

INSTRUMENT PROCESSING SHEET

Agency Osceola County S/N 80-001715
 Date In 10/3/16 Date Out 10/06/16 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>ok</u> Case <u>ok</u> Handle <u>ok</u> Dry Gas Holder <u>ok</u> Feet <input checked="" type="checkbox"/> Keyboard/Plug <u>ok</u> Back/Plugs <u>ok</u> Screws tight <u>ok</u> Breath Hose Other Equipment: <input checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Other <u>Static Bag</u> Notes: <u>Left keyboard hook broken/missing</u>	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>124</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32mm <u>0.140</u> (.139 - .169) 36mm <u>0.156</u> (.156 - .190) 53mm <u>0.230</u> (.228 - .278) 103mm <u>0.500</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; margin-top: 5px;"> <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 4/5/18</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 4/5/18	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 # <u>0CT 07 2016</u> <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)
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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 07 2016
Alcohol Testing Program
FDLE

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; margin-top: 5px;"> <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; margin-top: 5px;"> <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>1016</u> Gauge ID# <u>28427</u> <u>1011</u> Instrument Mouth Alcohol Solution Lot # <u>2015-A</u> Acetone Stock Solution Lot # <u>2016-B</u> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <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>SD1098</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	SD1098	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: Noted left hook on keyboard broken off. Cosmetic in nature & does not affect operation, accuracy or reliability. QMS.
QC/QA OK @ 10/6/16

<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

[Signature]
Quality Control Review

10/7/16
Date

Stability Checks #80-001715 Osceola County SO. 10/06/16 ~~ADS~~

12K

OS

OSCEOLA COUNTY S.O.
Intoxilyzer - Alcotest Analyzer
Model 8800
10/06/2016
Software: 8100.27

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Test	9/21/0L	Time
Air Blank	0.000	11:35
Control Test	0.050	11:36
Air Blank	0.000	11:36
Control Test	0.051	11:37
Air Blank	0.000	11:38
Control Test	0.051	11:38
Air Blank	0.000	11:39
Control Test Stats		
Average	0.0507	
Std Dev	0.0006	
Rel Std Dev(%)	1.1395	

Test	9/210L	Time
Air Blank	0.000	11:40
Control Test	0.079	11:41
Air Blank	0.000	11:41
Control Test	0.080	11:42
Air Blank	0.000	11:42
Control Test	0.081	11:43
Air Blank	0.000	11:43
Control Test Stats		
Average	0.0800	
Std Dev	0.0010	
Rel Std Dev(%)	1.2500	

Test	9/210L	Time
Air Blank	0.000	11:46
Control Test	0.193	11:47
Air Blank	0.000	11:47
Control Test	0.196	11:48
Air Blank	0.000	11:49
Control Test	0.198	11:49
Air Blank	0.000	11:50
Control Test Stats		
Average	0.1957	
Std Dev	0.0025	
Rel Std Dev(%)	1.2862	

Test	9/210L	Time
Air Blank	0.000	11:50
Control Test	0.198	11:51
Air Blank	0.000	11:52
Control Test	0.196	11:52
Air Blank	0.000	11:53
Control Test	0.197	11:53
Air Blank	0.000	11:54
Control Test Stats		
Average	0.1976	
Std Dev	0.0010	
Rel Std Dev(%)	0.5076	

Test	9/210L	Time
Air Blank	0.000	11:55
Control Test	0.079	11:55
Air Blank	0.000	11:56
Control Test	0.079	11:56
Air Blank	0.000	11:57
Control Test	0.080	11:57
Air Blank	0.000	11:58
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	

Superficial cold
SILV
MORNING
RESISTED
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WDM

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Operator's Signature

Operator's Signature

Operator's Signature

Operator's Signature

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