

INSTRUMENT PROCESSING SHEET

Agency Osceola County S/N 80-004587
 Date In 3/2/17 Date Out 3/15/17 Ship P/U H/D CMI EE

Intake 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 checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Other <u>Static Bag</u>	Quality Checks 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>150</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP105</u> 32mm <u>0.160</u> (.139 - .169) 36mm <u>0.175</u> (.156 - .190) 53mm <u>0.246</u> (.228 - .278) 103mm <u>0.523</u> (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # <u>26932</u> <input checked="" type="checkbox"/> Stability Checks	Flow Calibration Performed By <u>[Signature]</u> <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)															
Notes: _____ _____ _____	<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><u>DR2035</u></td> <td><u>201603D</u> <u>3/8/18</u></td> </tr> <tr> <td>0.08</td> <td><u>SD1011</u></td> <td><u>201601F</u> <u>1/26/18</u></td> </tr> <tr> <td>0.20</td> <td><u>SD1025</u></td> <td><u>201604C</u> <u>4/5/18</u></td> </tr> <tr> <td>0.08 DGS</td> <td>N/A</td> <td><u>AG626605</u> <u>9/22/18</u></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.05	<u>DR2035</u>	<u>201603D</u> <u>3/8/18</u>	0.08	<u>SD1011</u>	<u>201601F</u> <u>1/26/18</u>	0.20	<u>SD1025</u>	<u>201604C</u> <u>4/5/18</u>	0.08 DGS	N/A	<u>AG626605</u> <u>9/22/18</u>	Maintenance Performed By <u>[Signature]</u> <input checked="" type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ Suggested Service _____ _____
Simulator	Serial #	Lot #/Exp															
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RECEIVED
MAR 16 2017
FDLE
Alcohol Testing Program

Optical Bench Calibration 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			Department Inspection Performed By <u>[Signature]</u> <input checked="" type="checkbox"/> Barometric Pressure <u>1024</u> Gauge ID# <u>26932</u> <u>1025</u> Instrument Mouth Alcohol Solution Lot # <u>2016-C</u> Acetone Stock Solution Lot # <u>2017-A</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><u>SD1019</u></td> </tr> <tr> <td>Interferent</td> <td><u>SD1021</u></td> </tr> <tr> <td>0.05</td> <td><u>DR2035</u></td> </tr> <tr> <td>0.08</td> <td><u>SD3964</u></td> </tr> <tr> <td>0.20</td> <td><u>SD1025</u></td> </tr> </tbody> </table>	Simulator	Serial Number	0.00	<u>SD1019</u>	Interferent	<u>SD1021</u>	0.05	<u>DR2035</u>	0.08	<u>SD3964</u>	0.20	<u>SD1025</u>
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Notes: <u>Please change level 2 menu password to something unique. [Signature]</u> <u>QA/QC OR SP</u>	Attachments <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 _____																																																												

<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

Brett Kirkland
Quality Control Review

3/16/17
Date

Stability Checks # 80 - 004587 Osceola County S.O. 3/15/17 DWS

DWS

OSCEOLA COUNTY S.O.
Intoxilizer - Alconol Analyzer
Model: 8000
03/15/2017
Software: 8100.27

Test	9:20:00	Time
Air Blank	0.000	13:02
Control Test	0.050	13:03
Air Blank	0.000	13:03
Control Test	0.050	13:04
Air Blank	0.000	13:04
Control Test	0.050	13:05
Air Blank	0.000	13:05
Control Test	0.000	13:05
Average	0.030	
Std Dev	0.000	
Rel. Std Dev(%)	1.147	

DWS

Operator's Signature

OSCEOLA COUNTY S.O.
Intoxilizer - Alconol Analyzer
Model: 8000
03/15/2017
Software: 8100.27

Test	9:20:00	Time
Air Blank	0.000	13:07
Control Test	0.000	13:08
Air Blank	0.000	13:08
Control Test	0.000	13:08
Air Blank	0.000	13:08
Control Test	0.000	13:08
Air Blank	0.000	13:08
Control Test	0.000	13:08
Average	0.000	
Std Dev	0.000	
Rel. Std Dev(%)	0.7099	

DWS

Operator's Signature

OSCEOLA COUNTY S.O.
Intoxilizer - Alconol Analyzer
Model: 8000
03/15/2017
Software: 8100.27

Test	9:21:00	Time
Air Blank	0.000	12:54
Control Test	0.196	12:54
Air Blank	0.000	12:55
Control Test	0.197	12:55
Air Blank	0.000	12:56
Control Test	0.198	12:56
Air Blank	0.000	12:57
Control Test	0.000	12:57
Average	0.1976	
Std Dev	0.0000	
Rel. Std Dev(%)	0.5076	

DWS

Operator's Signature

OSCEOLA COUNTY S.O.
Intoxilizer - Alconol Analyzer
Model: 8000
03/15/2017
Software: 8100.27

Test	9:21:00	Time
Air Blank	0.000	12:58
Control Test	0.075	12:58
Air Blank	0.000	12:58
Control Test	0.076	13:00
Air Blank	0.000	13:00
Control Test	0.079	13:00
Air Blank	0.000	13:00
Control Test	0.000	13:00
Average	0.0787	
Std Dev	0.0000	
Rel. Std Dev(%)	0.7339	

SP

BK

DWS

Operator's Signature