



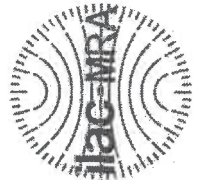
INSTRUMENT PROCESSING SHEET

Agency Brevard County Sheriff's Office S/N 80-001166

Florida Department of Law Enforcement

Date In 03/26/2020 DI Completion Date 4/1/2020 Ship P/U H/D CMI EE

Intake Performed By <u>RAW</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 type="checkbox"/> Keyboard <input checked="" type="checkbox"/> Dry Gas Shelf <input 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 type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>No keyboard present.</u> <u>Broken Keyboard peg.</u> <u>Missing foot on dry gas shelf.</u>	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>215</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-102</u> 32 mm <u>0.156</u> (.139 - .169) 36 mm <u>0.171</u> (.156 - .190) 53 mm <u>0.238</u> (.228 - .278) 103 mm <u>0.503</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 FDLE Alcohol Testing Program Digitally signed by FDLE Alcohol Testing Program Date: 2020.04.09 14:36:38 -04'00'	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td><u>MP5088</u></td> <td><u>201905A</u> <u>05-14-2021</u></td> </tr> <tr> <td>0.080</td> <td><u>MP5089</u></td> <td><u>201905B</u> <u>05-14-2021</u></td> </tr> <tr> <td>0.200</td> <td><u>MP5090</u></td> <td><u>201904D</u> <u>04-30-2021</u></td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td><u>AG931603</u> <u>11-12-2021</u></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	<u>MP5088</u>	<u>201905A</u> <u>05-14-2021</u>	0.080	<u>MP5089</u>	<u>201905B</u> <u>05-14-2021</u>	0.200	<u>MP5090</u>	<u>201904D</u> <u>04-30-2021</u>	0.080 DGS	N/A	<u>AG931603</u> <u>11-12-2021</u>	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>22.1</u> External Digital Therm. ID#: <u>300503</u> <input checked="" type="checkbox"/> 34°C +- .2 Serial #: <u>MP5088</u> <input checked="" type="checkbox"/> 34°C +- .2 Serial #: <u>MP5089</u> <input checked="" type="checkbox"/> 34°C +- .2 Serial #: <u>MP5090</u>																																												
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	2020.04.09 <u>Michael D. Hargis</u> 12:45:29 -04'00'	2020.04.09 14:28:36 -04'00' <u>Brett Kirkland</u>																																																											
	Tech Review / Date	Admin Review / Date																																																											



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 80-001166, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001166</u>	UNCERTAINTY* ±	
Owning Agency:	<u>BREVARD COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>04/01/2020</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>14:56</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.

04/01/2020 Date
Shayla Platt
SHAYLA D PLATT,
Department Inspector

FDLE/ATP Form 69 January 2020
Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: BREVARD COUNTY SO
Time of Inspection: 14:56

Date of Inspection: 04/01/2020

Serial Number: 80-001166
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#:201905A Exp: 05/14/2021	0.08g/210L Test (g/210L) Lot#:201905B Exp: 05/14/2021	0.20g/210L Test (g/210L) Lot#:201904D Exp: 04/30/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG931603 Exp: 11/12/2021
0.000	0.048	0.078	0.198	0.080
0.000	0.047	0.078	0.197	0.079
0.000	0.047	0.078	0.198	0.079
0.000	0.047	0.078	0.198	0.079
0.000	0.047	0.078	0.198	0.080
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0.000	0.047	0.078	0.197	0.079
0.000	0.047	0.078	0.198	0.079
0.000	0.047	0.078	0.198	0.080
0.000	0.048	0.079	0.198	0.079

Standard Deviations	0.0004	0.0003	0.0004	0.0004
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0003 Number of Simulators Used: 5

Remarks:

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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

04/01/2020
Date

Stability Checks

BREVARD COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001166
 04/01/2020
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:45
Control Test	0.049	08:46
Air Blank	0.000	08:46
Control Test	0.049	08:47
Air Blank	0.000	08:47
Control Test	0.050	08:48
Air Blank	0.000	08:48
Control Test Stats		
Average	0.0493	
Std Dev	0.0006	
Rel Std Dev(%)	1.1703	

BREVARD COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001166
 04/01/2020
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:50
Control Test	0.080	08:50
Air Blank	0.000	08:51
Control Test	0.079	08:52
Air Blank	0.000	08:52
Control Test	0.079	08:53
Air Blank	0.000	08:53
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	

BREVARD COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001166
 04/01/2020
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:55
Control Test	0.200	08:56
Air Blank	0.000	08:57
Control Test	0.199	08:57
Air Blank	0.000	08:58
Control Test	0.200	08:59
Air Blank	0.000	08:59
Control Test Stats		
Average	0.1997	
Std Dev	0.0006	
Rel Std Dev(%)	0.2892	

wet

JS

Operator's Signature

JS

Operator's Signature

JS

Operator's Signature

BREVARD COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001166
 04/01/2020
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:01
Control Test	0.081	09:01
Air Blank	0.000	09:02
Control Test	0.080	09:02
Air Blank	0.000	09:03
Control Test	0.080	09:03
Air Blank	0.000	09:04
Control Test Stats		
Average	0.0803	
Std Dev	0.0006	
Rel Std Dev(%)	0.7187	

DRY

JS

Operator's Signature

M4

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Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BREVARD COUNTY SO
Time of Inspection: 08:43

Date of Inspection: 04/01/2020

Serial Number: 80-001166
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:
BYPASSED AI TO OPERATE INSTRUMENT

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MS
N/A Compliance not determined

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.

Israel Soto

ISRAEL SOTO

Signature and Printed Name

04/01/2020
Date



INSTRUMENT PROCESSING SHEET

Agency Brevard CountyS/N 80-001166

Florida Department of Law Enforcement

Date In 8/8/2019

DI Completion Date _____

 Ship P/U H/D CMI EE

Intake Performed By <u>DP</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 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 type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>Keyboard Missing</u> _____ _____ Final Release Date _____ _____	Quality Checks Performed By _____ <input type="checkbox"/> Breath Tube Screen <input type="checkbox"/> Replace External O-Rings <input type="checkbox"/> Instrument Set Up Verified <input type="checkbox"/> R-Value _____ <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" style="width:100%; border-collapse: collapse;"> <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		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) 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 _____ <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 #: _____																																												
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