



Alcohol Testing Program

**INSTRUMENT PROCESSING SHEET**

Agency Hurlburt AFB S/N 80-004770  
Date In 6/2/17 Date Out 6/9/17  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 _____ <input checked="" type="checkbox"/> Lab Temp °C <u>21.7</u> <input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace External O-Rings <input checked="" type="checkbox"/> Instrument Set Up Verified <input checked="" type="checkbox"/> R-Value <u>97</u> <input type="checkbox"/> Flow Verification (L/s) Flow Column # _____ 32mm _____ (.139 - .169) 36mm _____ (.156 - .190) 53mm _____ (.228 - .278) 103mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # _____ <input 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></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		<b>Flow Calibration</b> Performed By _____ <input 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) <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>Quality Checks Cont.</b> Performed By _____ <b>Simulator Temperatures °C</b> External Digital Therm. ID#: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____
Simulator	Serial #	Lot #/Exp															
0.05																	
0.08																	
0.20																	
0.08 DGS	N/A																

<b>Calibration Adjustment</b> Performed By _____			
<input type="checkbox"/> Calibration Adjustment N/A <input type="checkbox"/> Calibration Adjustment Complete Barometric Pressure Gauge _____ ID # _____			
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		
<input type="checkbox"/> Post Calibration Adjustment Stability Checks			
Simulator	Serial Number	Lot Number	Expiration
0.05			
0.08			
0.20			
0.08 DGS	N/A		

<b>Department Inspection</b> Performed By _____	
<input type="checkbox"/> Barometric Pressure _____ Gauge ID# _____ Instrument Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____	
Simulator	Serial Number
0.00	
Interferent	
0.05	
0.08	
0.20	
<b>Attachments</b>	
<input type="checkbox"/> Form 41 <input type="checkbox"/> Pre-Stability Tests <input type="checkbox"/> Flow Calibration	<input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Post-Stability Tests <input checked="" type="checkbox"/> Other <u>Form 40</u>

Notes/Suggested Service:  
R value below 100, suggest replacing  
flow sensor  
QA/QC @ B 12/14/17  
[Signature] 12/14/17

<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input type="checkbox"/> Return to/Place into Evidentiary Use <input checked="" type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use	<u>12/14/17</u> <u>[Signature]</u>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------

Quality Control Review \_\_\_\_\_ Date \_\_\_\_\_