



INSTRUMENT PROCESSING SHEET

Agency HENDRY County SO S/N 80-006386
 Date In 5/15/18 DI Completion Date 5/22/18 Ship P/U H/D CMI EE

Florida Department of Law Enforcement

Intake Performed By <u>SP</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 type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: _____ _____ _____	Quality Checks Performed By <u>SP</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>188</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP104</u> 32 mm <u>.160</u> (.139 - .169) 36 mm <u>.179</u> (.156 - .190) 53 mm <u>.250</u> (.228 - .278) 103 mm <u>.515</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28663</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)
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Final Release Date FDLE MAY 24 2018 Alcohol Testing Program	<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td>SD1014</td> <td>201707D 7-25-19</td> </tr> <tr> <td>0.080</td> <td>SD1015</td> <td>201707E 7-25-19</td> </tr> <tr> <td>0.200</td> <td>SD1017</td> <td>201707C 7-24-19</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG805701 2-26-20</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	SD1014	201707D 7-25-19	0.080	SD1015	201707E 7-25-19	0.200	SD1017	201707C 7-24-19	0.080 DGS	N/A	AG805701 2-26-20	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>SP</u> <input checked="" type="checkbox"/> Lab Temp °C <u>23.6</u> External Digital Therm. ID#: <u>300918</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1014</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1015</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1017</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>5/22/2018</u> <u>J. Dabon</u> <u>5/24/18</u> Tech Review / Date Admin Review / Date
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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: HENDRY COUNTY SO
Time of Inspection: 11:51

Date of Inspection: 05/22/2018

Serial Number: 80-006386
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#:AG805701 Exp: 02/26/2020
0.000	0.048	0.080	0.196	0.080
0.000	0.049	0.080	0.198	0.081
0.000	0.049	0.080	0.199	0.081
0.000	0.049	0.081	0.198	0.081
0.000	0.049	0.080	0.198	0.081
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0.000	0.050	0.081	0.199	0.081
0.000	0.050	0.081	0.199	0.080

Standard Deviations	0.0005	0.0005	0.0009	0.0005
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0006 Number of Simulators Used: 5

Remarks:

DELL

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.

Shayla Platt

SHAYLA D PLATT

Signature and Printed Name

05/22/2018
Date

*5/24/18
JP*

TYPE OF TEST	SERIAL NUMBER	AGENCY	DATE	PERFORMED BY
Stabilities	80-006386	Hendry county SO	5/22/18	SP

0.05g/210L	0.08g/210L	0.20g/210L	0.08g/210L	DGS 0.08g/210L																																																																																																																																															
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5/24/18
JD



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 80-006386, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-006386</u>	UNCERTAINTY* ±
Owning Agency:	<u>HENDRY COUNTY SO</u>	0.050 g/ 210 L 0.004
Calibration Date:	<u>05/22/2018</u>	0.080 g/ 210 L 0.005
Calibration Time:	<u>11:51</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.

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

05/22/2018

Date

Shayla Platt
 SHAYLA D PLATT,
 Department Inspector

Service • Integrity • Respect • Quality

5/24/18
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MLL