



INSTRUMENT PROCESSING SHEET

Agency Glades County SO

S/N 80-000947

Florida Department of Law Enforcement

Date In 6/26/18

DI Completion Date 7/5/18

Ship  P/U  H/D  CMI  EE

<b>Intake</b> 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 checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>See note with instrument</u>		<b>Quality Checks</b> 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>142</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP105</u> 32 mm <u>.148</u> (.139 - .169) 36 mm <u>.1167</u> (.156 - .190) 53 mm <u>.246</u> (.228 - .278) 103 mm <u>.511</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28662</u> <input checked="" type="checkbox"/> Stability Checks		<b>Flow Calibration</b> 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)																																																											
<b>Final Release Date</b> <b>FDLE</b> <b>JUL 05 2018</b> <b>Alcohol Testing Program</b>		<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td>SD1018</td> <td>201707D 7-25-19</td> </tr> <tr> <td>0.080</td> <td>SD3962</td> <td>201707E 7-25-19</td> </tr> <tr> <td>0.200</td> <td>G2078</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	SD1018	201707D 7-25-19	0.080	SD3962	201707E 7-25-19	0.200	G2078	201707C 7-24-19	0.080 DGS	N/A	AG805701 2-26-20	<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>Temperature Checks</b> Performed By <u>SP</u> <input checked="" type="checkbox"/> Lab Temp °C <u>21.6</u> External Digital Therm. ID#: <u>300505</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>SD1018</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>SD3962</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>G2078</u>																																												
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Notes/Suggested Service: <u>mouth alcohol &amp; acetone included w/ instrument as requested. SP</u>		<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 <u>SP 7/5/18</u> <u>J. DeLeon 7/5/18</u> Tech Review / Date Admin Review / Date																																																													



# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O.  
Time of Inspection: 11:23

Date of Inspection: 07/05/2018

Serial Number: 80-000947  
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	0.081	0.198	0.080
0.000	0.049	0.080	0.199	0.080
0.000	0.049	0.080	0.200	0.080
0.000	0.049	0.079	0.198	0.081
0.000	0.047	0.079	0.199	0.079
0.000	0.048	0.081	0.197	0.079
0.000	0.049	0.081	0.198	0.079
0.000	0.047	0.079	0.196	0.077
0.000	0.047	0.079	0.197	0.077
0.000	0.046	0.079	0.199	0.078

Standard Deviations	0.0011	0.0009	0.0011	0.0013
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0011 Number of Simulators Used: 5

Remarks:

*MS*

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

07/05/2018  
Date

*7/5/18  
JTB*

STABILITY CHECKS # 80-000947

GLADES COUNTY S.O.  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000947  
07/05/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:14
Control Test	0.050	09:15
Air Blank	0.000	09:15
Control Test	0.047	09:16
Air Blank	0.000	09:17
Control Test	0.049	09:17
Air Blank	0.000	09:18
Control Test Stats		
Average	0.0487	
Std Dev	0.0015	
Rel Std Dev(%)	3.1388	

SP

Operator's Signature

7/5/18  
AS

GLADES COUNTY S.O.  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000947  
07/05/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:09
Control Test	0.083	09:10
Air Blank	0.000	09:10
Control Test	0.080	09:11
Air Blank	0.000	09:11
Control Test	0.083	09:12
Air Blank	0.000	09:13
Control Test Stats		
Average	0.0820	
Std Dev	0.0017	
Rel Std Dev(%)	2.1123	

SP

Operator's Signature

GLADES COUNTY S.O.  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000947  
07/05/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:19
Control Test	0.200	09:20
Air Blank	0.000	09:20
Control Test	0.202	09:21
Air Blank	0.000	09:22
Control Test	0.200	09:22
Air Blank	0.000	09:23
Control Test Stats		
Average	0.2007	
Std Dev	0.0012	
Rel Std Dev(%)	0.5754	

SP

Operator's Signature

GLADES COUNTY S.O.  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000947  
07/05/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:03
Control Test	0.080	09:03
Air Blank	0.000	09:04
Control Test	0.080	09:04
Air Blank	0.000	09:05
Control Test	0.080	09:05
Air Blank	0.000	09:06
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

DGS

ADP

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 80-000947, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000947</u>	UNCERTAINTY* ±	
Owning Agency:	<u>GLADES COUNTY S.O.</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>07/05/2018</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>11:23</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

07/05/2018

Date

*Shayla Platt*

SHAYLA D PLATT,  
 Department Inspector

Service • Integrity • Respect • Quality

*7/5/18*

*DMS*



# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O.  
Time of Inspection: 09:02

Date of Inspection: 07/05/2018

Serial Number: 80-000947  
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

N/A COMPLIANCE  
NOT DETERMINED.

RMB

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

SHAYLA D PLATT  
Signature and Printed Name

07/05/2018  
Date

7/5/18  
JLZ