



INSTRUMENT PROCESSING SHEET

Agency Baker County SO

S/N 80-001286

Florida Department of Law Enforcement

Date In 01/26/2018 DI Completion Date 2/13/18

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>[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>179</u> <input checked="" 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>253</u> (.228 - .278) 103 mm <u>503</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 _____ 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 <p style="text-align: center;">FDLE</p> <p style="text-align: center;">FEB 13 2018</p> <p style="text-align: center;">Alcohol Testing Program</p>		<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td><u>G2835</u></td> <td>201707D 07/25/2019</td> </tr> <tr> <td>0.080</td> <td><u>SD1013</u></td> <td>201707E 07/25/2019</td> </tr> <tr> <td>0.200</td> <td><u>SD1025</u></td> <td>201707C 07/24/2019</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td><u>AG715202</u> 6/1/19</td> </tr> </tbody> </table>		Simulator	Serial #	Lot #/Exp	0.050	<u>G2835</u>	201707D 07/25/2019	0.080	<u>SD1013</u>	201707E 07/25/2019	0.200	<u>SD1025</u>	201707C 07/24/2019	0.080 DGS	N/A	<u>AG715202</u> 6/1/19	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 _____																								
Simulator	Serial #	Lot #/Exp																																									
0.050	<u>G2835</u>	201707D 07/25/2019																																									
0.080	<u>SD1013</u>	201707E 07/25/2019																																									
0.200	<u>SD1025</u>	201707C 07/24/2019																																									
0.080 DGS	N/A	<u>AG715202</u> 6/1/19																																									
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>1030</u> Mouth Alcohol Solution Lot # <u>2016-C</u> Acetone Stock Solution Lot # <u>2018-A</u>																																									
<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>		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			<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr><td>0.000</td><td><u>G2880</u></td></tr> <tr><td>Interferent</td><td><u>G8144</u></td></tr> <tr><td>0.050</td><td><u>G2835</u></td></tr> <tr><td>0.080</td><td><u>SD1013</u></td></tr> <tr><td>0.200</td><td><u>SD1025</u></td></tr> </tbody> </table>		Simulator	Serial Number	0.000	<u>G2880</u>	Interferent	<u>G8144</u>	0.050	<u>G2835</u>	0.080	<u>SD1013</u>	0.200	<u>SD1025</u>
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																																										
0.000	<u>G2880</u>																																										
Interferent	<u>G8144</u>																																										
0.050	<u>G2835</u>																																										
0.080	<u>SD1013</u>																																										
0.200	<u>SD1025</u>																																										
<input type="checkbox"/> Post Calibration Adjustment Stability Checks		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 checked="" type="checkbox"/> Form 40 <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Other _____																																									
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> 2/13/18 <u>[Signature]</u> 2/13/18 Tech Review / Date Admin Review / Date																																									

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: BAKER COUNTY SO
Time of Inspection: 10:31

Date of Inspection: 02/13/2018

Serial Number: 80-001286
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	0.046	0.079	0.197	0.079
0.000	0.047	0.080	0.199	0.078
0.000	0.047	0.079	0.200	0.078
0.000	0.047	0.080	0.200	0.079
0.000	0.048	0.080	0.200	0.080
0.000	0.048	0.080	0.200	0.079
0.000	0.048	0.080	0.201	0.079
0.000	0.048	0.080	0.200	0.080
0.000	0.048	0.080	0.200	0.080
0.000	0.048	0.080	0.201	0.080

Standard Deviations	0.0007	0.0004	0.0011	0.0007
---------------------	--------	--------	--------	--------

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0007 Number of Simulators Used: 5 JSM

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

02/13/2018
Date

2/13/18
JSM

2/13/18

②

80-001286

Stability checks

INTOXILYZER 8000 Instrument Initialization 08:07 02/13/2018

BAKER COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001286
 02/13/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:39
Control Test	0.048	08:40
Air Blank	0.000	08:41
Control Test	0.047	08:41
Air Blank	0.000	08:42
Control Test	0.048	08:42
Air Blank	0.000	08:43
Control Test Stats	0.0477	
Average	0.0006	
Std Dev	1.2112	
Rel Std Dev(%)		

Operator's Signature

BAKER COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001286
 02/13/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:44
Control Test	0.079	08:45
Air Blank	0.000	08:46
Control Test	0.079	08:46
Air Blank	0.000	08:47
Control Test	0.079	08:48
Air Blank	0.000	08:48
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature

BAKER COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001286
 02/13/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:50
Control Test	0.197	08:51
Air Blank	0.000	08:51
Control Test	0.197	08:52
Air Blank	0.000	08:53
Control Test	0.197	08:53
Air Blank	0.000	08:54
Control Test Stats		
Average	0.1970	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature

DS

Operator's Signature

2/13/18

DSM



Calibration Certificate

This is to certify the calibration of Intoxilyzer 8000 serial number 80-001286, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001286</u>	UNCERTAINTY* ±	
Owning Agency:	<u>BAKER COUNTY SO</u>	0.05 g/ 210 L	0.004
Calibration Date:	<u>02/13/2018</u>	0.08 g/ 210 L	0.005
Calibration Time:	<u>10:31</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.

02/13/2018

Date


JAKE L SHANAHAN,
 Department Inspector

2/13/18
JS

JS

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BAKER COUNTY SO
Time of Inspection: 08:34

Date of Inspection: 02/13/2018

Serial Number: 80-001286
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: _____

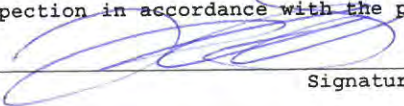
Remarks:
BYPASS TO OPERATE

Jgm

* 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 SHANAHAN

02/13/2018
 Date

2/13/18
Jgm