

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 09:53

Date of Inspection: 11/23/2020

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#: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	0.082	0.197	0.080
0.000	0.049	0.082	0.198	0.080
0.000	0.050	0.082	0.198	0.080

Number of Simulators Used: 5

Remarks:  
Time-Date changed.

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.

*OD Gayle*

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

11/23/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 12:03

Date of Inspection: 10/20/2020

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#: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	0.083	0.200	0.079
0.000	0.050	0.082	0.200	0.080
0.000	0.050	0.082	0.199	0.079

Number of Simulators Used: 4

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

Signature and Printed Name

10/20/2020  
Date





Florida Department of Law Enforcement

### AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Osceola County Sheriff's Office

Instrument Serial Number: 80-003935

AGENCY INSPECTION DATA REVIEW		
Agency Inspector(s): Charles McConnell and Owen Gayle	Date of Inspection: 09/01/2020	Time of Inspection: 13:59:43
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 (Missing Required Information)		
<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 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 checked="" 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: _____	Comments: <u>The 0.20 g/210 L Test was repeated. The reason for repeating the test, as well as the corrective action taken prior to repeating it, must be included. Please see below for the corrective action and return to your Department Inspector by 10/11/2020.</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>10/11/2020</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: _____

Taylor Kutschow  
Signature of Alcohol Testing Program Staff Member

9/11/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 13:59

Date of Inspection: 09/01/2020

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#: 201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) <i>201908B</i> Lot#: <del>201910D</del> <i>CM</i> Exp: <del>10/22/2021</del> <i>08/07/2021</i>	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	0.048	0.080	0.190 / 0.195	0.077
0.000	0.049	0.079	0.190 / 0.196	0.078
0.000	0.048	0.079	0.189 / 0.195	0.078

Number of Simulators Used: 5

**Remarks:**

20: Control Outside Tolerance. *Simulator OD loose, lid tighten, & retorted*

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

09/01/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

15969

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 15:31

Date of Inspection: 08/03/2020

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	

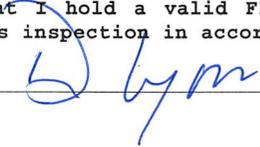
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201910D Exp: 10/22/2021	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.047	0.079	0.198	0.080
0.000	0.048	0.080	0.198	0.080
0.000	0.048	0.080	0.199	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

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Signature and Printed Name

08/03/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 17:21

Date of Inspection: 07/14/2020

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	

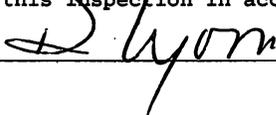
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.048	0.079	0.196	0.079
0.000	0.047	0.079	0.197	0.080
0.000	0.048	0.079	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

07/14/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 20:47

Date of Inspection: 07/06/2020

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#: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#:1190213 Exp: 08/28/2022
0.000	0.050	0.197 / 0.080	0.197	0.080
0.000	0.049	0.197 / 0.080	0.198	0.079
0.000	0.050	0.197 / 0.080	0.198	0.079

Number of Simulators Used: 5

LOT# 201908B  
EXP 08/07/2021

**Remarks:**

08:Control Outside Tolerance/PLUGGED IN 0.20 SIM IN 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.

DANIEL E LYONS

\_\_\_\_\_  
Signature and Printed Name

07/06/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 13:06

Date of Inspection: 06/22/2020

Serial Number: 80-003935  
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		No
Alcohol Free Subject Test: 0.000		No
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: _____

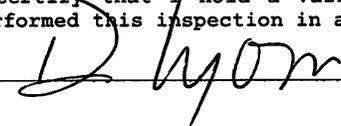
Number of Simulators Used: \_\_\_\_\_

**Remarks:**

Non-compliance:DIAGNOSTIC FAILURE.

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

06/22/2020  
 Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 15:19

Date of Inspection: 06/22/2020

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	

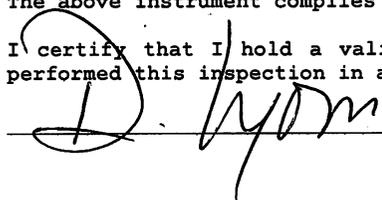
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.049	0.080	0.199	0.080
0.000	0.050	0.081	0.197	0.080
0.000	0.050	0.081	0.199	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

06/22/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 18:53

Date of Inspection: 06/05/2020

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#: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#:1190213 Exp: 08/28/2022
0.000	0.049	0.080	0.198	0.079
0.000	0.050	0.081	0.199	0.079
0.000	0.049	0.080	0.198	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

06/05/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 10:48

Date of Inspection: 05/01/2020

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	

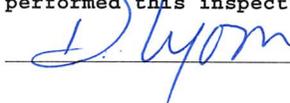
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.051	0.082	0.200	0.080
0.000	0.051	0.082	0.199	0.080
0.000	0.052	0.083	0.199	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

05/01/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 10:48

Date of Inspection: 04/21/2020

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	

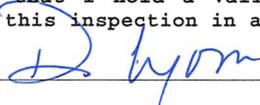
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.051	0.082	0.197	0.081
0.000	0.050	0.082	0.199	0.080
0.000	0.050	0.083	0.200	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

04/21/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 11:01

Date of Inspection: 03/31/2020

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		No

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#:_____ Exp:_____	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:_____ Exp:_____
0.000	0.049	0.073 / 0.069		
0.000	0.049	0.074 / 0.074		
0.000	0.050	0.074 / 0.075		

Number of Simulators Used: 5

**Remarks:**

08: Control Outside Tolerance, Control Outside Tolerance. Non-compliance: .

SOLUTION BAD/CHANGED RE-STARTED AND RE-TEST IN COMPLIANCE  
BAD BOTTLE SOLUTION # 0680

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

03/31/2020  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

80-003935  
BK

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.  
Time of Inspection: 15:07

Date of Inspection: 02/26/2020

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	

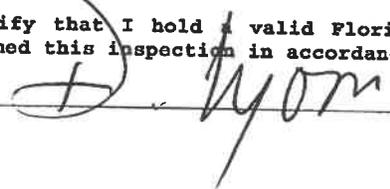
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201811C Exp: 11/13/2020	0.08g/210L Test (g/210L) Lot#:201908B Exp: 08/07/2021	0.20g/210L Test (g/210L) Lot#:201902C Exp: 02/20/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:1190213 Exp: 08/28/2022
0.000	0.050	0.076	0.198	0.081
0.000	0.050	0.078	0.201	0.080
0.000	0.050	0.078	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

02/26/2020  
Date