



INSTRUMENT PROCESSING SHEET

Agency Charlotte County Sheriff's Office S/N 80-001739

Florida Department of Law Enforcement Date In 05/22/2020 DI Completion Date 5/28/2020 Ship P/U H/D CMI EE

Intake Performed By <u>RAW</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 checked="" 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>203</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-103</u> 32 mm <u>0.144</u> (.139 - .169) 36 mm <u>0.160</u> (.156 - .190) 53 mm <u>0.230</u> (.228 - .278) 103 mm <u>0.496</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: 2020.06.03 15:53:54 -04'00'	<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td></td> <td>201905A</td> </tr> <tr> <td></td> <td>SD1018</td> <td>05-14-2021</td> </tr> <tr> <td>0.080</td> <td></td> <td>201905B</td> </tr> <tr> <td></td> <td>SD3962</td> <td>05-14-2021</td> </tr> <tr> <td>0.200</td> <td></td> <td>201904D</td> </tr> <tr> <td></td> <td>G2078</td> <td>07-30-2021</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG931603</td> </tr> <tr> <td></td> <td></td> <td>11-12-2021</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050		201905A		SD1018	05-14-2021	0.080		201905B		SD3962	05-14-2021	0.200		201904D		G2078	07-30-2021	0.080 DGS	N/A	AG931603			11-12-2021	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>25.6</u> External Digital Therm. ID#: <u>300502</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>																																	
Simulator	Serial #	Lot #/Exp																																																												
0.050		201905A																																																												
	SD1018	05-14-2021																																																												
0.080		201905B																																																												
	SD3962	05-14-2021																																																												
0.200		201904D																																																												
	G2078	07-30-2021																																																												
0.080 DGS	N/A	AG931603																																																												
		11-12-2021																																																												
Calibration Adjustment Performed By _____ Barometric Pressure Gauge _____ ID # _____ <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> <input type="checkbox"/> Post Calibration Adjustment Stability Checks <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.080</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.200</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			Simulator	Serial Number	Lot Number	Expiration	0.050				0.080				0.200				0.080 DGS	N/A			Department Inspection Performed By <u>SP</u> Barometric Pressure ID# <u>26932</u> Gauge <u>1014</u> Instrument <u>1011</u> Mouth Alcohol Solution Lot # <u>2019-B</u> Acetone Stock Solution Lot # <u>2019-A</u> <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td>MP5086</td> </tr> <tr> <td>Interferent</td> <td>MP5087</td> </tr> <tr> <td>0.050</td> <td>MP5088</td> </tr> <tr> <td>0.080</td> <td>MP5089</td> </tr> <tr> <td>0.200</td> <td>MP5090</td> </tr> </tbody> </table>	Simulator	Serial Number	0.000	MP5086	Interferent	MP5087	0.050	MP5088	0.080	MP5089	0.200	MP5090	Attachments <input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input checked="" type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Form 40 <input type="checkbox"/> Other _____
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	Lot Number	Expiration																																																											
0.050																																																														
0.080																																																														
0.200																																																														
0.080 DGS	N/A																																																													
Simulator	Serial Number																																																													
0.000	MP5086																																																													
Interferent	MP5087																																																													
0.050	MP5088																																																													
0.080	MP5089																																																													
0.200	MP5090																																																													
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 <hr/> <table> <tr> <td>Michael D. Hargrave</td> <td>2020.06.01 12:15:22 -04'00'</td> <td>Brett Kuchland</td> <td>2020.06.03 15:52:06 -04'00'</td> </tr> </table>		Michael D. Hargrave	2020.06.01 12:15:22 -04'00'	Brett Kuchland	2020.06.03 15:52:06 -04'00'																																																								
Michael D. Hargrave	2020.06.01 12:15:22 -04'00'	Brett Kuchland	2020.06.03 15:52:06 -04'00'																																																											
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 80-001739, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001739</u>	UNCERTAINTY* ±
Owning Agency:	<u>CHARLOTTE COUNTY SO</u>	0.050 g/210 L
Calibration Date:	<u>05/28/2020</u>	0.080 g/210 L
Calibration Time:	<u>11:16</u>	0.200 g/210 L
		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).
The instrument results before and after any adjustment are found in the associated pre and post stability checks.

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.

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

05/28/2020

Date

Shayla Platt
SHAYLA D PLATT,
Department Inspector

Service • Integrity • Respect • Quality

MH
BK 2020.06.0
3 15:52:27
0400

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: CHARLOTTE COUNTY SO
Time of Inspection: 11:16

Date of Inspection: 05/28/2020

Serial Number: 80-001739
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	0.047	0.079	0.201	0.080
0.000	0.047	0.079	0.200	0.080
0.000	0.047	0.079	0.200	0.080
0.000	0.047	0.079	0.200	0.080
0.000	0.048	0.079	0.201	0.080
0.000	0.048	0.079	0.200	0.080
0.000	0.048	0.080	0.200	0.080
0.000	0.048	0.080	0.201	0.080
0.000	0.049	0.079	0.201	0.080
0.000	0.049	0.078	0.201	0.080

Standard Deviations	0.0007	0.0005	0.0005	0.0000
---------------------	--------	--------	--------	--------

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

Remarks:

MH

2020.06.
03
BK 15:52:52
-0400'

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

05/28/2020
Date

Stability Checks

CHARLOTTE COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001739
 05/26/2020
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:08
Control Test	0.047	09:09
Air Blank	0.000	09:09
Control Test	0.047	09:10
Air Blank	0.000	09:10
Control Test	0.048	09:11
Air Blank	0.000	09:11
Control Test Stats		
Average	0.0473	
Std Dev	0.0006	
Rel Std Dev(%)	1.2198	



 Operator's Signature

CHARLOTTE COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001739
 05/26/2020
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:13
Control Test	0.077	09:13
Air Blank	0.000	09:14
Control Test	0.078	09:14
Air Blank	0.000	09:15
Control Test	0.077	09:16
Air Blank	0.000	09:16
Control Test Stats		
Average	0.0773	
Std Dev	0.0006	
Rel Std Dev(%)	0.7466	

wet



 Operator's Signature

CHARLOTTE COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001739
 05/26/2020
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:17
Control Test	0.196	09:18
Air Blank	0.000	09:18
Control Test	0.196	09:19
Air Blank	0.000	09:20
Control Test	0.196	09:20
Air Blank	0.000	09:21
Control Test Stats		
Average	0.1960	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	



 Operator's Signature

CHARLOTTE COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001739
 05/26/2020
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:22
Control Test	0.079	09:23
Air Blank	0.000	09:23
Control Test	0.079	09:23
Air Blank	0.000	09:24
Control Test	0.078	09:24
Air Blank	0.000	09:25
Control Test Stats		
Average	0.0787	
Std Dev	0.0006	
Rel Std Dev(%)	0.7339	

Dry



 Operator's Signature

MH

2020.06.
 BK⁰³
 1553:19
 -0400