



INSTRUMENT PROCESSING SHEET

Agency Charlotte County SOS/N 80-000945

Florida Department of Law Enforcement

Date In 9/7/18DI Completion Date 9/20/18 Ship P/U H/D CMI EE

Intake Performed By <u>SQC</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>154</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP105</u> 32 mm <u>1148</u> (.139 - .169) 36 mm <u>1167</u> (.156 - .190) 53 mm <u>242</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 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FDLE</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">SEP 20 2018</div> <div style="text-align: center; font-weight: bold;">Alcohol Testing Program</div>	<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>SD1021</td> <td>201707D 7-25-19</td> </tr> <tr> <td>0.080</td> <td>DR1275</td> <td>201707E 7-25-19</td> </tr> <tr> <td>0.200</td> <td>SD1013</td> <td>201707C 7-24-19</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG805701 2-26-20</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	SD1021	201707D 7-25-19	0.080	DR1275	201707E 7-25-19	0.200	SD1013	201707C 7-24-19	0.080 DGS	N/A	AG805701 2-26-20	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>23.0</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>SD1013</u>																																													
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Notes/Suggested Service: _____ _____ _____ _____ _____	<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>9/20/18</u> Tech Review / Date </div> <div style="text-align: center;"> <u>[Signature]</u> Admin Review / Date </div> </div>																																																													

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: CHARLOTTE COUNTY SO
Time of Inspection: 14:36

Date of Inspection: 09/20/2018

Serial Number: 80-000945
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#:AG805701 Exp: 02/26/2020
0.000	0.049	0.080	0.197	0.081
0.000	0.049	0.080	0.197	0.081
0.000	0.049	0.079	0.197	0.081
0.000	0.049	0.079	0.197	0.081
0.000	0.049	0.080	0.197	0.081
0.000	0.049	0.079	0.197	0.081
0.000	0.049	0.080	0.197	0.081
0.000	0.049	0.079	0.197	0.081
0.000	0.049	0.079	0.197	0.080
0.000	0.049	0.079	0.197	0.080

Standard Deviations	0.0000	0.0005	0.0000	0.0004
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0002 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

09/20/2018
Date

*9/20/18
JD*

STABILITY CHECKS #80-000945

CHARLOTTE COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000945
 09/20/2018
 Software: 8100.27

Test	9/21/0L	Time
Air Blank	0.000	11:21
Control Test	0.049	11:21
Air Blank	0.000	11:22
Control Test	0.048	11:23
Air Blank	0.000	11:23
Control Test	0.049	11:24
Air Blank	0.000	11:24
Control Test Stats		
Average	0.0487	
Std Dev	0.0006	
Rel. Std Dev(%)	1.1863	

SP
 Operator's Signature
 SP
 9/20/18
 JD

CHARLOTTE COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000945
 09/20/2018
 Software: 8100.27

Test	9/21/0L	Time
Air Blank	0.000	11:06
Control Test	0.079	11:07
Air Blank	0.000	11:07
Control Test	0.079	11:08
Air Blank	0.000	11:08
Control Test	0.080	11:09
Air Blank	0.000	11:10
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel. Std Dev(%)	0.7277	

SP
 Operator's Signature

CHARLOTTE COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000945
 09/20/2018
 Software: 8100.27

Test	9/21/0L	Time
Air Blank	0.000	11:13
Control Test	0.199	11:14
Air Blank	0.000	11:15
Control Test	0.197	11:15
Air Blank	0.000	11:16
Control Test	0.197	11:17
Air Blank	0.000	11:17
Control Test Stats		
Average	0.1977	
Std Dev	0.0012	
Rel. Std Dev(%)	0.5842	

SP
 Operator's Signature

CHARLOTTE COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000945
 09/20/2018
 Software: 8100.27

Test	9/21/0L	Time
Air Blank	0.000	11:10
Control Test	0.080	11:11
Air Blank	0.000	11:11
Control Test	0.080	11:11
Air Blank	0.000	11:12
Control Test	0.081	11:12
Air Blank	0.000	11:13
Control Test Stats		
Average	0.0803	
Std Dev	0.0006	
Rel. Std Dev(%)	0.7187	

DGS

SP
 Operator's Signature



Calibration Certificate

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

This is to certify the calibration of Intoxilyzer 8000 serial number 80-000945, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000945</u>	UNCERTAINTY* ±	
Owning Agency:	<u>CHARLOTTE COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>09/20/2018</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>14:36</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.

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09/20/2018

Shayla Platt

Date

SHAYLA D PLATT,

Department Inspector

FDLE/ATP Form 69 July 2018

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

Room 2/20/18

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CHARLOTTE COUNTY SO
Time of Inspection: 11:02

Date of Inspection: 09/20/2018

Serial Number: 80-000945
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:

BYPASSED AI TO OPERATE INSTRUMENT

am

N/A COMPLIANCE
NOT DETERMINED.

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.

Shayla Platt

Signature and Printed Name

SHAYLA D PLATT

09/20/2018
Date

*9/20/18
JP*