



INSTRUMENT PROCESSING SHEET

Florida Department of
Law Enforcement

Agency Florida Highway Patrol Miami

S/N 80-001122

Date In 3/26/2018 DI Completion Date 3/27/2018

☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake Performed By <u>DELR</u> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Return from CMI / <u>EE</u> 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: _____ _____ _____ 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;">APR 02 2018</div> <div style="text-align: center; font-weight: bold;">Alcohol Testing Program</div>	Quality Checks Performed By <u>DELR</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>160</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP 101</u> 32 mm <u>.156</u> (.139 - .169) 36 mm <u>.179</u> (.156 - .190) 53 mm <u>.250</u> (.228 - .278) 103 mm <u>.511</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28199</u> <input checked="" type="checkbox"/> Stability Checks <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>SD3967</td> <td>201707D 07/25/2019</td> </tr> <tr> <td>0.080</td> <td>SD3968</td> <td>201707E 07/25/2019</td> </tr> <tr> <td>0.200</td> <td>SD3969</td> <td>201707C 07/24/2019</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG715202 06/01/2019</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	SD3967	201707D 07/25/2019	0.080	SD3968	201707E 07/25/2019	0.200	SD3969	201707C 07/24/2019	0.080 DGS	N/A	AG715202 06/01/2019	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) 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>DELR</u> <input checked="" type="checkbox"/> Lab Temp °C <u>22.74C</u> External Digital Therm. ID#: <u>300949</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3967</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3968</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3969</u>																																													
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Notes/Suggested Service: <u>E-mailed</u> <input checked="" type="checkbox"/> APPROVED _____ _____ _____ _____ _____		<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> <u>Poon 4/2/18</u> Tech Review / Date </div> <div> <u>J. John 4/2/18</u> Admin Review / Date </div> </div>																																																												

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: FHP MIAMI
Time of Inspection: 07:55

Date of Inspection: 03/27/2018

Serial Number: 80-001122
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#:AG715202 Exp: 06/01/2019
0.000	0.048	0.079	0.198	0.079 / 0.079
0.000	0.049	0.080	0.199	0.078 / 0.079
0.000	0.049	0.080	0.198	0.079 / 0.079
0.000	0.049	0.080	0.199	0.078 / 0.078
0.000	0.049	0.080	0.199	0.078 / 0.078
0.000	0.049	0.081	0.198	0.078 / 0.079
0.000	0.049	0.080	0.199	0.078 / 0.078
0.000	0.049	0.080	0.198	INT / 0.078
0.000	0.049	0.080	0.198	/ 0.081
0.000	0.049	0.080	0.198	/ 0.080

Standard Deviations	0.0003	0.0004	0.0005	/ 0.0009
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0005 Number of Simulators Used: 5

Remarks:

08: Interferent Detect ON SAMPLE 8 WILL REPEAT.

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.

David E Reyes-Rivera

DAVID E REYES-RIVERA

Signature and Printed Name

03/27/2018
Date

TYPE OF TEST	SERIAL NUMBER	AGENCY	DATE	PERFORMED BY
Stabilities	80-001122	Florida Highway Patrol Miami	03/27/2018	<i>DM</i>

0.05g/210L	0.08g/210L	0.20g/210L	DGS 0.08g/210L
SN: SD3967 Temp: 34.06c	SN: SD3968 Temp: 34.03c	SN: SD3969 Temp: 34.08c	Lot AG715202
0.047 to 0.053 <input checked="" type="checkbox"/>	0.077 to 0.083 <input checked="" type="checkbox"/>	0.194 to 0.206 <input checked="" type="checkbox"/>	0.077 to 0.083 <input checked="" type="checkbox"/>

<p>FHP MIAMI Intoxilyzer - Alcohol Analyzer Model 8000 03/27/2018 Software: 8100.27</p> <p>Test: g/210L Time</p> <p>Air Blank 0.000 05:57 Control Test 0.048 05:58 Air Blank 0.000 05:58 Control Test 0.046 05:59 Air Blank 0.000 05:59 Control Test 0.049 06:00 Air Blank 0.000 06:01</p> <p>Control Test Stats Average 0.0483 Std Dev 0.0006 Rel Std Dev(%) 1.1945</p> <p>Operator's Signature <i>DM</i></p>	<p>FHP MIAMI Intoxilyzer - Alcohol Analyzer Model 8000 03/27/2018 Software: 8100.27</p> <p>Test: g/210L Time</p> <p>Air Blank 0.000 06:02 Control Test 0.078 06:03 Air Blank 0.000 06:03 Control Test 0.079 06:04 Air Blank 0.000 06:04 Control Test 0.061 06:05 Air Blank 0.000 06:05</p> <p>Control Test Stats Average 0.0793 Std Dev 0.0015 Rel Std Dev(%) 1.9255</p> <p>Operator's Signature <i>DM</i></p>	<p>FHP MIAMI Intoxilyzer - Alcohol Analyzer Model 8000 03/27/2018 Software: 8100.27</p> <p>Test: g/210L Time</p> <p>Air Blank 0.000 06:06 Control Test 0.197 06:07 Air Blank 0.000 06:08 Control Test 0.199 06:08 Air Blank 0.000 06:09 Control Test 0.197 06:10 Air Blank 0.000 06:10</p> <p>Control Test Stats Average 0.1973 Std Dev 0.0006 Rel Std Dev(%) 0.2926</p> <p>Operator's Signature <i>DM</i></p>	<p>FHP MIAMI Intoxilyzer - Alcohol Analyzer Model 8000 03/27/2018 Software: 8100.27</p> <p>Test: g/210L Time</p> <p>Air Blank 0.000 06:11 Control Test 0.079 06:12 Air Blank 0.000 06:12 Control Test 0.079 06:13 Air Blank 0.000 06:13 Control Test 0.079 06:13 Air Blank 0.000 06:14</p> <p>Control Test Stats Average 0.0790 Std Dev 0.0000 Rel Std Dev(%) 0.0000</p> <p>Operator's Signature <i>DM</i></p>
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4/2/18

DM



Florida Department of Law Enforcement
Alcohol Testing Program
4700 Terminal Drive, Suite 1
Ft. Myers, FL 33907

Calibration Certificate

This is to certify the calibration of Intoxilyzer 8000 serial number 80-001122, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001122</u>	UNCERTAINTY* \pm	
Owning Agency:	<u>FHP MIAMI</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>03/27/2018</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>07:55</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

03/27/2018

Date


DAVID E REYES-RIVERA,
Department Inspector

Service • Integrity • Respect • Quality

Page 1 of 1

4/2/18
JQ

QJM

Return Material Authorization

Ship to:

☐ CMI, Inc.

☒ Enforcement Electronics

Shipment to repair facility authorized by: _____ on _____

Items Returned: Instrument ☒ Supplies ☐ Other ☐ Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001122

Bill To Address:

Ship to Address:

FDLE

Alcohol Testing Program

4700 Terminal Drive Suite 1

Fort Myers Florida, 33907

Reason for Return:

Instrument send back for warranty repair. The instrument did not pass the first test of the
Department Inspection (Current/Voltage failed) conducted a second inspection and once the
Instrument failed Current/Voltage Test.

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: David Reyes-Rivera

Phone #: 850 728-7022 Email: davidreyes@fdle.state.fl.us

ATP Contact Name: _____ ATP Email: _____

ADRS
7/27/18
JD



INSTRUMENT PROCESSING SHEET

Florida Department of
Law Enforcement

Agency Florida Highway Patrol

S/N 80-001122

Date In 2/22/2018 DI Completion Date 2/22/2018

☒ Ship ☐ P/U ☐ H/D ☐ CMI ☒ EE

Intake Performed By <u>DELL</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 <u>DELL</u> <input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace External O-Rings <input type="checkbox"/> Instrument Set Up Verified <input checked="" type="checkbox"/> R-Value <u>163</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP 101</u> 32 mm <u>.152</u> (.139 - .169) 36 mm <u>.175</u> (.156 - .190) 53 mm <u>.242</u> (.228 - .278) 103 mm <u>.507</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28199</u> <input checked="" type="checkbox"/> Stability Checks <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> <tr> <td>0.050</td> <td>SD3967</td> <td>201707D 07/25/2019</td> </tr> <tr> <td>0.080</td> <td>SD3968</td> <td>201707E 07/25/2019</td> </tr> <tr> <td>0.200</td> <td>SD3969</td> <td>201707C 07/24/2019</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG626604 09/22/2018</td> </tr> </table>	Simulator	Serial #	Lot #/Exp	0.050	SD3967	201707D 07/25/2019	0.080	SD3968	201707E 07/25/2019	0.200	SD3969	201707C 07/24/2019	0.080 DGS	N/A	AG626604 09/22/2018	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) 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>DELL</u> <input checked="" type="checkbox"/> Lab Temp °C <u>23.11</u> External Digital Therm. ID#: <u>300949</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3967</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3968</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3969</u>																																	
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Notes/Suggested Service: <u>E-mailed</u> <u>Instrument failed Voltage/Current Diagnostics</u> <u>which was the reason why it was sent for repair</u> <u>to EE. Will send instrument back as a warranty</u> <u>repair. There was a second instrument conducting</u> <u>The Diagnostics simultaneously and had no issue.</u> _____ _____	Department Inspection Performed By <u>DELL</u> Barometric Pressure ID# <u>68639</u> Gauge <u>1027</u> Instrument <u>1027</u> Mouth Alcohol Solution Lot # <u>2016-C</u> Acetone Stock Solution Lot # <u>2017-A</u> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> <tr> <td>0.000</td> <td>SD3965</td> </tr> <tr> <td>Interferent</td> <td>SD3966</td> </tr> <tr> <td>0.050</td> <td>SD3967</td> </tr> <tr> <td>0.080</td> <td>SD3968</td> </tr> <tr> <td>0.200</td> <td>SD3969</td> </tr> </table> Attachments <input checked="" type="checkbox"/> Form 41 <u>X2</u> <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 checked="" type="checkbox"/> Other <u>Form 51</u> <input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input type="checkbox"/> Return to/Place into Evidentiary Use <input checked="" type="checkbox"/> Remain Out of Evidentiary Use <input 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>7/27/18</u> Tech Review / Date </div> <div style="text-align: center;"> <u>7/27/18</u> Admin Review / Date </div> </div>		Simulator	Serial Number	0.000	SD3965	Interferent	SD3966	0.050	SD3967	0.080	SD3968	0.200	SD3969																																				
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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: FHP MIAMI
Time of Inspection: 11:12

Date of Inspection: 02/22/2018

Serial Number: 80-001122
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK		No	Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
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:

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

Remarks:

UNDETERMINEDNon-compliance:FAILED DIAG TEST.

DR

The above instrument complies () does not comply (X) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

David E Reyes-Rivera DAVID E REYES-RIVERA
Signature and Printed Name

02/22/2018
Date

7/27/18
20

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Serial Number: 80-001122
Software: 8100.27

Standard Deviations				
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VOLTAGE CURRENT FAILED WILL RETURN TO EENon-compliance:FAILED CURRENT VOLTAGE DIAGNOSTICS.

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