Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO
Time of Inspection: 14:59
Date of Inspection: 12/01/2024
Serial Number: 80-004587
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#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202307A Exp: 07/11/2025	0.20g/210L Test (g/210L) Lot#:202307C Exp: 07/12/2025	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:402330433 Exp: 01/24/2025
0.000	0.050	0.081	0.201	0.079
0.000	0.051	0.081	0.201	0.079
0.000	0.051	0.081	0.201	0.078

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.

D. Lyons

DANIEL E LYONS
Signature and Printed Name

12/01/2024
Date

FDLE/ATP Form 40 – March 2004

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO
Serial Number: 80-004587
Time of Inspection: 13:54
Date of Inspection: 11/20/2024
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#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202307A Exp: 07/11/2025	0.20g/210L Test (g/210L) Lot#:202307C Exp: 07/12/2025	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:402330433 Exp: 01/24/2025
0.000	0.049	0.080	0.201	0.079
0.000	0.049	0.080	0.201	0.078
0.000	0.049	0.081	0.201	0.078

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.

D. Lyons

DANIEL E LYONS
Signature and Printed Name

11/20/2024
Date

FDLE/ATP Form 40 – March 2004

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO
Serial Number: 80-004587
Time of Inspection: 12:42
Date of Inspection: 10/25/2024
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#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202307A Exp: 07/11/2025	0.20g/210L Test (g/210L) Lot#:202307C Exp: 07/12/2025	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:402330433 Exp: 01/24/2025
0.000	0.050	0.081	0.201	0.078
0.000	0.049	0.081	0.201	0.078
0.000	0.049	0.081	0.201	0.078

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.

D. Lyons

DANIEL/MICHAEL E LYONS/HERNANDEZ
Signature and Printed Name

10/25/2024
Date

FDLE/ATP Form 40 – March 2004

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO
Time of Inspection: 12:20
Date of Inspection: 09/18/2024
Serial Number: 80-004587
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#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202307A Exp: 07/11/2025	0.20g/210L Test (g/210L) Lot#:202307C Exp: 07/12/2025	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:402330433 Exp: 01/24/2025
0.000	0.050	0.081	0.201	0.080
0.000	0.050	0.081	0.201	0.079
0.000	0.051	0.081	0.201	0.079

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.

D. Lyons

DANIEL E LYONS
Signature and Printed Name

09/18/2024
Date

FDLE/ATP Form 40 – March 2004

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.
Serial Number: 80-004587
Time of Inspection: 12:15
Date of Inspection: 01/03/2024
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#:202303J Exp: 03/28/2025	0.08g/210L Test (g/210L) Lot#:202206B Exp: 06/14/2024	0.20g/210L Test (g/210L) Lot#:202206C Exp: 06/15/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:402397742 Exp: 03/25/2025
0.000	0.049	0.079	0.199	0.078
0.000	0.049	0.079	0.200	0.078
0.000	0.049	0.079	0.200	0.078

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

01/03/2024
Date

FDLE/ATP Form 40 – March 2004