FDLE
Florida Department of Law Enforcement

INSTRUMENT PROCESSING SHEET

Agency Daytona Beach P.D. S/N 80-001135

Date In 04/23/2018 DI Completion Date 4/26/18 ☒Ship ☐P/U ☐H/D ☐CMI ☐EE

Intake Performed By JLS

- ☑ Annual
- ☐ Registration
- ☑ Return from CMI / EE

Visual Inspection:

- ☑ Case ☑ Handle
- ☑ Keyboard ☑ Dry Gas Shelf
- ☑ Feet ☑ Breath Tube
- ☑ Ports ☑ Screws Tight

Other Equipment/ Accessories:

- ☐ Power cord ☐ Printer Cable
- ☑ Static Bag ☐ 12V DC Cable

Notes: _____

Final Release Date

FDLE

APR 3 0 2018

Alcohol Testing Program

Quality Checks Performed By PGM

- ☒ Breath Tube Screen
- ☒ Replace External O-Rings
- ☒ Instrument Set Up Verified
- ☒ R-Value 136
- ☒ Flow Verification (L/s)

Flow Column # ATP165

32 mm	.164	(.139 - .169)
36 mm	.187	(.156 - .190)
53 mm	.250	(.228 - .278)
103 mm	.507	(.447 - .547)

- ☒ Barometric Pressure Check

Gauge ID # 28427

- ☒ Stability Checks

Simulator	Serial #	Lot #/Exp
0.050	G2835	201707D 7/25/19
0.080	G2840	201707E 7/25/19
0.200	SD1025	201707C 7/24/19
0.080 DGS	N/A	AG805702 2/26/20

Flow Calibration Performed By _____

Flow Column # _____

- ☐ 5L/min – 17mm
- ☐ 15L/min – 53mm
- ☐ 30L/min – 103mm
- ☐ R-Value _____
- ☐ 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 _____

- ☐ Battery Replacement
- ☐ Dry Gas Regulator Replacement
- ☐ Breath Tube Replacement
- ☐ Other _____

Temperature Checks Performed By PGM

- ☒ Lab Temp °C 21.8

External Digital Therm. ID#: SD0502

- ☒ 34°C +-.2 Serial #: G2835
- ☒ 34°C +-.2 Serial #: G2840
- ☒ 34°C +-.2 Serial #: SD1025

Calibration Adjustment Performed By _____

Barometric Pressure Gauge _____ ID # _____

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		

☐ Post Calibration Adjustment Stability Checks

Simulator	Serial Number	Lot Number	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		

Department Inspection Performed By PGM

Barometric Pressure ID# 28427

Gauge 1010 Instrument 1011

Mouth Alcohol Solution Lot # 2017-B

Acetone Stock Solution Lot # 2018-A

Simulator	Serial Number
0.000	G2880
Interferent	G2407
0.050	G2835
0.080	G2840
0.200	SD1025

Attachments

- ☒ Form 41
- ☒ Stability Checks
- ☒ Calibration Certificate
- ☐ Calibration Adjustment
- ☐ Post-Stability Checks
- ☐ Flow Calibration
- ☐ Form 40
- ☐ Other _____

Notes/Suggested Service: _____

- ☒ **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**

4/30/18 4/30/18

Tech Review / Date Admin Review / Date

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: DAYTONA BEACH P.D. Serial Number: 80-001135
Time of Inspection: 12:15 Date of Inspection: 04/26/2018 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#:AG805702 Exp: 02/26/2020
0.000	0.048	0.078	0.197	0.080
0.000	0.048	0.079	0.198	0.079
0.000	0.048	0.080	0.197	0.079
0.000	0.049	0.079	0.198	0.079
0.000	0.048	0.080	0.198	0.080
0.000	0.048	0.079	0.197	0.079
0.000	0.048	0.080	0.198	0.080
0.000	0.049	0.079	0.198	0.080
0.000	0.048	0.080	0.198	0.079
0.000	0.048	0.080	0.198	0.079

Standard Deviations	0.0004	0.0006	0.0004	0.0005

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

Remarks:

The above instrument complies (X) 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.

Patrick J Murphy PATRICK J MURPHY
Signature and Printed Name

04/26/2018
Date

4/30/18

FDLE/ATP Form 41 –Revised August 2005

DAYTONA BEACH P.D.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001135
04/26/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:58
Control Test	0.048	09:59
Air Blank	0.000	10:00
Control Test	0.048	10:00
Air Blank	0.000	10:01
Control Test	0.048	10:01
Air Blank	0.000	10:02
Control Test Stats		
Average	0.0480	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature

DAYTONA BEACH P.D.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001135
04/26/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:09
Control Test	0.079	10:10
Air Blank	0.000	10:11
Control Test	0.079	10:11
Air Blank	0.000	10:12
Control Test	0.080	10:13
Air Blank	0.000	10:13
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	

Operator's Signature

DAYTONA BEACH P.D.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001135
04/26/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:04
Control Test	0.197	10:04
Air Blank	0.000	10:05
Control Test	0.197	10:06
Air Blank	0.000	10:06
Control Test	0.197	10:07
Air Blank	0.000	10:07
Control Test Stats		
Average	0.1970	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature

DAYTONA BEACH P.D.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001135
04/26/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:18
Control Test	0.079	10:18
Air Blank	0.000	10:18
Control Test	0.080	10:19
Air Blank	0.000	10:19
Control Test	0.081	10:20
Air Blank	0.000	10:20
Control Test Stats		
Average	0.0800	
Std Dev	0.0010	
Rel Std Dev(%)	1.2500	

DGS

Operator's Signature

4/30/18

FDLE

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 80-001135, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	80-001135
Owning Agency:	DAYTONA BEACH P.D.
Calibration Date:	04/26/2018
Calibration Time:	12:15

	UNCERTAINTY* ±
0.050 g/ 210 L	0.004
0.080 g/ 210 L	0.005
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.

04/26/2018
Date

Patrick J Murphy
PATRICK J MURPHY,
Department Inspector

4/30/18

Return Material Authorization form

SHIP TO: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Brett Kirkland on 10/13/17

Items Returned: Instrument ☒ Supplies ☐ other ☐ Please Describe: _____

Instrument Model: 8000 Serial Number 80-001135

Bill To Address:	Ship To Address:
FDLE ATP 2331 Phillips Rd Tallahassee FL 32308	FDLE ATP 2331 Phillips Rd Tallahassee FL 32308

Reason for Return:

Connector attaching tube to exhaust port (simulator) broken. Please replace connector and return. No further work needed or desired

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: Brett Kirkland Phone Number: 850-617-1275
BrettKirkland@fdle.state.fl.us

Notes:

FDLE
Alcohol Testing Program

INSTRUMENT PROCESSING SHEET

Agency Daytona Beach PD S/N 80-001135

Date In 10/2/17 Date Out _____ ☐Ship ☐P/U ☐H/D ☐CMI ☐EE

Intake Performed By [illegible]

- ☐ Registration
- ☑ Annual
- ☐ Return from CMI
- ☐ Return from Enforcement
- ☐ Other _____

Visual Inspection:

ok Case	ok Handle
ok Dry Gas Holder	ok Feet
ok Keyboard/Plug	ok Back/Plugs
ok Screws tight	ok Breath Hose

Other Equipment:

- ☐ Power cord
- ☐ Printer Cable
- ☑ Other Static Bag

Notes: _____

Quality Checks Performed By _____

- ☐ Lab Temp °C _____
- ☑ Breath Tube Screen
- ☒ Replace External O-Rings
- ☐ Instrument Set Up Verified
- ☐ R-Value _____
- ☐ Flow Verification (L/s)

Flow Column # _____

32mm _____ (.139 - .169)
36mm _____ (.156 - .190)
53mm _____ (.228 - .278)
103mm _____ (.447 - .547)

- ☐ Barometric Pressure Check

Gauge ID # _____

- ☐ Stability Checks

Simulator	Serial #	Lot #/Exp
0.05		
0.08		
0.20		
0.08 DGS	N/A	

Flow Calibration Performed By _____

- ☐ Flow Calibration N/A
- ☐ Flow Calibration Complete

Flow Column # _____

- ☐ 5L/min – 17mm
- ☐ 15L/min – 53mm
- ☐ 30L/min – 103mm

- ☐ R-Value _____
- ☐ Post Calibration Verification (L/s)

Flow Column # _____

32mm _____ (.139 - .169)
36mm _____ (.156 - .190)
53mm _____ (.228 - .278)
103mm _____ (.447 - .547)

Maintenance Performed By [illegible]

- ☒ Battery Replacement
- ☐ Dry Gas Regulator Replacement
- ☐ Breath Tube Replacement
- ☐ Other _____

Quality Checks Cont. Performed By ____

Simulator Temperatures °C

External Digital Therm. ID#: _____

- ☐ 34°C +-.2 Serial #: _____
- ☐ 34°C +-.2 Serial #: _____
- ☐ 34°C +-.2 Serial #: _____

Calibration Adjustment Performed By _____

- ☐ Calibration Adjustment N/A
- ☐ Calibration Adjustment Complete

Barometric Pressure Gauge _____ ID # _____

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		

- ☐ Post Calibration Adjustment Stability Checks

Simulator	Serial Number	Lot Number	Expiration
0.05			
0.08			
0.20			
0.08 DGS	N/A		

Department Inspection Performed By _____

- ☐ Barometric Pressure _____ Gauge
  ID# _____ _____ Instrument

Mouth Alcohol Solution Lot # _____

Acetone Stock Solution Lot # _____

Simulator	Serial Number
0.00	
Interferent	
0.05	
0.08	
0.20	

Attachments

- ☐ Form 41
- ☐ Pre-Stability Tests
- ☐ Flow Calibration
- ☐ Calibration Adjustment
- ☐ Post-Stability Tests
- ☐ Other _____

Notes/Suggested Service:
CONNECTOR BROKE RENDERING INSPECTION IMPOSSIBLE, SENDING TO CMI FOR REPAIR

JD 10/17/17
Quality Control Review Date

- ☐ **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**

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Daytona Beach PD
Time of Inspection: 09:30
Date of Inspection: 10/13/2017
Serial Number: 80-001135
Software: 8100:27

VBC

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		No	Barometric Pressure Sensor Check: 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:
Standard Deviations				

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

Remarks:

A connector broke while changing the clock battery, preventing a department inspection from being performed. Instrument will be sent to CMI for repair and return.

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.

Patrick J. Murphy
Patrick J. Murphy
Signature and Printed Name

10/16/2017
Date

FDLE/ATP Form 41 –Revised August 2005 Ref. 11D-8.004

JD 10/17/17