

INSTRUMENT PROCESSING SHEET

Agency Pinellas County SO

S/N ~~80-001005~~ 80-001005

Date In 8/15/16 Date Out 8/23/16

Ship P/U H/D CMI EE

Intake Performed By <u>AD</u>		Quality Checks Performed By <u>DW</u>		Flow Calibration Performed By <u>DW</u>																
<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Annual <input checked="" type="checkbox"/> Return from CMI <input type="checkbox"/> Return from Enforcement Electronics <input type="checkbox"/> Other _____		<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>220</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32mm <u>0.144</u> (.139 - .169) 36mm <u>0.160</u> (.156 - .190) 53mm <u>0.246</u> (.228 - .278) 103mm <u>0.507</u> (.447 - .547)		<input checked="" 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 - 53mm <input type="checkbox"/> 30L/min - 100mm <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)																
Visual Inspection: OK Case <u>OK</u> Handle <u>OK</u> OK Dry Gas Holder <u>OK</u> Feet <u>OK</u> OK Keyboard/Plug <u>OK</u> Back/Plugs <u>OK</u> OK Screws tight <u>OK</u> Breath Hose <u>OK</u>		<input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>26932</u> <input checked="" type="checkbox"/> Stability Checks		<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.05</td> <td>G11739</td> <td>201507A 7/14/17</td> </tr> <tr> <td>0.08</td> <td>G8149</td> <td>201601F 12/6/18</td> </tr> <tr> <td>0.20</td> <td>G11621</td> <td>201604C 4/5/18</td> </tr> <tr> <td>0.08 DGS</td> <td>N/A</td> <td>AG1624DS 5/3/18</td> </tr> </tbody> </table>		Simulator	Serial #	Lot #/Exp	0.05	G11739	201507A 7/14/17	0.08	G8149	201601F 12/6/18	0.20	G11621	201604C 4/5/18	0.08 DGS	N/A	AG1624DS 5/3/18
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Other Equipment: <input type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Other <u>Static Bag</u>		<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.05</td> <td>G11739</td> <td>201507A 7/14/17</td> </tr> <tr> <td>0.08</td> <td>G8149</td> <td>201601F 12/6/18</td> </tr> <tr> <td>0.20</td> <td>G11621</td> <td>201604C 4/5/18</td> </tr> <tr> <td>0.08 DGS</td> <td>N/A</td> <td>AG1624DS 5/3/18</td> </tr> </tbody> </table>		Simulator	Serial #	Lot #/Exp	0.05	G11739	201507A 7/14/17	0.08	G8149	201601F 12/6/18	0.20	G11621	201604C 4/5/18	0.08 DGS	N/A	AG1624DS 5/3/18	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 _____	
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Notes: _____ _____ _____		Suggested Service _____ _____		RECEIVED ALPHABETICALLY AUG 24 2016 ALPHABETICALLY AUG 24 2016																

Optical Bench Calibration Performed By _____		Department Inspection Performed By <u>DW</u>																													
<input checked="" type="checkbox"/> Optical Bench Calibration N/A <input type="checkbox"/> Optical Bench Calibration Complete Barometric Pressure Gauge ID # _____		<input checked="" type="checkbox"/> Barometric Pressure <u>1016</u> Gauge ID# <u>26932</u> <u>1016</u> Instrument																													
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Notes: <u>BC @ 8/24/16</u> _____ _____	<input checked="" type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input checked="" type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use <input checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use
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Brett Henderson
Quality Control Review

8/24/16
Date

Stability Checks #80-001005 Pinellas County S.O. 8/23/16 ^{QWS} ASK

QWS

PINELLAS COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001005
08/23/2016
Software: 8100.27

PINELLAS COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001005
08/23/2016
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Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001005
08/23/2016
Software: 8100.27


Test	9/21/0L	Time
Air Blank	0.000	17:28
Control Test	0.080	17:28
Air Blank	0.000	17:29
Control Test	0.079	17:29
Air Blank	0.000	17:30
Control Test	0.079	17:30
Air Blank	0.000	17:30
Control Test	0.000	17:30
Average	0.0783	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	


Test	9/21/0L	Time
Air Blank	0.000	17:21
Control Test	0.198	17:22
Air Blank	0.000	17:22
Control Test	0.199	17:23
Air Blank	0.000	17:24
Control Test	0.200	17:24
Air Blank	0.000	17:25
Control Test	0.000	17:25
Average	0.1990	
Std Dev	0.0010	
Rel Std Dev(%)	0.5025	


Test	9/21/0L	Time
Air Blank	0.000	17:15
Control Test	0.078	17:16
Air Blank	0.000	17:17
Control Test	0.079	17:17
Air Blank	0.000	17:18
Control Test	0.080	17:19
Air Blank	0.000	17:19
Control Test	0.000	17:19
Average	0.0790	
Std Dev	0.0010	
Rel Std Dev(%)	1.2658	

Test	9/21/0L	Time
Air Blank	0.000	17:10
Control Test	0.049	17:10
Air Blank	0.000	17:11
Control Test	0.050	17:12
Air Blank	0.000	17:12
Control Test	0.050	17:13
Air Blank	0.000	17:13
Control Test	0.000	17:13
Average	0.0497	
Std Dev	0.0006	
Rel Std Dev(%)	1.1625	

 Operator's Signature

 Operator's Signature

 Operator's Signature

 Operator's Signature

INSTRUMENT PROCESSING SHEET

Agency Pinellas County So S/N 80-001005
 Date In 7/19/16 Date Out 7/26/16 Ship P/U H/D CMI EE

Intake	Quality Checks	Flow Calibration															
Performed By <u>(Signature)</u> <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Annual <input checked="" 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: _____ _____ _____	Performed By _____ <input type="checkbox"/> Breath Tube Screen <input 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		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 - 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)
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Notes: <u>Resending to CMI for some power issue. @WB</u> _____ _____ _____	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input checked="" type="checkbox"/> Return to/Place into Evidentiary Use <input checked="" type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use <div style="text-align: right; font-style: italic;">Compliance Not Determined</div>
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INSTRUMENT PROCESSING SHEET

Agency Pinellas County SO s/N 80-001005
 Date In 6/7/16 Date Out 6/23/16 Ship P/U H/D CMI EE

Intake Performed By DP

Registration
 Annual
 Return from CMI
 Return from Enforcement Electronics
 Other _____

Visual Inspection:
OK Case OK Handle
OK Dry Gas Holder OK Feet
OK Keyboard/Plug OK Back/Plugs
OK Screws tight OK Breath Hose

Other Equipment:
 Power cord
 Printer Cable
 Other _____

Notes: _____

Quality Checks Performed By _____

Breath Tube Screen
 Replace O-Rings
 Instrument Set Up Verified
 R-Value _____
 Flow Verification (L/s)
 Flow Column # _____
 32mm _____ (.139 - .169)
 36mm _____ (.156 - .190)
 53mm _____ (.228 - .278)
 103mm _____ (.447 - .547)

Barometric Pressure Check
 Gauge ID # _____

Stability Checks

Simulator	Serial #	Lot #/Exp
0.05		
0.08		
0.20		
0.08 DGS	N/A	

Flow Calibration Performed By _____

Flow Calibration N/A
 Flow Calibration Complete
 Flow Column # _____
 5L/min - 17mm
 15L/min - 53mm
 30L/min - 103mm

R-Value _____
 Post Calibration Verification (L/s)
 Flow Column # _____
 32mm _____ (.139 - .169)
 36mm _____ (.156 - .190)
 53mm _____ (.228 - .278)
 103mm _____ (.447 - .547)

Maintenance Performed By _____

Battery Replacement
 Dry Gas Regulator Replacement
 Breath Tube Replacement
 Other _____

Suggested Service

Optical Bench Calibration Performed By _____

Optical Bench Calibration N/A
 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			
0.400			
0.080 DGS	N/A		

Post Calibration Stability Checks

Simulator	Serial Number	Lot Number	Expiration
0.05			
0.08			
0.20			
0.08 DGS	N/A		

Department Inspection Performed By _____

Barometric Pressure _____ Gauge
 ID# _____ Instrument

Mouth Alcohol Solution Lot # _____
 Acetone Stock Solution Lot # _____

Simulator	Serial Number
0.00	
Interferent	
0.05	
0.08	
0.20	

Attachments

<input type="checkbox"/> Form 41	<input type="checkbox"/> Optical Bench Cal
<input type="checkbox"/> Pre-Stability Tests	<input type="checkbox"/> Post-Stability Tests
<input type="checkbox"/> Flow Calibration	<input type="checkbox"/> Other _____

Notes: Sent to CMI for instrument not booting from start-up. @MS

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

Compliance Not Determined

Quality Control Review

Date