

INSTRUMENT PROCESSING SHEET

Agency Collier County Sheriff's Office S/N 80-000941
 Date In 8/9/2016 Date Out 8/9/2016 Ship P/U H/D CMI EE

Intake <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 type="checkbox"/> Other _____ Notes: _____ _____ _____	Quality Checks Performed By <u>DELL</u> <input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace O-Rings <input checked="" type="checkbox"/> Instrument Set Up Verified <input checked="" type="checkbox"/> R-Value <u>181</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATA 101</u> 32mm <u>152</u> (.139 - .169) 36mm <u>171</u> (.156 - .190) 53mm <u>246</u> (.228 - .278) 103mm <u>520</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28163</u> <input checked="" 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>SD3967</td> <td>201507A 07/14/2018</td> </tr> <tr> <td>0.08</td> <td>SD3968</td> <td>2016D1F 01/26/2018</td> </tr> <tr> <td>0.20</td> <td>SD3969</td> <td>201505A 05/12/2017</td> </tr> <tr> <td>0.08 DGS</td> <td>N/A</td> <td>PK6600SD4 01/05/2018</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.05	SD3967	201507A 07/14/2018	0.08	SD3968	2016D1F 01/26/2018	0.20	SD3969	201505A 05/12/2017	0.08 DGS	N/A	PK6600SD4 01/05/2018	Flow Calibration Performed By _____ <input checked="" type="checkbox"/> Flow Calibration N/A <input type="checkbox"/> Flow Calibration Complete Flow Column # _____ <input type="checkbox"/> 5L/min - 47mm <input type="checkbox"/> 15L/min - 53mm <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															
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0.20	SD3969	201505A 05/12/2017															
0.08 DGS	N/A	PK6600SD4 01/05/2018															

RECEIVED
AUG 19 2016
FDLE
Alcohol Testing Program

Optical Bench Calibration Performed By _____ <input checked="" type="checkbox"/> Optical Bench Calibration N/A <input type="checkbox"/> Optical Bench Calibration Complete Barometric Pressure Gauge ID # _____																							
Simulator	Serial Number	Lot Number	Expiration																				
0.000		N/A	N/A																				
0.040																							
0.100																							
0.200																							
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Department Inspection Performed By <u>DELL</u> <input checked="" type="checkbox"/> Barometric Pressure <u>1016</u> Gauge ID# <u>28199</u> <u>1017</u> Instrument Mouth Alcohol Solution Lot # <u>2016-A</u> Acetone Stock Solution Lot # <u>2016-B</u>	
Simulator	Serial Number
0.00	SD 3965
Interferent	SD 3964
0.05	SD 3967
0.08	SD 3968
0.20	SD 3969
Attachments <input checked="" type="checkbox"/> Form 41 <input checked="" 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 _____	

Notes: **E-MAILED**
8/8/2016 **APPROVED**
DA/DC OK UPM 8/18/16
Brett H. [Signature]
 Quality Control Review

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
8/19/16
 Date

TYPE OF TEST	SERIAL NUMBER	AGENCY	DATE	PERFORMED BY
Stabilities	80-000941	Coillier County Sheriff's Office	08/09/2016	<i>ASK</i>

ASK

0.05g/210L 0.047 to 0.053 <input checked="" type="checkbox"/>	0.08g/210L 0.077 to 0.083 <input checked="" type="checkbox"/>	0.20g/210L 0.194 to 0.206 <input checked="" type="checkbox"/>	DGS 0.08g/210L 0.077 to 0.083 <input checked="" type="checkbox"/>																																																																																																																																																
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