



INSTRUMENT PROCESSING SHEET

Agency Manatee County SOS/N 80-000907

Florida Department of Law Enforcement

Date In 06/21/18DI Completion Date 6/26/18 Ship P/U H/D CMI EE

Intake Performed By <u>SJC</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: _____ _____ _____	Quality Checks Performed By <u>SP</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>216</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP105</u> 32 mm <u>.144</u> (.139 - .169) 36 mm <u>.164</u> (.156 - .190) 53 mm <u>.238</u> (.228 - .278) 103 mm <u>.523</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28662</u> <input checked="" type="checkbox"/> Stability Checks	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)																																																											
Final Release Date <p style="text-align: center;">FDLE</p> <p style="text-align: center;">JUN 27 2018</p> <p style="text-align: center;">Alcohol Testing Program</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>0.050</td> <td><u>SD1021</u></td> <td><u>201707D</u> <u>7-25-19</u></td> </tr> <tr> <td>0.080</td> <td><u>DR1275</u></td> <td><u>201707E</u> <u>7-25-19</u></td> </tr> <tr> <td>0.200</td> <td><u>SD1019</u></td> <td><u>201707C</u> <u>7-24-19</u></td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td><u>AG805702</u> <u>2-26-20</u></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	<u>SD1021</u>	<u>201707D</u> <u>7-25-19</u>	0.080	<u>DR1275</u>	<u>201707E</u> <u>7-25-19</u>	0.200	<u>SD1019</u>	<u>201707C</u> <u>7-24-19</u>	0.080 DGS	N/A	<u>AG805702</u> <u>2-26-20</u>	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 <u>SP</u> <input checked="" type="checkbox"/> Lab Temp °C <u>21.3</u> External Digital Therm. ID#: <u>300503</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>SD1021</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>DR1275</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>SD1019</u>																																												
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Notes/Suggested Service: _____ _____ _____ _____ _____	Attachments <input checked="" type="checkbox"/> Form 41 <input type="checkbox"/> Post-Stability Checks <input checked="" type="checkbox"/> Stability Checks <input type="checkbox"/> Flow Calibration <input checked="" type="checkbox"/> Calibration Certificate <input type="checkbox"/> Form 40 <input type="checkbox"/> Calibration Adjustment <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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <u>6/27/18</u> Tech Review / Date </div> <div style="text-align: center;"> <u>[Signature]</u> <u>6/27/18</u> Admin Review / Date </div> </div>																																																												

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: MANATEE COUNTY SO

Serial Number: 80-000907

Time of Inspection: 14:50

Date of Inspection: 06/26/2018

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) Lot#: AG805702 Exp: 02/26/2020
0.000	0.048	0.081	0.196	0.079
0.000	0.048	0.081	0.197	0.079
0.000	0.049	0.081	0.197	0.079
0.000	0.049	0.080	0.197	0.079
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0.000	0.049	0.080	0.197	0.079
0.000	0.048	0.081	0.197	0.079
0.000	0.048	0.080	0.197	0.079
0.000	0.049	0.081	0.197	0.079
0.000	0.049	0.081	0.198	0.079

Standard Deviations	0.0005	0.0004	0.0004	0.0000
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0003 Number of Simulators Used: 5

Remarks:

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.

Shayla Platt

SHAYLA D PLATT

Signature and Printed Name

06/26/2018

Date

[Signature]
6/27/18
[Signature]

STABILITY CHECKS # 80-000907

MANATEE COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000907
06/26/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:33
Control Test	0.047	10:33
Air Blank	0.000	10:34
Control Test	0.049	10:34
Air Blank	0.000	10:35
Control Test	0.049	10:36
Air Blank	0.000	10:36
Control Test Stats		
Average	0.0483	
Std Dev	0.0012	
Rel Std Dev(%)	2.3890	

SP

Operator's Signature

8/26/18
ee

MANATEE COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000907
06/26/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:28
Control Test	0.079	10:29
Air Blank	0.000	10:29
Control Test	0.080	10:30
Air Blank	0.000	10:30
Control Test	0.080	10:31
Air Blank	0.000	10:31
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

SP

Operator's Signature

MANATEE COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000907
06/26/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:57
Control Test	0.194	10:58
Air Blank	0.000	10:58
Control Test	0.197	10:59
Air Blank	0.000	10:59
Control Test	0.199	11:00
Air Blank	0.000	11:00
Control Test Stats		
Average	0.1967	
Std Dev	0.0025	
Rel Std Dev(%)	1.2796	

SP

Operator's Signature

MANATEE COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000907
06/26/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:24
Control Test	0.080	10:24
Air Blank	0.000	10:25
Control Test	0.079	10:25
Air Blank	0.000	10:26
Control Test	0.079	10:26
Air Blank	0.000	10:26
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	

DES

SP

Operator's Signature



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 80-000907, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000907</u>	UNCERTAINTY* ±	
Owning Agency:	<u>MANATEE COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>06/26/2018</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>14:50</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% 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 March 2018
 Issuing Authority: Alcohol Testing Program


06/26/2018 Date
 SHARYLA D PLATT,
 Department Inspector

Service • Integrity • Respect • Quality

8/12/18