FDLE
Florida Department of Law Enforcement

INSTRUMENT PROCESSING SHEET

Agency Nassau Co. SO S/N 80-001281

Date In 2/18/19 DI Completion Date 2/20/19 ☒Ship ☐P/U ☐H/D ☐CMI ☐EE

Intake Performed By BK

☑ 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
FEB 21 2019
Alcohol Testing Program

Quality Checks Performed By BK

☒ Breath Tube Screen
☒ Replace External O-Rings
☒ Instrument Set Up Verified
☒ R-Value 186
☒ Flow Verification (L/s)
Flow Column # ATP103
32 mm .156 (.139 - .169)
36 mm .175 (.156 - .190)
53 mm .242 (.228 - .278)
103 mm .527 (.447 - .547)
☒ Barometric Pressure Check
Gauge ID # 30793
☒ Stability Checks

Simulator	Serial #	Lot #/Exp
0.050	SD1012	201707D 7/25/19
0.080	DR1279	201707E 7/25/19
0.200	DR3856	201707C 7/24/19
0.080 DGS	N/A	AG805701 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 BK

☒ Lab Temp °C 21.5
External Digital Therm. ID#: 300503
☒ 34°C +-.2 Serial #: SD1012
☒ 34°C +-.2 Serial #: DR1279
☒ 34°C +-.2 Serial #: DR3856

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 BK

Barometric Pressure ID# 26932
Gauge 1016 Instrument 1015
Mouth Alcohol Solution Lot # 2018-B
Acetone Stock Solution Lot # 2018-A

Simulator	Serial Number
0.000	G2408
Interferent	G2882
0.050	SD1012
0.080	DR1279
0.200	DR3856

Attachments

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

Notes/Suggested Service:
Change level 2 password to something unique. BK

☒ **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**

SP 2/20/19 — Tech Review / Date
2/21/19 — Admin Review / Date

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: NASSAU COUNTY SO
Serial Number: 80-001281
Time of Inspection: 14:44
Date of Inspection: 02/20/2019
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	0.047	0.078	0.197	0.077
0.000	0.048	0.079	0.198	0.077
0.000	0.048	0.078	0.199	0.076
0.000	0.048	0.079	0.198	0.076
0.000	0.048	0.078	0.198	0.076
0.000	0.052	0.079	0.198	0.076
0.000	0.049	0.078	0.198	0.076
0.000	0.050	0.078	0.198	0.076
0.000	0.049	0.078	0.197	0.076
0.000	0.049	0.079	0.197	0.076

Standard Deviations	0.0013	0.0005	0.0006	0.0004

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

Remarks:
A F / M A:PUT MOUTH ALCOHOL SAMPLE FIRST.

SP

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.

Brett Kirkland
BRETT H KIRKLAND
Signature and Printed Name

02/20/2019
Date

2/21/19
JB

FDLE/ATP Form 41 –Revised August 2005

NASSAU COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001281
02/20/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:31
Control Test	0.050	12:32
Air Blank	0.000	12:33
Control Test	0.048	12:33
Air Blank	0.000	12:34
Control Test	0.049	12:35
Air Blank	0.000	12:35
Control Test Stats		
Average	0.0490	
Std Dev	0.0010	
Rel Std Dev(%)	2.0408	

BK
Operator's Signature

NASSAU COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001281
02/20/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:17
Control Test	0.077	12:18
Air Blank	0.000	12:18
Control Test	0.077	12:19
Air Blank	0.000	12:19
Control Test	0.077	12:20
Air Blank	0.000	12:21
Control Test Stats		
Average	0.0770	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

BK
Operator's Signature

NASSAU COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001281
02/20/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:22
Control Test	0.196	12:23
Air Blank	0.000	12:23
Control Test	0.195	12:24
Air Blank	0.000	12:25
Control Test	0.195	12:25
Air Blank	0.000	12:26
Control Test Stats		
Average	0.1953	
Std Dev	0.0006	
Rel Std Dev(%)	0.2956	

BK
Operator's Signature

NASSAU COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001281
02/20/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:27
Control Test	0.078	12:27
Air Blank	0.000	12:28
Control Test	0.078	12:28
Air Blank	0.000	12:29
Control Test	0.078	12:29
Air Blank	0.000	12:30
Control Test Stats		
Average	0.0780	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

DGS

BK
Operator's Signature

SP

80-001281
stability check
BK 2/20/19

DGS 2/21/19

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 80-001281 , manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	80-001281		UNCERTAINTY* ±
Owning Agency:	NASSAU COUNTY SO	0.050 g/ 210 L	0.004
Calibration Date:	02/20/2019	0.080 g/ 210 L	0.004
Calibration Time:	14:44	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.

02/20/2019
Date

Brett Kirkland
BRETT H KIRKLAND,
Department Inspector

2/21/19

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: NASSAU COUNTY SO
Serial Number: 80-001281
Time of Inspection: 08:17
Date of Inspection: 02/20/2019
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 AI TO OPERATE INSTRUMENT NOT A COMPLIANCE CHECK

SP

not a compliance check.

The above instrument complies (X) 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.

Brett Kirkland
BRETT H KIRKLAND
Signature and Printed Name

02/20/2019
Date

2/21/19
JD

Return Material Authorization

Ship to: ☑ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Terry Nye on 1/14/19

Items Returned: Instrument ☑ Supplies ☐ Other ☐ Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001281

Bill To Address:	Ship to Address:
Nassau County Sheriff's Office	Florida Dept. of Law Enforcement
Attn: Lt. Terry Nye	Alcohol Testing Program
76212 Nicholas Cutinha Road	813 B Lake Bradford Road
Yulee, FL 32097	Tallahassee, FL 32304

Reason for Return:

The instrument will not power on properly.

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: Lt. Terry Nye

Phone #: 904-583-9108 Email: tnye@nassauso.com

ATP Contact Name: TJ Graham ATP Email: thomasgraham@fdle.state.fl.us

2/21/19

FDLE

Florida Department of Law Enforcement

INSTRUMENT PROCESSING SHEET

Agency Nassau CO SO S/N 80-001281

Date In 1/14/19 DI Completion Date _____ ☐Ship ☐P/U ☐H/D ☑CMI ☐EE

Intake Performed By SDC

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

Visual Inspection:

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

Other Equipment/ Accessories:

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

Notes: See note

Final Release Date

Quality Checks Performed By _____

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

Flow Column # _____

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

- ☐ Barometric Pressure Check

Gauge ID # _____

- ☐ Stability Checks

Simulator	Serial #	Lot #/Exp
0.050		
0.080		
0.200		
0.080 DGS	N/A	

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 _____

- ☐ Lab Temp °C _____

External Digital Therm. ID#: _____

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

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 _____

Barometric Pressure ID# _____

Gauge _____ Instrument _____

Mouth Alcohol Solution Lot # _____

Acetone Stock Solution Lot # _____

Simulator	Serial Number
0.000	
Interferent	
0.050	
0.080	
0.200	

Attachments

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

Notes/Suggested Service: The instrument will not power on. It needs to be sent to a repair facility.

- ☐ **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**

Tech Review / Date _____ Admin Review / Date _____

2/21/19

80-001281

1/14/19

McDANIEL
SUPPLY COMPANY

1275 E. Cherry Street
Jesup, Georgia 31546

Toll Free 800-822-9388
Phone 912-427-9022
Fax 912-427-9093

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2/21/19