## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO

Time of Inspection: 11:06

Date of Inspection: 11/23/2020

Serial Number: 80-005935

Software: 8100.27

| Check or Test                               | YES | NO |
|---|-----|----|
| Date and/or Time Adjusted                   |     |    |
| <u> </u>                                    |     | No |
| Diagnostic Check (Pre-Inspection): OK       |     |    |
| ii.   | 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      |     |    |
| William Tolerand                            | Yes |    |

| Alcohol Free<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201910D<br>Exp: 10/22/2021 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.049  | 0.081  | 0.193  | 0.079  |
| 0.000                            | 0.049  | 0.081  | 0.194  | 0.080  |
| 0.000                            | 0.049  | 0.080  | 0.194  | 0.079  |

| Number | Ωf | Simu | latore | Head. | E . |  |
|--------|----|------|--------|-------|-----|--|

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.

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Chartes Milanoll

CHARLES OWEN MCCONNELL GAVLE

Signature and Printed Name



## AGENCY INSPECTION AND OTHER ELECTRONIC DATA REVIEW

Agency: Osceola CSO Instrument Serial Number: 80-005935

| AGE | NCY INSPECTION DATA REVIEW  |
|-----|---|
| Age | cy Inspectors: Owen Gayle and Charles McConnell Date of Inspection: 10/20/2020 Time of Inspection: 11:47:53   |
| Age | ncy Inspection Discrepancy: ☐ Incomplete ☐ Untimely/Not Received ☐ Erroneous Information ☐ Procedural ☐ Other   |
|     | Agency Inspection Not Conducted or Records regarding Agency Inspection have not been uploaded.  |
|     | Lot Number □Expiration Date for <u>g</u> / 210L □Alcohol Reference Solution □Dry Gas Standard is □Incorrect □Expired.   |
|     | 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 REASON for repeating the following test(s); OR the Possible Cause and Corrective Action Taken on the following test(s) was not recorded:  |
|     | <ul> <li>✓ Alcohol Free Subject Test</li> <li>✓ Mouth Alcohol Test</li> <li>✓ Alcohol Free Test</li> <li>✓ Interferent Detect Test</li> <li>✓ 0.05 g/210L Test</li> <li>✓ 0.08 g/210L Test</li> <li>✓ 0.08 g/210L Test</li> </ul>   |
|     | 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."  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.  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.  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. |
|     | The Agency Inspection is noted as "Complies" when it does not comply with the requirements of Chapter 11D-8, FAC.   |
|     | Other:  |
| OTH | ER ELECTRONIC DATA REVIEW   |
|     | Login Records Comments:   |
|     | Date: The Alcohol Free / Mouth Alcohol Test and the 0.08 g/210 L Dry Gas Standard Test were  Cylinder Change Records  |
|     | Control Test Records Date:  |
|     | Diagnostic Check Records  Date:   |
| COF | RECTIVE ACTION  |
|     | 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>02/12/2021</u> (Date).  Provide a written explanation regarding the referenced item(s) to the Department Inspector by (Date).  Upload the Agency Inspection(s).  Remove the instrument from evidentiary use until otherwise directed by the Department.  No action required  Other:  |
| Ę   | gnature of Alcohol Testing Program Staff Member  1/11/2021 Date   |

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO

Serial Number: 80-005935

Time of Inspection: 11:47

Date of Inspection: 10/20/2020

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 | 1  |

| Alcohol Free<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201910D<br>Exp: 10/22/2021 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|
| 0.000                            | 0.048  | 0.082  | 0.197  | 0.000 / 0.079  |  |  |  |
| 0.000                            | 0.049  | 0.082  | 0.198  | 0.000 / 0.079  |  |  |  |
| 0.000                            | 0.049  | 0.082  | 0.198  | 0.000 / 0.079  |  |  |  |

Number of Simulators Used: 4

#### Remarks:

A F / M A:INTEFERENCE DETECTED. 08: Control Outside Tolerance.

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.

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CHARLES OWEN MCCONNELL GAYLE

Signature and Printed Name

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO, Time of Inspection: 10:11

Date of Inspection: 09/01/2020

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<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201910D<br>Exp: 10/22/2021 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L) |
|----------------------------------|--|--|--|---|
| 0.000                            | 0.048  | 0.079  | 0.195  | 0.079                                       |
| 0.000                            | 0.048  | 0.079  | 0.197  | 0.079                                       |
| 0.000                            | 0.048  | 0.079  | 0.197  | 0.079                                       |

| Number      | of      | Simulators | Used: | 5 |  |
|-------------|---------|------------|-------|---|--|
| 14 anno e 1 | $\circ$ | DIMUIACOIS | obca. | 9 |  |

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.

Signature and Printed Name

09/01/2020



#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEÓLA COUNTY SO Time of Inspection: 15:49

Date of Inspection: 08/03/2020

Serial Number: 80-005935

Software: 8100.27

| Check or Test                               | YES  | NO |
|---|--|----|
| Date and/or Time Adjusted                   | A Commission of the Commission |    |
|   | 11 11 14 14 14 14 14 14 14 14 14 14 14 1   | 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<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201910D :<br>Exp: 10/22/2021 | 0.08g/210L Test<br>(g/210L)<br>Lot#;201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.048  | 0.078  | 0.196  | 0.079  |
| 0.000                            | 0.048  | 0.078  | 0.198  | 0.080  |
| 0.000                            | 0.048  | 0.078  | 0.198  | 0.079  |

Number of Simulators Used: 5

CHECK, CAUSING DIAGNOSTIC CHECK FROM. DIS WAS PROVIDED GUIDANCE MOT TO HIT ENTER KEY PMON TO COMPCETION OF CHECK.

CHECK, CAUSING DIAGNOSTIC CHECK FROM. DIS WAS PROVIDED GUIDANCE MOT TO HIT ENTER KEY PMON TO COMPCETION OF CHECK.

THISPECTION WAS RESTARTED, AND IS IN COMPCIENCE.

| 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.

DANIEL E LYONS Signature and Printed Name

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 15:49

Date of Inspection: 08/03/2020

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      |     | (K)                                     |
|   |     | No                                      |

| Alcohol Free<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201910D<br>Exp: 10/22/2021 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.048  | 0.078  | 0.196  | 0.079  |
| 0.000                            | 0.048  | 0.078  | 0.198  | 0.080  |
| 0.000                            | 0.048  | 0.078  | 0.198  | 0.079  |

| Number | of | Simulators | ilsed. | 5 |  |
|--------|----|------------|--------|---|--|
|        |    |            |        |   |  |

Remarks:

DIAAG.

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.

Signature and Printed Name

08/03/2020

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO

Serial Number: 80-005935

Time of Inspection: 16:39

Date of Inspection: 08/03/2020

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<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201910D<br>Exp: 10/22/2021 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.045  | 0.076  | 0.191  | 0.078  |
| 0.000                            | 0.045  | 0.076  | 0.195  | 0.077  |
| 0.000                            | 0.045  | 0.076  | 0.195  | 0.077  |

| 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

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 15:49

Date of Inspection: 08/03/2020

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      |     |    |
|   |     | No |

| Alcohol Free<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201910D<br>Exp: 10/22/2021 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.048  | 0.078  | 0.196  | 0.079  |
| 0.000                            | 0.048  | 0.078  | 0.198  | 0.080  |
| 0.000                            | 0.048  | 0.078  | 0.198  | 0.079  |

| Mumbon | of | Cimulatora | TIGODII. | 5 |  |
|--------|----|------------|----------|---|--|

CHECK, CAUSING DIAGNOSTIC CHECK ENNON. DIS WAS PROVIDED GUIDANCE NOT TO HIT ENTER KEY PMON TO COMPLETION OF CHECK.

THIS PECTION WAS RESTARTED AND IS IN COMPLETICE.

| 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.

Signature and Printed Name

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO

Serial Number: 80-005935

Time of Inspection: 17:31 Date of Inspection: 07/14/2020

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<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201811C<br>Exp: 11/13/2020 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.048  | 0.077  | 0.195  | 0.079  |
| 0.000                            | 0.048  | 0.078  | 0.197  | 0.079  |
| 0.000                            | 0.048  | 0.078  | 0.197  | 0.079  |

| Number of Simulators Used: 5 | umber of Simula | ators | Used: | 5 |
|------------------------------|-----------------|-------|-------|---|
|------------------------------|-----------------|-------|-------|---|

Remarks:

|           |            |          | _  |                     |             |                  |
|-----------|------------|----------|----|---------------------|-------------|------------------|
| The above | instrument | complies | (X | ) does not comply ( | ) with Char | oter 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

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 20:38

Date of Inspection: 07/06/2020

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<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201811C<br>Exp: 11/13/2020 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.048  | 0.079  | 0.197  | 0.080  |
| 0.000                            | 0.049  | 0.078  | 0.196  | 0.080  |
| 0.000                            | 0.049  | 0.076  | 0.196  | 0.079  |

| Number | of | Simi | lators | ilsed. | 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.

Signature and Printed Name

07/06/2020

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO

Serial Number: 80-005935

Time of Inspection: 15:22

Date of Inspection: 06/22/2020

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<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201811C<br>Exp: 11/13/2020 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.049  | 0.079  | 0.196  | 0.081  |
| 0.000                            | 0.049  | 0.078  | 0.198  | 0.080  |
| 0.000                            | 0.049  | 0.078  | 0.198  | 0.080  |

| Number o | of | Simulators | Used: | 5 |
|----------|----|------------|-------|---|
|          |    |            |       |   |

Remarks:

| The | e above | instr | ume  | nt co | mpl | ies (  | X ) d   | loes not | comply  | (     | ) with Cha  | apter 11 | D-8, FAC. |        |     |      |   |
|-----|---------|-------|------|-------|-----|--------|---------|----------|---------|-------|-------------|----------|-----------|--------|-----|------|---|
| I   | sertify | \that | 1    | hold  | a   | valid  | Florida | Departi  | ment of | Law   | Enforcement | Agency   | Inspector | Permit | and | that | 1 |
| per | formed  | this  | ihsı | pecti | on  | in acc | ordance | with the | e provi | sions | of Chapter  | 11D-8, F | AC.       |        |     |      |   |
|     | 1       | ,     | 1 1  | A 2   | -   |        |         |          |         |       |             |          |           |        |     |      |   |

Signature and Printed Name

DANIEL E LYONS

06/22/2020 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO

Serial Number: 80-005935

Time of Inspection: 18:31

Date of Inspection: 06/05/2020

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<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201811C<br>Exp: 11/13/2020 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.049  | 0.079  | 0.196  | 0.080  |
| 0.000                            | 0.049  | 0.079  | 0.195  | 0.080  |
| 0.000                            | 0.049  | 0.079  | 0.195  | 0.079  |

| Number of Simulators Used: 5 | 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.

Signature and Printed Name

06/05/2020

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO

Serial Number: 80-005935

Time of Inspection: 10:42

Date of Inspection: 05/01/2020

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<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201811C<br>Exp: 11/13/2020 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.049  | 0.081  | 0.199  | 0.080  |
| 0.000                            | 0.049  | 0.081  | 0.201  | 0.081  |
| 0.000                            | 0.050  | 0.081  | 0.200  | 0.081  |

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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.

Signature and Printed Name

DANIEL E LYONS

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO

Serial Number: 80-005935

Time of Inspection: 10:53

Date of Inspection: 04/21/2020

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<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201811C<br>Exp: 11/13/2020 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.050  | 0.081  | 0.198  | 0.080  |
| 0.000                            | 0.050  | 0.081  | 0.199  | 0.080  |
| 0.000                            | 0.050  | 0.080  | 0.199  | 0.081  |

Number of Simulators Used: 5

#### Remarks:

Time-Date changed.

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

04/21/2020 Date

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 11:37

Date of Inspection: 03/31/2020

Serial Number: 80-005935

Software: 8100.27

| Check or Test                               | YES | МО |
|---|-----|----|
| 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<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201811C<br>Exp: 11/13/2020 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.048  | 0.080  | 0.196  | 0.079  |
| 0.000                            | 0.048  | 0.080  | 0.196  | 0.079  |
| 0.000                            | 0.048  | 0.079  | 0.197  | 0.079  |

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#### Remarks:

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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

03/31/2020

#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 10:33

Date of Inspection: 03/31/2020

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      |     |    |
| -   |     | No |

| Alcohol Free<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201811C<br>Exp: 11/13/2020 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:<br>Exp: | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:<br>Exp: |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.048  | 0.074 / 0.072  |  |  |
| 0.000                            | 0.049  | 0.075 / 0.073  |  |  |
| 0.000                            | 0.048  | 0.076 / 0.074  |  |  |

| Mumbar | of. | Qimi | latore | mead. | 5 |  |
|--------|-----|------|--------|-------|---|--|

#### Remarks

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

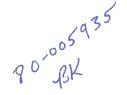
BAD SOLUTION BOTTLE COBO: AFTER IST TEST TIGHTEN UD/CHECK HOSE TO SIMULATOR RETESTED - SOLUTION REPLACED INSTRUMENT RETESTED AND IN COMPLIANCE

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.

Signature and Printed Name

03/31/2020



## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 14:58

Date of Inspection: 02/26/2020

Serial Number: 80-005935 Software: 8100.27

| Check or Test Date and/or Time Adjusted     | YES | NO |
|---|-----|----|
| Diagnostic Check (Pre-Inspection): OK       |     | No |
| Alcohol Free Subject Test: 0.000            | Yes |    |
| Mouth Alcohol Test: Slope Not Met           | Yes | 1  |
| Interferent Detect Test: Interferent Detect | Yes | -  |
| Diagnostic Check (Post-Inspection): OK      | Yes |    |
|   | Yes |    |

| Alcohol Free<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201811C<br>Exp: 11/13/2020 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201908B<br>Exp: 08/07/2021 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201902C<br>Exp: 02/20/2021 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.050  | 0.077  | 0.197  | 0.081  |
| 0.000                            | 0.050  | 0.078  | 0.198  |  |
| 0.000                            | 0.050  | 0.078  | 0.199  | 0.081  |

Number of Simulators Used: 5

Remarks:

| The | above instrument | complies ( | x | ) | does not | comply | ( ) | with | Chapter | 115.0 | 930 |  |
|-----|------------------|------------|---|---|----------|--------|-----|------|---------|-------|-----|--|
|     |                  |            |   |   |          |        |     |      |         |       |     |  |

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.

Signature and Printed Name

DANIEL E LYONS

02/26/2020



#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 15:07

Date of Inspection: 01/24/2020

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            |     |    |
| 550   | Yes |    |
| Mouth Alcohol Test: Slope Not Met           |     |    |
|   | Yes |    |
| Interferent Detect Test: Interferent Detect |     |    |
|   | Yes |    |
| Diagnostic Check (Post-Inspection): OK      |     |    |
|   | Yes |    |

| Alcohol Free<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201811C<br>Exp: 11/13/2020 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201808E<br>Exp: 08/22/2020 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201802G<br>Exp: 02/22/2020 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.050  | 0.076  | 0.196  | 0.080  |
| 0.000                            | 0.050  | 0.078  | 0.199  | 0.080  |
| 0.000                            | 0.050  | 0.077  | 0.198  | 0.080  |

| Number | of | Simulators | Used: | 5 |
|--------|----|------------|-------|---|
|        |    |            |       |   |

Remarks:

The above instrument complies ( X ) does not comply ( ) with Chapter 11D-8, FAC.

reartify 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 Alcohol Testing Program



#### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO Time of Inspection: 12:03

Date of Inspection: 01/03/2020

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<br>Test<br>(g/210L) | 0.05g/210L Test<br>(g/210L)<br>Lot#:201811C<br>Exp: 11/13/2020 | 0.08g/210L Test<br>(g/210L)<br>Lot#:201808E<br>Exp: 08/22/2020 | 0.20g/210L Test<br>(g/210L)<br>Lot#:201802G<br>Exp: 02/22/2020 | 0.08 g/210L<br>Dry Gas Std Test<br>(g/210L)<br>Lot#:1190213<br>Exp: 08/28/2022 |
|----------------------------------|--|--|--|--|
| 0.000                            | 0.052  | 0.077  | 0.194  | 0.080  |
| 0.000                            | 0.051  | 0.078  | 0.198  | 0.080  |
| 0.000                            | 0.051  | 0.077  | 0.198  | 0.080  |

| 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.

Signature and Printed Name

DANIEL E LYONS