



INSTRUMENT PROCESSING SHEET

Agency Indialantic PDS/N 80-001006

Florida Department of Law Enforcement

Date In 03/09/2018DI Completion Date 3/13/18 Ship P/U H/D CMI EE

Intake Performed By <u>JD</u> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" 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 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>208</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP103</u> 32 mm <u>.152</u> (.139 - .169) 36 mm <u>.171</u> (.156 - .190) 53 mm <u>.238</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	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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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 <u>MS 3/13/18</u> <u>J. Dehan 3/13/18</u> Tech Review / Date Admin Review / Date																																																													

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: INDIALANTIC P.D.
Time of Inspection: 10:06

Date of Inspection: 03/13/2018

Serial Number: 80-001006
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#:AG626604 Exp: 09/22/2018
0.000	0.048	0.080	0.199	0.080
0.000	0.049	0.081	0.200	0.080
0.000	0.049	0.081	0.200	0.080
0.000	0.049	0.082	0.200	0.080
0.000	0.049	0.082	0.201	0.080
0.000	0.049	0.081	0.201	0.080
0.000	0.049	0.081	0.201	0.080
0.000	0.050	0.082	0.201	0.080
0.000	0.050	0.082	0.201	0.080
0.000	0.050	0.081	0.201	0.080
Standard Deviations	0.0006	0.0006	0.0007	0.0000

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

Remarks:

DOB

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

03/13/2018
Date

3/13/18
JO

STABILITY CHECKS # 80-001006

INDIALANTIC P.D.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001006
03/13/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:16
Control Test	0.048	08:17
Air Blank	0.000	08:17
Control Test	0.048	08:18
Air Blank	0.000	08:19
Control Test	0.049	08:19
Air Blank	0.000	08:20
Control Test Stats		
Average	0.0483	
Std Dev	0.0006	
Rel Std Dev(%)	1.1945	

SP

Operator's Signature

3/13/18
JD

INDIALANTIC P.D.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001006
03/13/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:25
Control Test	0.079	08:26
Air Blank	0.000	08:26
Control Test	0.079	08:27
Air Blank	0.000	08:27
Control Test	0.079	08:28
Air Blank	0.000	08:29
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

SP

Operator's Signature

INDIALANTIC P.D.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001006
03/13/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:20
Control Test	0.198	08:21
Air Blank	0.000	08:22
Control Test	0.197	08:22
Air Blank	0.000	08:23
Control Test	0.197	08:24
Air Blank	0.000	08:24
Control Test Stats		
Average	0.1973	
Std Dev	0.0006	
Rel Std Dev(%)	0.2926	

SP

Operator's Signature

INDIALANTIC P.D.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001006
03/13/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:09
Control Test	0.081	08:09
Air Blank	0.000	08:09
Control Test	0.081	08:10
Air Blank	0.000	08:10
Control Test	0.081	08:11
Air Blank	0.000	08:11
Control Test Stats		
Average	0.0810	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

DGS

SP

Operator's Signature

SP



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 80-001006, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001006</u>	UNCERTAINTY* ±	
Owning Agency:	<u>INDIALANTIC P.D.</u>	0.05 g/ 210 L	0.004
Calibration Date:	<u>03/13/2018</u>	0.08 g/ 210 L	0.005
Calibration Time:	<u>10:06</u>	0.20 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.

DP

03/13/2018

Date

Shayla Platt

SHAYLA D PLATT,
 Department Inspector

FDLE/ATP Form 69 January 2018
 Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

3/13/18
DP

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Ryan Dovel on 11/7/17

Items Returned: Instrument Supplies Other Describe: _____
Instrument Model: Inoxilyzer 8000 Serial Number: 80-001006

Bill To Address: <u>Indialantic PD</u> _____ _____ _____	Ship to Address: <u>FDLE ATP</u> <u>2331 Phillips Road</u> <u>Tallahassee, FL 32309</u> _____ _____
--	--

Reason for Return:
Instrument will not power on.

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: Ryan Dovel
Phone #: (321) 604-8187 Email: rdovel@indialantic.com

ATP Contact Name: Shayla Platt ATP Email: shaylaplatt@fdle.state.fl.us

DBS
3/13/18
JE



INSTRUMENT PROCESSING SHEET

Agency Indialantic PD

S/N 80-001006

Florida Department of Law Enforcement

Date In 11/9/2017

DI Completion Date 11/15/17

Ship P/U H/D CMI EE

Intake Performed By <u>[Signature]</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 checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: _____ _____ _____		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		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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Notes/Suggested Service: SENDING TO REPAIR FOR POWER SUPPLY ISSUES SP

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

[Signature] 3/13/18 [Signature] 3/13/18
 Tech Review / Date Admin Review / Date