



INSTRUMENT PROCESSING SHEET

Agency Citrus County Sheriff's Office S/N 80-000819

Florida Department of Law Enforcement Date In 11/13/2018 DI Completion Date 11/14/18 Ship P/U H/D CMI EE

Intake Performed By jls Quality Checks Performed By [Signature] Flow Calibration Performed By [Signature]
Annual Registration Return from CMI / EE
Visual Inspection: Case Handle Keyboard Dry Gas Shelf Feet Breath Tube Ports Screws Tight
Other Equipment/ Accessories: Power cord Printer Cable Static Bag 12V DC Cable
Notes: Return From EE

Final Release Date
FDLE
NOV 14 2018
Alcohol Testing Program

Breath Tube Screen
Replace External O-Rings
Instrument Set Up Verified
R-Value 187
Flow Verification (L/s)
Flow Column # A7P102
32 mm 152 (.139 - .169)
36 mm 177 (.156 - .190)
53 mm 256 (.228 - .278)
103 mm 498 (.447 - .547)
Barometric Pressure Check
Gauge ID # 28427
Stability Checks

Flow Column #
5L/min - 17mm
15L/min - 53mm
30L/min - 103mm
R-Value
Post Calibration Verification (L/s)
Flow Column #
32 mm (.139 - .169)
36 mm (.156 - .190)
53 mm (.228 - .278)
103 mm (.447 - .547)

Table with 3 columns: Simulator, Serial #, Lot #/Exp.
Rows: 0.050 (SD1021, 201707D, 07/25/2019), 0.080 (DR1275, 201707E, 07/25/2019), 0.200 (SD1013, 201707C, 07/24/2019), 0.080 DGS (N/A, AG805701, 02/26/2020)

Maintenance Performed By
Battery Replacement
Dry Gas Regulator Replacement
Breath Tube Replacement
Other
Temperature Checks Performed By [Signature]
Lab Temp °C 21.8
External Digital Therm. ID#: 300503
34°C +/- .2 Serial #: SD1021
34°C +/- .2 Serial #: DR1275
34°C +/- .2 Serial #: SD1013

Calibration Adjustment Performed By
Barometric Pressure Gauge ID #
Table with 4 columns: Simulator, Serial Number, Lot Number, Expiration
0.000, 0.040, 0.100, 0.200, 0.300, 0.080 DGS (N/A)
Post Calibration Adjustment Stability Checks
Table with 4 columns: Simulator, Serial Number, Lot Number, Expiration
0.050, 0.080, 0.200, 0.080 DGS (N/A)

Department Inspection Performed By [Signature]
Barometric Pressure ID# 28427
Gauge 1020 Instrument 1018
Mouth Alcohol Solution Lot # 2016-C
Acetone Stock Solution Lot # 2018-A
Table with 2 columns: Simulator, Serial Number
0.000 (G11621), Interferent (DR3855), 0.050 (SD1021), 0.080 (DR1275), 0.200 (SD1013)
Attachments
Form 41, Stability Checks, Calibration Certificate, Calibration Adjustment, Post-Stability Checks, Flow Calibration, Form 40, Other

Notes/Suggested Service:

Instrument Complies with Chapter 11D-8, FAC
Instrument Does Not Comply with Chapter 11D-8, FAC
Return to/Place into Evidentiary Use
Remain Out of Evidentiary Use
Conduct an Agency Inspection Before Evidentiary Use
Tech Review / Date 11/14/18 Admin Review / Date 11/14/18

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: CITRUS COUNTY SO
Time of Inspection: 09:31

Date of Inspection: 11/14/2018

Serial Number: 80-000819
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK	Yes	

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:201707D Exp: 07/25/2019	0.08g/210L Test (g/210L) Lot#:201707E Exp: 07/25/2019	0.20g/210L Test (g/210L) Lot#:201707C Exp: 07/24/2019	0.08 g/210L Dry Gas Std Test (g/210L) <i>AG 805 701 e</i> Lot#: AG806701 Exp: 02/26/2020
0.000	0.049	0.081	0.200	0.000 / 0.080
0.000	0.050	0.081	0.200	0.000 / 0.080
0.000	0.050	0.081	0.200	0.079 / 0.080
0.000	0.050	0.081	0.200	0.079 / 0.080
0.000	0.050	0.081	0.200	0.079 / 0.079
0.000	0.050	0.081	0.200	0.080 / 0.079
0.000	0.050	0.081	0.200	0.080 / 0.079
0.000	0.050	0.081	0.200	0.080 / 0.079
0.000	0.050	0.081	0.200	0.079 / 0.080
0.000	0.050	0.081	0.200	0.079 / 0.079
Standard Deviations	0.0003	0.0000	0.0000	0.0334 / 0.0005

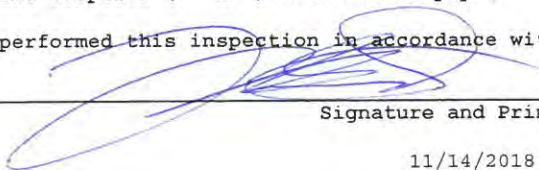
Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0002 Number of Simulators Used: 5

Remarks:
08: Control Outside Tolerance DGS NOT ATTACHED RETEST.

AMB

The above instrument complies () does not comply () with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.



JAKE L SHANAHAN

Signature and Printed Name

11/14/2018
Date

*11/14/18
SD*

80-000819
 Stability Checks
 11/14/18

INTOXILYZER 8000
 Instrument Initialization
 06:43 11/14/2018

CITRUS COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000819
 11/14/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:20
Control Test	0.049	07:20
Air Blank	0.000	07:21
Control Test	0.050	07:21
Air Blank	0.000	07:22
Control Test	0.049	07:23
Air Blank	0.000	07:23
Control Test Stats		
Average	0.0493	
Std Dev	0.0006	
Rel Std Dev(%)	1.1703	


 Operator's Signature

CITRUS COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000819
 11/14/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:26
Control Test	0.080	07:26
Air Blank	0.000	07:26
Control Test	0.079	07:27
Air Blank	0.000	07:27
Control Test	0.079	07:28
Air Blank	0.000	07:28
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	

DGS


 Operator's Signature

CITRUS COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000819
 11/14/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:34
Control Test	0.199	07:35
Air Blank	0.000	07:36
Control Test	0.199	07:36
Air Blank	0.000	07:37
Control Test	0.199	07:38
Air Blank	0.000	07:38
Control Test Stats		
Average	0.1990	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	




 Operator's Signature


 Operator's Signature

11/14/18




Florida Department of Law Enforcement
Alcohol Testing Program
2729 Fort Knox Blvd.
Bldg. 2, Suite 1300
Tallahassee, FL 32308

Calibration Certificate

This is to certify the calibration of Intoxilyzer 8000 serial number 80-000819, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000819</u>	UNCERTAINTY * ±
Owning Agency:	<u>CITRUS COUNTY SO</u>	0.050 g/ 210 L 0.004
Calibration Date:	<u>11/14/2018</u>	0.080 g/ 210 L 0.005
Calibration Time:	<u>09:31</u>	0.200 g/ 210 L 0.008
		0.080 g/ 210 L Dry Gas Control 0.005

All results are reported in g/ 210 L.

Bias is limited by calibration acceptance criteria. All calibration results must be within ± 0.005 or 5%, whichever is greater, of the target alcohol concentration. *Uncertainty is based on fleet-wide data and is expressed to a 99.73% level of confidence (k=3).

TRACEABILITY INFORMATION

This instrument was calibrated using solutions prepared by Alcohol Countermeasure Systems, Inc. (ACS). ACS prepared and certified these CRMs in accordance with ISO 17034 and ISO/ IEC 17025 Standards.

Simulator temperatures are traceable to NIST. Thermometer temperatures are checked with NIST traceable Eutechnics 4400 digital thermometers calibrated by Precision Metrology in accordance with ISO/ IEC 17025 standards.

Dry gas control measurements are traceable to NIST through the uses of CRMs supplied by an accredited CRM supplier. The supplier of dry gas standard controls prepared and certified the CRMs in accordance with ISO Guide 34 and ISO/ IEC 17025 standards.

This document shall not be reproduced except in full, without written approval of the Florida Department of Law Enforcement Alcohol Testing Program.

FDLE/ATP Form 69 July 2018

Issuing Authority: Alcohol Testing Program

11/14/2018

Date

JAKE L SHANAHAN,
Department Inspector

Service • Integrity • Respect • Quality

Handwritten signature and date: 11/14/18

Handwritten initials: RUS

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CITRUS COUNTY SO
Time of Inspection: 07:10

Date of Inspection: 11/14/2018

Serial Number: 80-000819
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		No
Alcohol Free Subject Test: 0.000		No
Mouth Alcohol Test: Slope Not Met		No
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08g/210L Test (g/210L) Lot#: _____ Exp: _____	0.20g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: _____ Exp: _____

Number of Simulators Used: _____

Remarks:
BYPASS TO OPERATE

Not a compliance check

[Signature]

The above instrument complies () does not comply () with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

[Signature]

JAKE L SHANAHAN

Signature and Printed Name

11/14/2018
Date

11/14/18
[Signature]

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: William Roberson on 07/09/18

Items Returned: Instrument Supplies Other Describe: 80-000817 regulator
Instrument Model: CMI Intoxilyzer 8000 Serial Number: 80-000819

Bill To Address: Citrus County Sheriff's Office
2604 W. Woodland Ridge Drive
Lecanto, FL 34461

Ship to Address:
Jake Shanahan

FDLE-ATP

Off-site Mail Facility

813B Lake Bradford Rd

Tallahassee, FL 32304

Reason for Return:

DSP FAIL multiple times. on 80-000819

***ALSO IN BOX IS REGULATOR FOR 80-000817 *** --It needs to be repaired or replaced
contact William Roberson before any repairs

Please choose one of the following options:

- 1. I _____, authorize all repairs.
- 2. I _____, authorize repairs up to \$_____.
- 3. I require an estimate **BEFORE** any repairs will be authorized and/ or conducted.

Please contact: Name: William Roberson

Phone #: 352-249-1330

Email: william.roberson2@corecivic.com

ATP Contact Name: Jake Shanahan

ATP Email: jakeshanahan@fdle.state.fl.us

7/9/18 JD



INSTRUMENT PROCESSING SHEET

Agency Citrus County SOS/N 80-000819

Florida Department of Law Enforcement

Date In 6/29/2018DI Completion Date Ship P/U H/D CMI EE

Intake Performed By <u>JR</u> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE Visual Inspection: <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Handle <input checked="" type="checkbox"/> Keyboard <input checked="" type="checkbox"/> Dry Gas Shelf <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> Breath Tube <input checked="" type="checkbox"/> Ports <input checked="" type="checkbox"/> Screws Tight Other Equipment/ Accessories: <input type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>Agency Inspector indicated the instrument is giving DSP fail.</u>	Quality Checks Performed By _____ <input type="checkbox"/> Breath Tube Screen <input type="checkbox"/> Replace External O-Rings <input type="checkbox"/> Instrument Set Up Verified <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Flow Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # _____ <input 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>0.050</td> <td></td> <td>201707D 07/25/2019</td> </tr> <tr> <td>0.080</td> <td></td> <td>201707E 07/25/2019</td> </tr> <tr> <td>0.200</td> <td></td> <td>201707C 07/24/2019</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050		201707D 07/25/2019	0.080		201707E 07/25/2019	0.200		201707C 07/24/2019	0.080 DGS	N/A		Flow Calibration Performed By _____ 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 # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547)
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0.080 DGS	N/A																
Final Release Date <div style="text-align: center; font-size: 1.2em; font-weight: bold;">FDLE</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">JUL 09 2018</div> <div style="text-align: center; font-weight: bold;">Alcohol Testing Program</div>	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 _____ Temperature Checks Performed By _____ <input type="checkbox"/> Lab Temp °C _____ 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 #: _____																

Calibration Adjustment Performed By _____ 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>0.300</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> <input type="checkbox"/> Post Calibration Adjustment 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>0.050</td><td></td><td></td><td></td></tr> <tr><td>0.080</td><td></td><td></td><td></td></tr> <tr><td>0.200</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>	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	0.050				0.080				0.200				0.080 DGS	N/A			Department Inspection Performed By _____ Barometric Pressure ID# _____ Gauge _____ Instrument _____ Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____ <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>0.000</td><td></td></tr> <tr><td>Interferent</td><td></td></tr> <tr><td>0.050</td><td></td></tr> <tr><td>0.080</td><td></td></tr> <tr><td>0.200</td><td></td></tr> </tbody> </table> Attachments <input type="checkbox"/> Form 41 <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Stability Checks <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Form 40 <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Other _____	Simulator	Serial Number	0.000		Interferent		0.050		0.080		0.200	
Simulator	Serial Number	Lot Number	Expiration																																																										
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Notes/Suggested Service: <u>DSP Failure at initial Diagnostic</u> <u>- will send to repair at AZ request.</u> <u>- Dry gas regulator removed and loaned to SW 817 until one is purchased.</u> <u>Regulator screws and bracket taped to instrument</u>	<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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <u>MB 7/9/18</u> Tech Review / Date </div> <div style="text-align: center;"> <u>JJ Dub 7/9/18</u> Admin Review / Date </div> </div>
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