Alcohol Testing Program - Instrument Processing Sheet

Agency: OSCEOLA COUNTY SO   **Instrument Serial Number:** 80-001715

Date In: 1/8/2026   **DI Completion Date:** N/A   ☐ Ship   ☐ P/U   ☐ H/D   ☑ CMI   ☐ EE

Intake By: KTS Date: 1/8/2026	**Quality Checks** By: _____ Date:_____	**Flow Adjustment** By: _____
☒ Annual	☐ Breath Tube Screen	Flow Column #:_____
☐ Dropped Off	☐ Replace External O-Rings	
☐ Registration	☐ Instrument Set Up Verified	☐ 5L/min – 17mm
☐ Return from CMI / EE	☐ R-Value: _____	☐ 15L/min – 53mm
☐ Training Instrument	☐ Flow Verification (L/s)	☐ 30L/min – 103mm
Visual Inspection	Flow Column #: _____	
☒ Case ☒ Handle	32 mm _____(.139-.169)	☐ R-Value: _____
☒ Keyboard ☒ Dry Gas Shelf	36 mm _____(.156-.190)	☐ Post Adjustment Verification (L/S)
☒ Feet ☒ Breath Tube	53 mm _____(.228-.278)	Flow Column #:_____
☒ Ports ☒ Screws Tight	103 mm _____(.447-.547)	32 mm _____(.139-.169)
Other Equipment/Accessories	☐ Barometric Pressure Check	36 mm _____(.156-.190)
☒ Power Cord ☐ Printer Cable	Gauge ID #:_____	53 mm _____(.228-.278)
☒ Static Bag ☐ 12V DC Cable	Gauge: _____ Instrument: _____	103 mm _____(.447-.547)

Notes: AI note. Right keyboard screw is broken off. KTS 1/8/26

☐ Stability Checks

Simulator	Serial #	Lot#/Exp	**Maintenance** By: Date:
0.050			☐ Battery Replacement
			☐ Dry Gas Regulator Replacement
0.080			☐ Tank Sensor Tare
			☐ Breath Tube Replacement
0.200			☐ Other:
0.080 DGS	N/A		

Optical Bench Adjustment By: _____				**Department Inspection** By:_____	
Barometric Pressure Gauge:_____ ID#: _____				Barometric Pressure ID#: _____	
Simulator	Serial #	Lot #	Expiration	Gauge: _____ Instrument: _____	
0.000		N/A	N/A	Mouth Alcohol Solution Lot #:_____ Exp: _____	
0.040				Acetone Stock Solution Lot #:_____ Exp: _____	
0.100				Simulator	Serial Number
0.200				0.000	
0.300				Interferent	
0.080 DGS	N/A			0.050	
☐ Post Optical Bench Adjustment Stability Checks				0.080	
Simulator	Serial #	Lot #	Expiration	0.200	
0.050				**Attachments**	
0.080				☐ Form 41 ☐ Post-Stability Checks	
0.200				☐ Stability Checks ☐ Flow Adjustment	
0.080 DGS	N/A			☐ Calibration Certificate ☑ Form 40	
Gauge ID #: _____				☐ Optical Bench Adjustment ☑ Other:	
Gauge: _____ Instrument: _____					

Notes/Suggested Service:	
Additional forms in packet are 2 Form 40's showing DSP failure, a CMI service form and a FDLE return authorization sheet. SLH 1/26/26	☐ **Instrument Complies with Chapter 11D-8, FAC** ☐ **Instrument Does Not Comply with Chapter 11D-8, FAC** ☐ **Return to/Place into Evidentiary Use** ☑ **Remain Out of Evidentiary Use** ☐ **Conduct an Agency Inspection Before Evidentiary Use**

Taylor Gutschow *Digitally signed by Taylor Gutschow Date: 2026.02.05 14:39:54 -05'00'*   Wen-Chi Pierson *Digitally signed by Wen-Chi Pierson Date: 2026.02.05 15:15:15 -05'00'*

Tech Review   **Admin Review**

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO
Time of Inspection: 09:28   Date of Inspection: 12/24/2025

Serial Number: 80-001715
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:
  DSP FAILNon-compliance:DIAGNOSTIC CHECK SHOWED DSP FAIL.

DSP - Failure during diagnostic check

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/SHAWN E LYONS/DANIEL
_____
Signature and Printed Name

12/24/2025
Date

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

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Time of Inspection: 09:28   Date of Inspection: 12/24/2025   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:
    DSP FAILNon-compliance:DIAGNOSTIC CHECK SHOWED DSP FAIL.
    SENT OUT FOR MAINT/REPAIRS

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/SHAWN E LYONS/DANIEL
                    Signature and Printed Name

                            12/24/2025
                               Date

FDLE/ATP Form 40 – March 2004

DANIEL.LYONS@OSCEOLASHERIFF.ORG

CMI INC.
Service Evaluation Form

*** Hazardous Material Warning! – DO NOT return gas cylinder with instrument! ***

Contact information:

Name DEP. DAN LYONS   Phone: (407) 799 - 1711

Email: DANIEL.LYONS@OSCEOLASHERIFF.ORG Customer # 347441   (contact Customer Service)
                                                                866-835-0690

Your Billing Address	Your Shipping Address
Agency Name: OSCEOLA CO SHERIFF'S OFFICE	Agency Name: OSCEOLA CO SHERIFF'S OFFICE
Address: 2601 E. HWY 192	Address: 2601 E. HWY 192
City: KISSIMMEE State: FL Zip: 34744	City: KISSIMMEE State: FL Zip: 34744
Credit Card/PO #:	Contact Person: DANIEL LYONS
Name on Card:	Contact Phone: 407 799 1711
Expiration Date: CVV	Email: DANIEL.LYONS@OSCEOLASHERIFF.org

3% processing fee charged for payment made with credit card.

Instrument Serial Number: 80-001715

Detailed Description of Problem: DSP FAILURE DURING DIAGNOSTIC CHECK

Note: For instruments not under warranty, an evaluation fee of $90.⁰⁰ (infrared) or $48 (fuel cell), plus return shipping cost, will apply to all service items.

End of Life (EOL) – *Customers who send in instrument(s) which CMI considers end-of-life (S-D2, SD5, I-200, I-300, "motor-based" I-240, I-400, or I-5000), will be provided options for either upgrade or replacement opportunities, as well as choices for the disposal of end-of-life instrument(s).*

[X] Calibration-Only Service (Alcoblow, I-500, I-800 only) - $48
   Any instrument which cannot be calibrated will receive a repair estimate for approval.

[X] I authorize all repairs to be performed.   [X] Please send an estimate for approval

[X] Certificate of Calibration ($25 for I-500 and I-800) ($43 for I-240, I-400, and I-900)

Authorized By:

DANIEL LYONS   DEPUTY
Name (Please Print)   Title

Dlyons 445   12/29/25
Signature   Date

Ship item to:

CMI, Inc.
Attn: Service Dept.
316 East Ninth Street
Owensboro, KY 42303

Note: Please ship items in their original shipping container

Return Material Authorization

Ship to: ☒ CMI, Inc.   ☐ Enforcement Electronics

Shipment to repair facility authorized by: Daniel Lyons   on 12/24/2025

Items Returned: ☒ Instrument   ☐ Supplies   ☐ Other   Describe:

Instrument Model: Intoxilyzer 8000   Serial Number: 80-001715

Bill To Address: Osceola County Sheriff Office 2601 East Irlo Bronson Memorial Hwy Kissimmee, FL 34744	Ship to Address: FDLE Offsite Mail Facility c/o FDLE HQ 813 B Lake Bradford Rd Tallahassee, FL 32304
Reason for Return: DSP failure on initialization and DVM monitoring were zeros at the 3 and 9 filters.	

I require an estimate **BEFORE** any repairs will be authorized and/or conducted

    Please contact: Daniel Lyons   Phone #: 407-799-1711

    Email: Daniel.Lyons@osceolasheriff.org

ATP Contact Name: LeAndra Higginbotham   ATP Email: leandrahigginbotham@fdle.state.fl.us