

## INSTRUMENT PROCESSING SHEET

Agency Polk County

S/N 80-001127

Date In 2/15/17

Date Out 3/3/17

Ship  P/U  H/D  CMI  EE

<b>Intake</b> 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 type="checkbox"/> Other _____ Notes: _____ _____ _____	<b>Quality Checks</b> Performed By <u>RMS</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>203</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32mm <u>0.152</u> (.139 - .169) 36mm <u>0.167</u> (.156 - .190) 53mm <u>0.238</u> (.228 - .278) 103mm <u>0.492</u> (.447 - .547) <input 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>DR2035</td> <td>201603D 3/8/18</td> </tr> <tr> <td>0.08</td> <td>SD1011</td> <td>2016DIF 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>AG16200605 9/22/18</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.05	DR2035	201603D 3/8/18	0.08	SD1011	2016DIF 1/26/18	0.20	SD1025	201604C 4/5/18	0.08 DGS	N/A	AG16200605 9/22/18	<b>Flow Calibration</b> 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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0.05	DR2035	201603D 3/8/18															
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0.08 DGS	N/A	AG16200605 9/22/18															
		<b>Maintenance</b> Performed By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ <b>Suggested Service</b> _____ _____															

RECEIVED  
MAR 06 2017  
ALCOHOL TESTING PROGRAM  
FDLE

<b>Optical Bench Calibration</b> 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																							
0.400																							
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<b>Department Inspection</b> Performed By <u>RMS</u> <input checked="" type="checkbox"/> Barometric Pressure ID# <u>28421</u> Gauge <u>1029</u> <u>1028</u> Instrument	
Mouth Alcohol Solution Lot # <u>2016-C</u> Acetone Stock Solution Lot # <u>2017-A</u>	
Simulator	Serial Number
0.00	SD1019
Interferent	SD1021
0.05	DR2035
0.08	SD1011
0.20	SD1025

<b>Attachments</b> <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 _____	
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Notes: QC [Signature] 3/6/17  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<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 Kirkland

Quality Control Review

3/6/17  
Date

# Stability Checks # 80-001127 Polk County S.O. 3/3/17

DS

POLK COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001127  
03/03/2017  
Software: 8100.27

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Test	g/210L	Time
Air Blank	0.000	12:33
Control Test	0.082	12:33
Air Blank	0.000	12:34
Control Test	0.082	12:34
Air Blank	0.000	12:35
Control Test	0.082	12:35
Air Blank	0.000	12:35
Control Test	0.000	12:35
Average	0.0820	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Test	g/210L	Time
Air Blank	0.000	12:54
Control Test	0.200	12:55
Air Blank	0.000	12:56
Control Test	0.200	12:56
Air Blank	0.000	12:57
Control Test	0.200	12:57
Air Blank	0.000	12:58
Control Test	0.000	12:58
Average	0.2000	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Test	g/210L	Time
Air Blank	0.000	12:48
Control Test	0.081	12:49
Air Blank	0.000	12:49
Control Test	0.081	12:50
Air Blank	0.000	12:51
Control Test	0.081	12:51
Air Blank	0.000	12:52
Control Test	0.000	12:52
Average	0.0810	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Test	g/210L	Time
Air Blank	0.000	12:43
Control Test	0.051	12:44
Air Blank	0.000	12:44
Control Test	0.050	12:45
Air Blank	0.000	12:45
Control Test	0.051	12:46
Air Blank	0.000	12:47
Control Test	0.000	12:47
Average	0.0507	
Std Dev	0.0006	
Rel Std Dev(%)	1.1395	

1313

  
Operator's Signature

  
Operator's Signature

  
Operator's Signature

  
Operator's Signature