



INSTRUMENT PROCESSING SHEET

Agency Clay Countys/N 80-001046

Florida Department of Law Enforcement

Date In 10/26/17DI Completion Date 1/18/18 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 type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>Internal Printer Cover was not attached. Was able to reattach with no issue.</u>	Quality Checks Performed By <u>[Signature]</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>180</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP105</u> 32 mm <u>150</u> (.139 - .169) 36 mm <u>178</u> (.156 - .190) 53 mm <u>251</u> (.228 - .278) 103 mm <u>514</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</u> <input checked="" type="checkbox"/> Stability Checks	Flow Calibration Performed By <u>[Signature]</u> 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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Final Release Date

FDLE

JAN 18 2018

Alcohol Testing Program

Simulator	Serial #	Lot #/Exp
0.050	G2835	201707D 7/25/19
0.080	SD1013	201707E 7/25/19
0.200	SD1025	201707C 7/24/19
0.080 DGS	N/A	AG-108807 3/29/19

Maintenance Performed By <u>[Signature]</u> <input type="checkbox"/> Battery Replacement <input checked="" type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____	Temperature Checks Performed By <u>[Signature]</u> <input checked="" type="checkbox"/> Lab Temp °C <u>20.9</u> External Digital Therm. ID#: <u>300504</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>G2835</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1013</u> <input type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1025</u>
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Calibration Adjustment Performed By _____ Barometric Pressure Gauge _____ ID # _____	Department Inspection Performed By <u>[Signature]</u> Barometric Pressure ID# <u>28427</u> Gauge <u>1029</u> Instrument <u>1026</u> Mouth Alcohol Solution Lot # <u>2016-C</u> Acetone Stock Solution Lot # <u>2017-A</u>
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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
0.000			
0.040			
0.100			
0.200			
0.300			
0.080 DGS	N/A		

Simulator	Serial Number
0.000	G2880
Interferent	G2840
0.050	G2835
0.080	SD1013
0.200	SD1025

Attachments <input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Post-Stability Checks	<input type="checkbox"/> Flow Calibration <input checked="" type="checkbox"/> Form 40 <input checked="" type="checkbox"/> Other <u>Cal cert.</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	<u>[Signature]</u> 1/18/2018 <u>[Signature]</u> 1/18/18 Tech Review / Date Admin Review / Date
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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO
Time of Inspection: 10:32

Date of Inspection: 01/18/2018

Serial Number: 80-001046
Software: 8100.27

gld

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#:AG708807 Exp: 03/29/2019
0.000	0.051	0.084	0.205	0.081
0.000	0.051	0.084	0.205	0.081
0.000	0.051	0.083	0.205	0.081
0.000	0.052	0.083	0.204	0.081
0.000	0.051	0.084	0.205	0.082
0.000	0.052	0.084	0.205	0.081
0.000	0.051	0.084	0.205	0.081
0.000	0.051	0.084	0.205	0.081
0.000	0.051	0.084	0.205	0.081
0.000	0.051	0.084	0.205	0.081
0.000	0.052	0.084	0.205	0.082
Standard Deviations	0.0004	0.0004	0.0003	0.0004

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

DOM

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.

JAKE L SHANAHAN

Signature and Printed Name

01/18/2018
Date

*1/18/18
JD*

80-001046
 Stek. 1.44 Clc
 1/18/18

INTOXILYZER 8000
 Instrument Initialization
 06:52 01/18/2018

CLAY COUNTY SO
 Intoxilyzer - Alcohol Analyzer SN 80-001046
 Model 8000
 01/18/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:38
Control Test	0.200	07:39
Air Blank	0.000	07:40
Control Test	0.200	07:40
Air Blank	0.000	07:41
Control Test	0.202	07:42
Air Blank	0.000	07:42
Control Test Stats		
Average	0.2007	
Std Dev	0.0012	
Rel Std Dev(%)	0.5754	

Operator's Signature

8/18/18
 DS

CLAY COUNTY SO
 Intoxilyzer - Alcohol Analyzer SN 80-001046
 Model 8000
 01/18/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:45
Control Test	0.081	07:45
Air Blank	0.000	07:46
Control Test	0.082	07:47
Air Blank	0.000	07:47
Control Test	0.082	07:48
Air Blank	0.000	07:48
Control Test Stats		
Average	0.0817	
Std Dev	0.0006	
Rel Std Dev(%)	0.7070	

TGS

Operator's Signature

CLAY COUNTY SO
 Intoxilyzer - Alcohol Analyzer SN 80-001046
 Model 8000
 01/18/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:50
Control Test	0.081	07:50
Air Blank	0.000	07:51
Control Test	0.082	07:51
Air Blank	0.000	07:52
Control Test	0.081	07:52
Air Blank	0.000	07:52
Control Test Stats		
Average	0.0813	
Std Dev	0.0006	
Rel Std Dev(%)	0.7099	

Operator's Signature

CLAY COUNTY SO
 Intoxilyzer - Alcohol Analyzer SN 80-001046
 Model 8000
 01/18/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:57
Control Test	0.050	07:57
Air Blank	0.000	07:58
Control Test	0.051	07:58
Air Blank	0.000	07:59
Control Test	0.051	08:00
Air Blank	0.000	08:00
Control Test Stats		
Average	0.0507	
Std Dev	0.0006	
Rel Std Dev(%)	1.1395	

DS

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 80-001046, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001046</u>	UNCERTAINTY* ±
Owning Agency:	<u>CLAY COUNTY SO</u>	0.05 g/ 210 L
Calibration Date:	<u>01/18/2018</u>	0.08 g/ 210 L
Calibration Time:	<u>10:32</u>	0.20 g/ 210 L
		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.

01/18/2018

Date


JAKE L SHANAHAN,
 Department Inspector

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

Service • Integrity • Respect • Quality

1/18/18
JS

JS

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO
Time of Inspection: 07:27

Date of Inspection: 01/18/2018

Serial Number: 80-001046
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: _____

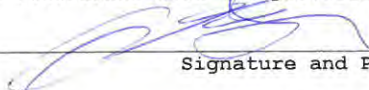
Remarks:
BYPASS TO OPERATE

Adam

Not a compliance check

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 and Printed Name

JAKE L SHANAHAN

01/18/2018
Date

*1/18/18
JL*