



# INSTRUMENT PROCESSING SHEET

Agency Panama City Beach PDS/N 80-001192

Florida Department of Law Enforcement

Date In 03/12/2018 DI Completion Date 3/15/18 Ship  P/U  H/D  CMI  EE

<b>Intake</b> 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 type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: _____	<b>Quality Checks</b> Performed By <u>QJM</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>158</u> <input type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32 mm <u>.160</u> (.139 - .169) 36 mm <u>.175</u> (.156 - .190) 53 mm <u>.234</u> (.228 - .278) 103 mm <u>.496</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</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)
---	---	--

**Final Release Date**  
**FDLE**  
**MAR 20 2018**  
**Alcohol Testing Program**

Simulator	Serial #	Lot #/Exp
0.050	<u>G2835</u>	201707D 07/25/2019
0.080	<u>503933</u>	201707E 07/25/2019
0.200	<u>SD1025</u>	201707C 07/24/2019
0.080 DGS	N/A	<u>17817080A2</u> <u>8/5/19</u>

**Maintenance** Performed By \_\_\_\_\_  
 Battery Replacement  
 Dry Gas Regulator Replacement  
 Breath Tube Replacement  
 Other \_\_\_\_\_  
**Temperature Checks** Performed By QJM  
 Lab Temp °C 22.1  
 External Digital Therm. ID#: 300502  
 34°C +- .2 Serial #: G2835  
 34°C +- .2 Serial #: 503933  
 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 QJM  
 Barometric Pressure ID# 28427  
 Gauge 1020 Instrument 1019  
 Mouth Alcohol Solution Lot # 2017-B  
 Acetone Stock Solution Lot # 2018-A

Simulator	Serial Number
0.000	<u>G2880</u>
Interferent	<u>G8144</u>
0.050	<u>G2835</u>
0.080	<u>SD3933</u>
0.200	<u>SD1025</u>

**Attachments**

<input checked="" type="checkbox"/> Form 41	<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 type="checkbox"/> 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

QJM 3/20/18      JJ Dehn 3/20/18  
 Tech Review / Date      Admin Review / Date

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: PANAMA CITY BEACH PD  
Time of Inspection: 13:43

Date of Inspection: 03/15/2018

Serial Number: 80-001192  
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#:17817080A2 Exp: 08/05/2019
0.000	0.048	0.080	0.194	0.081
0.000	0.049	0.080	0.196	0.081
0.000	0.049	0.080	0.196	0.080
0.000	0.048	0.080	0.195	0.081
0.000	0.048	0.080	0.195	0.080
0.000	0.048	0.079	0.195	0.081
0.000	0.048	0.080	0.195	0.080
0.000	0.049	0.080	0.195	0.080
0.000	0.048	0.080	0.195	0.080
0.000	0.048	0.079	0.195	0.080
Standard Deviations	0.0004	0.0004	0.0005	0.0005

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

Remarks:

*PM*

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

03/15/2018  
Date

*3/20/18  
PM*

PANAMA CITY BEACH PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001192  
03/15/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:18
Control Test	0.049	11:19
Air Blank	0.000	11:19
Control Test	0.049	11:20
Air Blank	0.000	11:20
Control Test	0.049	11:21
Air Blank	0.000	11:22
Control Test Stats		
Average	0.0490	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

*P. Murphy*  
Operator's Signature

PANAMA CITY BEACH PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001192  
03/15/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:13
Control Test	0.079	11:13
Air Blank	0.000	11:14
Control Test	0.080	11:14
Air Blank	0.000	11:15
Control Test	0.080	11:16
Air Blank	0.000	11:16
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

*P. Murphy*  
Operator's Signature

PANAMA CITY BEACH PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001192  
03/15/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:24
Control Test	0.194	11:24
Air Blank	0.000	11:25
Control Test	0.194	11:25
Air Blank	0.000	11:26
Control Test	0.194	11:27
Air Blank	0.000	11:27
Control Test Stats		
Average	0.1940	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

*P. Murphy*  
Operator's Signature

PANAMA CITY BEACH PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001192  
03/15/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:36
Control Test	0.081	11:36
Air Blank	0.000	11:36
Control Test	0.080	11:37
Air Blank	0.000	11:37
Control Test	0.080	11:38
Air Blank	0.000	11:38
Control Test Stats		
Average	0.0803	
Std Dev	0.0006	
Rel Std Dev(%)	0.7187	

*EWB*

D65

*P. Murphy*  
Operator's Signature

*3/20/18*  
*EWB*



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 80-001192, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001192</u>	UNCERTAINTY* ±	
Owning Agency:	<u>PANAMA CITY BEACH PD</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>03/15/2018</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>13:43</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.

*DM*

03/15/2018 \_\_\_\_\_  
 Date *Patrick J Murphy*  
**PATRICK J MURPHY,**  
 Department Inspector

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

Service • Integrity • Respect • Quality

*3/20/18*  
*[Signature]*

Return Material Authorization form

**SHIP TO:**

CMI, Inc.

Enforcement Electronics

Shipment to repair facility authorized by: Jacob Moore on 11/21/2017

**Items Returned:**

Instrument  Supplies  other  Please Describe: \_\_\_\_\_

Instrument Model: 8000 Serial Number 80-001192

Bill To Address:

PANAMA CITY BEACH POLICE DEPT.  
17115 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH FL 32413

Ship To Address:

FDLE ATP  
2331 PHILLIPS RD  
TALLAHASSEE FL 32308

**Reason for Return:**

POWER SUPPLY PROBLEM - INTERMITTANTLY WILL NOT GET PAST YELLOW  
POWER LIGHT

**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: Jacob Moore Phone Number: 850-276-4905  
JMOORE@beachpolice.org

**Notes:**

*Handwritten notes:*  
2/20/18  
20



INSTRUMENT PROCESSING SHEET

Agency Panama City Beach PD

S/N 80-001192

Florida Department of Law Enforcement

Date In 11/20/17

DI Completion Date

Ship P/U H/D CMI EE

<b>Intake</b> Performed By <u>DD</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: _____ _____ _____	<b>Quality Checks</b> Performed By _____ <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>163</u> <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 <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr><td>0.050</td><td></td><td></td></tr> <tr><td>0.080</td><td></td><td></td></tr> <tr><td>0.200</td><td></td><td></td></tr> <tr><td>0.080 DGS</td><td>N/A</td><td></td></tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050			0.080			0.200			0.080 DGS	N/A		<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>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 _____ <input type="checkbox"/> Lab Temp °C _____ External Digital Therm. ID#: _____ <input type="checkbox"/> 34°C +- .2 Serial #: _____ <input type="checkbox"/> 34°C +- .2 Serial #: _____ <input type="checkbox"/> 34°C +- .2 Serial #: _____
Simulator	Serial #	Lot #/Exp															
0.050																	
0.080																	
0.200																	
0.080 DGS	N/A																
<b>Final Release Date</b> _____ _____																	

<b>Calibration Adjustment</b> Performed By _____ Barometric Pressure Gauge _____ ID # _____ <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr><td>0.000</td><td></td><td>N/A</td><td>N/A</td></tr> <tr><td>0.040</td><td></td><td></td><td></td></tr> <tr><td>0.100</td><td></td><td></td><td></td></tr> <tr><td>0.200</td><td></td><td></td><td></td></tr> <tr><td>0.300</td><td></td><td></td><td></td></tr> <tr><td>0.080 DGS</td><td>N/A</td><td></td><td></td></tr> </tbody> </table> <input type="checkbox"/> Post Calibration Adjustment Stability Checks <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr><td>0.050</td><td></td><td></td><td></td></tr> <tr><td>0.080</td><td></td><td></td><td></td></tr> <tr><td>0.200</td><td></td><td></td><td></td></tr> <tr><td>0.080 DGS</td><td>N/A</td><td></td><td></td></tr> </tbody> </table>	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	0.050				0.080				0.200				0.080 DGS	N/A			<b>Department Inspection</b> Performed By _____ Barometric Pressure ID# _____ Gauge _____ Instrument _____ Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____ <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr><td>0.000</td><td></td></tr> <tr><td>Interferent</td><td></td></tr> <tr><td>0.050</td><td></td></tr> <tr><td>0.080</td><td></td></tr> <tr><td>0.200</td><td></td></tr> </tbody> </table>	Simulator	Serial Number	0.000		Interferent		0.050		0.080		0.200	
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																																																										
0.050																																																													
0.080																																																													
0.200																																																													
0.080 DGS	N/A																																																												
Simulator	Serial Number																																																												
0.000																																																													
Interferent																																																													
0.050																																																													
0.080																																																													
0.200																																																													
<b>Attachments</b> <input type="checkbox"/> Form 41 <input type="checkbox"/> Stability Checks <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Form 40 <input type="checkbox"/> 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

MS 3/20/18                      JF Johnson 3/20/18  
 Tech Review / Date                      Admin Review / Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PANAMA CITY BEACH PD  
Time of Inspection: 10:15

Date of Inspection: 11/21/2017

Serial Number: 80-001192  
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): 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: _____

Number of Simulators Used: 5

Remarks:  
SKIPPED AI TO OPERATE INSTRUMENT

*DMB*

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.

PATRICK J MURPHY

\_\_\_\_\_  
Signature and Printed Name

11/21/2017  
Date

*3/20/18*  
*JD*