



INSTRUMENT PROCESSING SHEET

Agency LEE County SO S/N 80-000938
 Date In 5/1/19 DI Completion Date 5/1/19 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 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>163</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP101</u> 32 mm <u>.160</u> (.139 - .169) 36 mm <u>.175</u> (.156 - .190) 53 mm <u>.242</u> (.228 - .278) 103 mm <u>.511</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>08639</u> <input checked="" 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><u>SD3967</u></td> <td><u>201707D</u> <u>7-25-19</u></td> </tr> <tr> <td>0.080</td> <td><u>SD3968</u></td> <td><u>201707E</u> <u>7-25-19</u></td> </tr> <tr> <td>0.200</td> <td><u>SD3969</u></td> <td><u>201707C</u> <u>7-24-19</u></td> </tr> <tr> <td>0.080 DGS</td> <td><u>N/A</u></td> <td><u>AG831804</u> <u>11-14-20</u></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	<u>SD3967</u>	<u>201707D</u> <u>7-25-19</u>	0.080	<u>SD3968</u>	<u>201707E</u> <u>7-25-19</u>	0.200	<u>SD3969</u>	<u>201707C</u> <u>7-24-19</u>	0.080 DGS	<u>N/A</u>	<u>AG831804</u> <u>11-14-20</u>	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)
Simulator	Serial #	Lot #/Exp															
0.050	<u>SD3967</u>	<u>201707D</u> <u>7-25-19</u>															
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0.080 DGS	<u>N/A</u>	<u>AG831804</u> <u>11-14-20</u>															

Final Release Date
 FDLE
 MAY 06 2019
 Alcohol Testing Program

Maintenance Performed By _____
 Battery Replacement
 Dry Gas Regulator Replacement
 Breath Tube Replacement
 Other _____

Temperature Checks Performed By SP
 Lab Temp °C 21.8
 External Digital Therm. ID#: 300504
 34°C +/- .2 Serial #: SD3967
 34°C +/- .2 Serial #: SD3968
 34°C +/- .2 Serial #: SD3969

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		

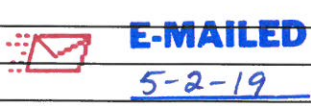

Department Inspection Performed By SP
 Barometric Pressure ID# 08639
 Gauge 1020 Instrument 1019
 Mouth Alcohol Solution Lot # 2018-B
 Acetone Stock Solution Lot # 2018-A

Simulator	Serial Number
0.000	<u>SD3965</u>
Interferent	<u>SD3966</u>
0.050	<u>SD3967</u>
0.080	<u>SD3968</u>
0.200	<u>SD3969</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: _____


5-2-19


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

90pm 5/6/19 J. Baker 5/6/19
 Tech Review / Date Admin Review / Date

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: LEE COUNTY SO
Time of Inspection: 12:42

Date of Inspection: 05/01/2019

Serial Number: 80-000938
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#:AG831804 Exp: 11/14/2020
0.000	0.048	0.078	0.195	0.082
0.000	0.049	0.079	0.198	0.082
0.000	0.049	0.081	0.199	0.082
0.000	0.049	0.080	0.199	0.082
0.000	0.048	0.081	0.200	0.082
0.000	0.049	0.080	0.199	0.081
0.000	0.049	0.080	0.199	0.081
0.000	0.049	0.080	0.198	0.081
0.000	0.049	0.080	0.198	0.081
0.000	0.049	0.080	0.198	0.081
0.000	0.049	0.080	0.198	0.081

Standard Deviations	0.0004	0.0008	0.0013	0.0005
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0007 Number of Simulators Used: 5

Remarks:

gpm

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

05/01/2019
Date

5/6/19
[Signature]

TYPE OF TEST	SERIAL NUMBER	AGENCY	DATE	PERFORMED BY
Stabilities	80-000938	LEE County SO	5-1-19	SP

0.05g/210L	0.08g/210L	0.20g/210L	DGS 0.08g/210L																																																																																																																																																
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5/6/19
SP



Calibration Certificate

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

This is to certify the calibration of Intoxilyzer 8000 serial number 80-000938, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000938</u>	UNCERTAINTY* ±	
Owning Agency:	<u>LEE COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>05/01/2019</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>12:42</u>	0.200 g/ 210 L	0.007
		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 99.73% 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.

05/01/2019 Date Shayla Platt
SHAYLA D PLATT,
Department Inspector

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

Service • Integrity • Respect • Quality

Handwritten signature and date: 5/6/19