/> Control Test Records Date: _____	
<input type="checkbox"/> Diagnostic Check Records Date: _____	

CORRECTIVE ACTION
<input checked="" type="checkbox"/> Record hand-written amendments on the FDLE/ATP Form 40, Agency Inspection Report, initial and date the amendments, mark the report "AMENDED", and forward a copy to the Department Inspector by <u>09/20/2020</u> (Date).
<input type="checkbox"/> Provide a written explanation regarding the referenced item(s) to the Department Inspector by _____ (Date).
<input type="checkbox"/> Upload the Agency Inspection(s).
<input type="checkbox"/> Remove the instrument from evidentiary use until otherwise directed by the Department.
<input type="checkbox"/> No action required
<input type="checkbox"/> Other: _____

\_\_\_\_\_  
Signature of Alcohol Testing Program Staff Member

8/20/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 16:56

Date of Inspection: 07/14/2020

Serial Number: 80-000968  
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#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1060911 Exp: 12/11/2021
0.000 / 0.000	0.048	0.079	0.197	0.080
RFI / 0.000	0.047	0.079	0.198	0.080
/ 0.000	0.048	0.079	0.199	0.080

Number of Simulators Used: 5

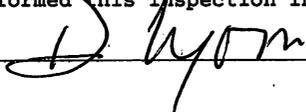
**Remarks:**

00: RFI Detect.

*D/S WALKED IN ROOM W/ PORTABLE RADIO, DMJ. GUIDANCE WAS PROVIDED TO THE DEPUTY. TEST WAS RE-TESTED, NOT RE-STARTED.*

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

07/14/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

17754

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 15:36

Date of Inspection: 08/03/2020

Serial Number: 80-000968  
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	

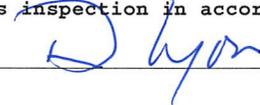
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1060911 Exp: 12/11/2021
0.000	0.050	0.079	0.200	0.079
0.000	0.050	0.079	0.202	0.080
0.000	0.050	0.079	0.202	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

08/03/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 16:56

Date of Inspection: 07/14/2020

Serial Number: 80-000968  
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#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1060911 Exp: 12/11/2021
0.000 / 0.000	0.048	0.079	0.197	0.080
RFI / 0.000	0.047	0.079	0.198	0.080
/ 0.000	0.048	0.079	0.199	0.080

Number of Simulators Used: 5

**Remarks:**

00: RFI Detect.

*DIS WALKED INTO ROOM WITH PORTABLE RADIO ON.  
GUIDANCE WAS PROVIDED TO THE DEPUTY. TEST WAS RETESTED  
NOT RESTARTED.*

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

07/14/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

80-000968  
BK

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 14:09

Date of Inspection: 02/26/2020

Serial Number: 80-000968  
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	

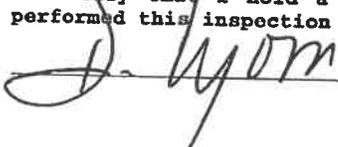
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2020	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1060911 Exp: 12/11/2021
0.000	0.049	0.076	0.195	0.080
0.000	0.049	0.077	0.196	0.079
0.000	0.048	0.077	0.194	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

02/26/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

80-000968  
BK

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 17:52

Date of Inspection: 02/07/2020

Serial Number: 80-000968  
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	

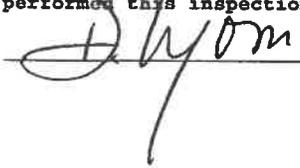
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#:201802G Exp: 02/22/2020	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1060911 Exp: 12/11/2021
0.000	0.050	0.078	0.197	0.079
0.000	0.050	0.079	0.198	0.080
0.000	0.050	0.079	0.198	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

02/07/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

80-000968  
13K

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 14:49

Date of Inspection: 01/24/2020

Serial Number: 80-000968  
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	

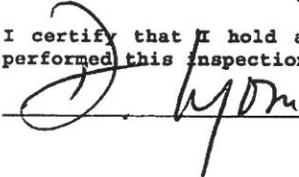
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#:201802G Exp: 02/22/2020	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1060911 Exp: 12/11/2021
0.000	0.050	0.077	0.194	0.080
0.000	0.050	0.077	0.195	0.080
0.000	0.050	0.077	0.195	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

01/24/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

80-000968  
BK

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA CORRECTIONS  
Time of Inspection: 10:33

Date of Inspection: 01/03/2020

Serial Number: 80-000968  
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	

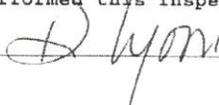
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201808E Exp: 08/22/2020	0.20g/210L Test (g/210L) Lot#:201802G Exp: 02/22/2020	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1060911 Exp: 12/11/2021
0.000	0.051	0.076	0.195	0.079
0.000	0.050	0.077	0.195	0.079
0.000	0.050	0.077	0.194	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

01/03/2020  
 Date