

INSTRUMENT PROCESSING SHEET

Agency FWC - Palm Beach

S/N 80-000903

Date In 12/2/16

Date Out 12/7/16

Ship P/U H/D CMI EE

Intake Performed By <u>[Signature]</u> <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Return from CMI <input type="checkbox"/> Return from Enforcement Electronics <input type="checkbox"/> Other _____ Visual Inspection: <u>ok</u> Case <u>ok</u> Handle <u>ok</u> Dry Gas Holder <u>ok</u> Feet <u>ok</u> Keyboard/Plug <u>ok</u> Back/Plugs <u>ok</u> Screws tight <u>ok</u> Breath Hose Other Equipment: <input type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Other <u>Static Bag</u> Notes: _____ _____ _____	Quality Checks Performed By <u>SP</u> <input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace O-Rings <input type="checkbox"/> Instrument Set Up Verified <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Flow Verification (L/s) Flow Column # _____ 32mm _____ (.139 - .169) 36mm _____ (.156 - .190) 53mm _____ (.228 - .278) 103mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # _____ <input type="checkbox"/> Stability Checks <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.05</td> <td></td> <td></td> </tr> <tr> <td>0.08</td> <td></td> <td></td> </tr> <tr> <td>0.20</td> <td></td> <td></td> </tr> <tr> <td>0.08 DGS</td> <td>N/A</td> <td></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.05			0.08			0.20			0.08 DGS	N/A		Flow Calibration Performed By _____ <input type="checkbox"/> Flow Calibration N/A <input type="checkbox"/> Flow Calibration Complete Flow Column # _____ <input type="checkbox"/> 5L/min - 17mm <input type="checkbox"/> 15L/min - 103mm <input type="checkbox"/> 30L/min - 103mm <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Post Calibration Verification (L/s) Flow Column # _____ 32mm _____ (.139 - .169) 36mm _____ (.156 - .190) 53mm _____ (.228 - .278) 103mm _____ (.447 - .547) Maintenance Performed By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ Suggested Service _____ _____
Simulator	Serial #	Lot #/Exp															
0.05																	
0.08																	
0.20																	
0.08 DGS	N/A																

RECEIVED
 DEC 08 2016
 FDLE
 Alcohol Testing Program

Optical Bench Calibration Performed By _____ <input type="checkbox"/> Optical Bench Calibration N/A <input type="checkbox"/> Optical Bench Calibration Complete Barometric Pressure Gauge _____ ID # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td></td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>0.040</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.100</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.200</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.400</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Post Calibration Stability Checks <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>0.05</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.08</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.20</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.08 DGS</td> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table>	Simulator	Serial Number	Lot Number	Expiration	0.000		N/A	N/A	0.040				0.100				0.200				0.400				0.080 DGS	N/A			Simulator	Serial Number	Lot Number	Expiration	0.05				0.08				0.20				0.08 DGS	N/A			Department Inspection Performed By _____ <input type="checkbox"/> Barometric Pressure _____ Gauge ID# _____ Instrument Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.00</td> <td></td> </tr> <tr> <td>Interferent</td> <td></td> </tr> <tr> <td>0.05</td> <td></td> </tr> <tr> <td>0.08</td> <td></td> </tr> <tr> <td>0.20</td> <td></td> </tr> </tbody> </table> Attachments <input type="checkbox"/> Form 41 <input type="checkbox"/> Pre-Stability Tests <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Optical Bench Cal <input type="checkbox"/> Post-Stability Tests <input type="checkbox"/> Other _____	Simulator	Serial Number	0.00		Interferent		0.05		0.08		0.20	
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Notes: Q1, Q3

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

[Signature]
 Quality Control Review

12/8/16
 Date