



INSTRUMENT PROCESSING SHEET

Agency Indian River Sheriff's Office S/N 80-001328

Date In 8/22/2017 Date Out 8/23/2017 Ship P/U H/D CMI EE

<p>Intake Performed By _____</p> <p><input type="checkbox"/> Registration</p> <p><input checked="" type="checkbox"/> Annual</p> <p><input type="checkbox"/> Return from CMI</p> <p><input type="checkbox"/> Return from Enforcement</p> <p>Electronics</p> <p><input type="checkbox"/> Other _____</p> <p>Visual Inspection:</p> <p><input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Handle</p> <p><input checked="" type="checkbox"/> Dry Gas Holder <input checked="" type="checkbox"/> Feet</p> <p><input checked="" type="checkbox"/> Keyboard/Plug <input checked="" type="checkbox"/> Back/Plugs</p> <p><input checked="" type="checkbox"/> Screws tight <input checked="" type="checkbox"/> Breath Hose</p> <p>Other Equipment:</p> <p><input type="checkbox"/> Power cord</p> <p><input type="checkbox"/> Printer Cable</p> <p><input type="checkbox"/> Other _____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Quality Checks Performed By _____</p> <p><input type="checkbox"/> Lab Temp °C _____</p> <p><input type="checkbox"/> Breath Tube Screen</p> <p><input type="checkbox"/> Replace External O-Rings</p> <p><input type="checkbox"/> Instrument Set Up Verified</p> <p><input type="checkbox"/> R-Value _____</p> <p><input type="checkbox"/> Flow Verification (L/s)</p> <p>Flow Column # _____</p> <p>32mm _____ (.139 - .169)</p> <p>36mm _____ (.156 - .190)</p> <p>53mm _____ (.228 - .278)</p> <p>103mm _____ (.447 - .547)</p> <p><input type="checkbox"/> Barometric Pressure Check</p> <p>Gauge ID # _____</p> <p><input type="checkbox"/> Stability Checks</p> <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		<p>Flow Calibration Performed By _____</p> <p><input type="checkbox"/> Flow Calibration N/A</p> <p><input type="checkbox"/> Flow Calibration Complete</p> <p>Flow Column # <u>AUG 29 2017</u></p> <p><input type="checkbox"/> 5L/min - 17mm</p> <p><input type="checkbox"/> 15L/min - 53mm</p> <p><input type="checkbox"/> 30L/min - 103mm</p> <p><input type="checkbox"/> R-Value _____</p> <p><input type="checkbox"/> Post Calibration Verification (L/s)</p> <p>Flow Column # _____</p> <p>32mm _____ (.139 - .169)</p> <p>36mm _____ (.156 - .190)</p> <p>53mm _____ (.228 - .278)</p> <p>103mm _____ (.447 - .547)</p> <p>Maintenance Performed By _____</p> <p><input type="checkbox"/> Battery Replacement</p> <p><input type="checkbox"/> Dry Gas Regulator Replacement</p> <p><input type="checkbox"/> Breath Tube Replacement</p> <p><input type="checkbox"/> Other _____</p> <p>Quality Checks Cont. Performed By _____</p> <p>Simulator Temperatures °C</p> <p>External Digital Therm. ID#: _____</p> <p><input type="checkbox"/> 34°C +/- .2 Serial #: _____</p> <p><input type="checkbox"/> 34°C +/- .2 Serial #: _____</p> <p><input type="checkbox"/> 34°C +/- .2 Serial #: _____</p>
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FDLE
Alcohol Testing Program

<p>Calibration Adjustment Performed By _____</p> <p><input type="checkbox"/> Calibration Adjustment N/A</p> <p><input type="checkbox"/> Calibration Adjustment Complete</p> <p>Barometric Pressure Gauge _____ ID # _____</p> <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>0.300</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> <p><input type="checkbox"/> Post Calibration Adjustment Stability Checks</p> <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				0.300				0.080 DGS	N/A			Simulator	Serial Number	Lot Number	Expiration	0.05				0.08				0.20				0.08 DGS	N/A			<p>Department Inspection Performed By _____</p> <p><input type="checkbox"/> Barometric Pressure _____ Gauge</p> <p>ID# _____ Instrument</p> <p>Mouth Alcohol Solution Lot # _____</p> <p>Acetone Stock Solution Lot # _____</p> <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></td> </tr> <tr> <td>Interferent</td> <td></td> </tr> <tr> <td>0.05</td> <td></td> </tr> <tr> <td>0.08</td> <td></td> </tr> <tr> <td>0.20</td> <td></td> </tr> </tbody> </table> <p>Attachments</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Form 41</td> <td><input type="checkbox"/> Calibration Adjustment</td> </tr> <tr> <td><input type="checkbox"/> Pre-Stability Tests</td> <td><input type="checkbox"/> Post-Stability Tests</td> </tr> <tr> <td><input type="checkbox"/> Flow Calibration</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	Simulator	Serial Number	0.00		Interferent		0.05		0.08		0.20		<input type="checkbox"/> Form 41	<input type="checkbox"/> Calibration Adjustment	<input type="checkbox"/> Pre-Stability Tests	<input type="checkbox"/> Post-Stability Tests	<input type="checkbox"/> Flow Calibration	<input type="checkbox"/> Other _____
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<p>Notes/Suggested Service:</p> <p><u>Instrument does not turn on. Instrument will be sent to repair facility for evaluation.</u></p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC</p> <p><input checked="" type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC</p> <p><input type="checkbox"/> Return to/Place into Evidentiary Use</p> <p><input checked="" type="checkbox"/> Remain Out of Evidentiary Use</p> <p><input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use</p>
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