

INSTRUMENT PROCESSING SHEET

Agency Nassau County S/N 80-001281
 Date In 10/4/16 Date Out 10/13/16 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 type="checkbox"/> Return from CMI <input type="checkbox"/> Return from Enforcement Electronics <input type="checkbox"/> Other _____ Visual Inspection: <u>ck</u> Case <u>ck</u> Handle <u>ck</u> Dry Gas Holder <u>ck</u> Feet <u>ck</u> Keyboard/Plug <u>ok</u> Back/Plugs <u>ck</u> Screws tight <u>ck</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: <u>[Signature]</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>199</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32mm <u>.156</u> (.139 - .169) 36mm <u>.167</u> (.156 - .190) 53mm <u>.238</u> (.228 - .278) 103mm <u>.496</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</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>SD1018</td> <td>201507A 7/14/17</td> </tr> <tr> <td>0.08</td> <td>SD1011</td> <td>201601F 1/26/18</td> </tr> <tr> <td>0.20</td> <td>SD1025</td> <td>201604C 4/15/18</td> </tr> <tr> <td>0.08 DGS</td> <td>N/A</td> <td>AG612405 5/3/18</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.05	SD1018	201507A 7/14/17	0.08	SD1011	201601F 1/26/18	0.20	SD1025	201604C 4/15/18	0.08 DGS	N/A	AG612405 5/3/18	Performed By: _____ <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 - 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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		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															
		_____ _____ _____															

RECEIVED
 OCT 14 2016
 FDLE
 Alcohol Testing Program

Optical Bench Calibration	Department Inspection																																																												
Performed By: _____ <input checked="" 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			Performed By: <u>[Signature]</u> <input checked="" type="checkbox"/> Barometric Pressure <u>1020</u> Gauge ID# <u>28427</u> <u>1011</u> Instrument Mouth Alcohol Solution Lot # <u>2016-A</u> Acetone Stock Solution Lot # <u>2016-B</u> <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>SD1019</td> </tr> <tr> <td>Interferent</td> <td>SD1021</td> </tr> <tr> <td>0.05</td> <td>SD1018</td> </tr> <tr> <td>0.08</td> <td>SD1011</td> </tr> <tr> <td>0.20</td> <td>SD1025</td> </tr> </tbody> </table>	Simulator	Serial Number	0.00	SD1019	Interferent	SD1021	0.05	SD1018	0.08	SD1011	0.20	SD1025
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Attachments <input checked="" type="checkbox"/> Form 41 <input type="checkbox"/> Optical Bench Cal <input checked="" type="checkbox"/> Pre-Stability Tests <input type="checkbox"/> Post-Stability Tests <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Other _____																																																													

Notes: QC: SP

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

Brett Kirkland
 Quality Control Review

10/14/16
 Date

NASSAU COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001281
10/13/2016
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:18
Control Test	0.048	10:18
Air Blank	0.000	10:19
Control Test	0.048	10:19
Air Blank	0.000	10:20
Control Test	0.050	10:21
Air Blank	0.000	10:21
Control Test Stats		
Average	0.0487	
Std Dev	0.0012	
Rel Std Dev(%)	2.3727	



Operator's Signature

NASSAU COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001281
10/13/2016
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:34
Control Test	0.081	10:35
Air Blank	0.000	10:36
Control Test	0.081	10:36
Air Blank	0.000	10:37
Control Test	0.081	10:38
Air Blank	0.000	10:38
Control Test Stats		
Average	0.0810	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	



Operator's Signature

NASSAU COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001281
10/13/2016
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:29
Control Test	0.199	10:30
Air Blank	0.000	10:30
Control Test	0.199	10:31
Air Blank	0.000	10:32
Control Test	0.199	10:32
Air Blank	0.000	10:33
Control Test Stats		
Average	0.1990	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	



Operator's Signature


NASSAU COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001281
10/13/2016
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:41
Control Test	0.082	10:42
Air Blank	0.000	10:42
Control Test	0.082	10:43
Air Blank	0.000	10:43
Control Test	0.081	10:44
Air Blank	0.000	10:44
Control Test Stats		
Average	0.0817	
Std Dev	0.0006	
Rel Std Dev(%)	0.7070	

SP

SK

DGS



Operator's Signature