



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 80-004587, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-004587</u>	UNCERTAINTY* ±	
Owning Agency:	<u>OSCEOLA COUNTY S.O.</u>	0.050 g/210 L	0.004
Calibration Date:	<u>06/06/2020</u>	0.080 g/210 L	0.005
Calibration Time:	<u>10:18</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).

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.

06/06/2020 Shayla Platt
Date Department Inspector

FDLE/ATP Form 69 April 2020

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

M4

BK

2020.06.12
09:47:56
-0400'

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.
Time of Inspection: 10:18

Date of Inspection: 06/06/2020

Serial Number: 80-004587
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	0.199	0.079
0.000	0.048	0.078	0.199	0.079
0.000	0.049	0.079	0.199	0.078
0.000	0.048	0.079	0.199	0.078
0.000	0.048	0.079	0.199	0.079
0.000	0.049	0.079	0.198	0.078
0.000	0.049	0.079	0.199	0.078
0.000	0.049	0.079	0.199	0.078
0.000	0.049	0.079	0.199	0.078
0.000	0.049	0.079	0.199	0.078
0.000	0.049	0.079	0.199	0.078

Standard Deviations	0.0005	0.0004	0.0003	0.0004
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 Number of Simulators Used: 5

Remarks:

MK

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09:48:36
-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

06/06/2020
Date

Stability Checks

OSCEOLA COUNTY S.O.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 60-004567
05/27/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:51
Control Test	0.047	14:51
Air Blank	0.000	14:52
Control Test	0.046	14:52
Air Blank	0.010	14:53
Control Test	0.048	14:54
Air Blank	0.000	14:54
Control Test Stats		
Average	0.0477	
Std Dev	0.0006	
Rel Std Dev(%)	1.2112	

Operator's Signature

OSCEOLA COUNTY S.O.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 60-004567
05/27/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:55
Control Test	0.075	14:56
Air Blank	0.000	14:56
Control Test	0.080	14:57
Air Blank	0.000	14:57
Control Test	0.079	14:58
Air Blank	0.000	14:58
Control Test Stats		
Average	0.0750	
Std Dev	0.0005	
Rel Std Dev(%)	0.7277	

wet

Operator's Signature

OSCEOLA COUNTY S.O.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 60-004567
05/27/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	15:00
Control Test	0.200	15:01
Air Blank	0.000	15:01
Control Test	0.201	15:02
Air Blank	0.000	15:03
Control Test	0.200	15:03
Air Blank	0.000	15:04
Control Test Stats		
Average	0.2003	
Std Dev	0.0005	
Rel Std Dev(%)	0.2882	

Operator's Signature

OSCEOLA COUNTY S.O.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 60-004567
05/27/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	15:05
Control Test	0.078	15:05
Air Blank	0.000	15:05
Control Test	0.076	15:06
Air Blank	0.000	15:07
Control Test	0.078	15:07
Air Blank	0.000	15:07
Control Test Stats		
Average	0.0760	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Dry

Operator's Signature

MA

BK

2020.06.12
09:48:59 -0400

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY S.O.
Time of Inspection: 07:49

Date of Inspection: 06/06/2020

Serial Number: 80-004587
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

MH

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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.

Shayla Platt

SHAYLA D PLATT

Signature and Printed Name

06/06/2020
Date

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Dan Lyons on 3/24/2020

Items Returned: Instrument Supplies Other Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-004587

Bill To Address:
Osceola County SO

Ship to Address:
FDLE Tallahassee

Reason for Return:
Unable to complete cal adjustment. See attached.

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: Dan Lyons
Phone #: (407) 709-0010 Email: Dlyo@osceola.org
ATP Contact Name: Shayla Platt ATP Email: shaylaplatt@fdle.state.fl.us

MH
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09:49:53
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INSTRUMENT PROCESSING SHEET

Agency Osceola County SO S/N 80-004587

Florida Department of Law Enforcement

Date In 02/28/2020 DI Completion Date _____ 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: <u>Internal fan cover pad missing.</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>129</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-103</u> 32 mm <u>0.136</u> (.139 - .169) 36 mm <u>0.152</u> (.156 - .190) 53 mm <u>0.226</u> (.228 - .278) 103 mm <u>0.500</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 <u>SP</u> Flow Column # <u>ATP102</u> <input checked="" type="checkbox"/> 5L/min - 17mm <input checked="" type="checkbox"/> 15L/min - 53mm <input checked="" type="checkbox"/> 30L/min - 103mm <input checked="" type="checkbox"/> R-Value <u>131</u> <input checked="" type="checkbox"/> Post Calibration Verification (L/s) Flow Column # <u>ATP103</u> 32 mm <u>.144</u> (.139 - .169) 36 mm <u>.160</u> (.156 - .190) 53 mm <u>.234</u> (.228 - .278) 103 mm <u>.507</u> (.447 - .547)															
Final Release Date 	<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>SD1018</u></td> <td><u>201905A</u> <u>05-14-2021</u></td> </tr> <tr> <td>0.080</td> <td><u>SD3962</u></td> <td><u>201905B</u> <u>05-14-2021</u></td> </tr> <tr> <td>0.200</td> <td><u>G2078</u></td> <td><u>201904D</u> <u>05-14-04-30-2021</u></td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td><u>AGA31603</u> <u>11-12-2021</u></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	<u>SD1018</u>	<u>201905A</u> <u>05-14-2021</u>	0.080	<u>SD3962</u>	<u>201905B</u> <u>05-14-2021</u>	0.200	<u>G2078</u>	<u>201904D</u> <u>05-14-04-30-2021</u>	0.080 DGS	N/A	<u>AGA31603</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 _____ <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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0.080 DGS	N/A	<u>AGA31603</u> <u>11-12-2021</u>															

Calibration Adjustment Performed By _____ Barometric Pressure Gauge <u>1019</u> ID # <u>30793</u> <table border="1" style="width:100%; border-collapse: collapse;"> <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><u>G8144</u></td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>0.040</td> <td><u>G2403</u></td> <td><u>19080</u></td> <td><u>3-4-21</u></td> </tr> <tr> <td>0.100</td> <td><u>G2879</u></td> <td><u>19100</u></td> <td><u>7-9-21</u></td> </tr> <tr> <td>0.200</td> <td><u>G3709</u></td> <td><u>19040</u></td> <td><u>1-29-21</u></td> </tr> <tr> <td>0.300</td> <td><u>G8149</u></td> <td><u>19010</u></td> <td><u>1-3-21</u></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" style="width:100%; border-collapse: collapse;"> <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	<u>G8144</u>	N/A	N/A	0.040	<u>G2403</u>	<u>19080</u>	<u>3-4-21</u>	0.100	<u>G2879</u>	<u>19100</u>	<u>7-9-21</u>	0.200	<u>G3709</u>	<u>19040</u>	<u>1-29-21</u>	0.300	<u>G8149</u>	<u>19010</u>	<u>1-3-21</u>	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 _____ Barometric Pressure ID# _____ Gauge _____ Instrument _____ Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td></td> </tr> <tr> <td>Interferent</td> <td></td> </tr> <tr> <td>0.050</td> <td></td> </tr> <tr> <td>0.080</td> <td></td> </tr> <tr> <td>0.200</td> <td></td> </tr> </tbody> </table> Attachments <input type="checkbox"/> Form 41 <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Stability Checks <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Form 40 <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Other _____	Simulator	Serial Number	0.000		Interferent		0.050		0.080		0.200	
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Notes/Suggested Service: <u>Unable to Cal Adjust. Sending instrument to repair. SP</u> 	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use Tech Review / Date _____ Admin Review / Date _____
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MK
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Stability Checks

OSCEOLA COUNTY S.C.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004567
02/28/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:10
Control Test	INT*	14:11
Air Blank	0.000	14:12
Control Test	INT*	14:12
Air Blank	0.000	14:13
Control Test	0.052	14:14
Air Blank	0.000	14:14
Control Test Stats		
Average	0.0440	
Std Dev	0.0174	
Rel Std Dev(%)	39.6264	

*Interferent Detect

Operator's Signature

OSCEOLA COUNTY S.C.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004567
02/28/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:17
Control Test	0.085	14:18
Air Blank	0.000	14:18
Control Test	0.073	14:19
Air Blank	0.000	14:20
Control Test	0.076	14:20
Air Blank	0.000	14:21
Control Test Stats		
Average	0.0759	
Std Dev	0.0062	
Rel Std Dev(%)	6.0064	

wet

Operator's Signature

OSCEOLA COUNTY S.C.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004567
02/28/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:27
Control Test	0.062	14:27
Air Blank	0.000	14:28
Control Test	0.084	14:28
Air Blank	0.000	14:29
Control Test	0.063	14:29
Air Blank	0.000	14:29
Control Test Stats		
Average	0.0830	
Std Dev	0.0010	
Rel Std Dev(%)	1.2048	

Dry

Operator's Signature

OSCEOLA COUNTY S.C.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004567
02/28/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:22
Control Test	0.210	14:23
Air Blank	0.000	14:24
Control Test	1.206	14:24
Air Blank	0.000	14:25
Control Test	0.210	14:25
Air Blank	0.000	14:26
Control Test Stats		
Average	0.2087	
Std Dev	0.0023	
Rel Std Dev(%)	1.1067	

MH

Operator's Signature

OSCEOLA COUNTY S.C.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004567
02/28/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:37
Control Test	0.056	14:38
Air Blank	0.000	14:38
Control Test	0.048	14:39
Air Blank	0.000	14:40
Control Test	0.055	14:40
Air Blank	0.000	14:41
Control Test Stats		
Average	0.0530	
Std Dev	0.0044	
Rel Std Dev(%)	8.2243	

Operator's Signature

BK 2020.06.12
09:51:07 -04'00'

<<<<< CHANNEL 1 >>>>>
 Sample % Abs (% Abs Ref)
 Sample #1 = 1.3770 (0.0550)
 Sample #2 = 2.5360 (-0.1680)
 Sample #3 = 1.6620 (0.4590)
 Sample #4 = 1.4160 (0.5120)
 Avg % Abs = 1.8617 (0.4370)
 STD DEV = 0.5715 (0.4864)
 REL STD DEV = 30.699 (111.298)

501 Value = 0.040 g/210L ***
 Fit Value = 0.1905 mg/l %%%
 Samples Taken = 4, Discarded = 1
 Sum To = 12086, Sum To = 12080
 <<<<< CHANNEL 1 >>>>>
 Sample % Abs (% Abs Ref)
 Sample #1 = 1.7090 (0.0550)
 Sample #2 = 1.6690 (-0.1700)
 Sample #3 = 1.5810 (0.0490)
 Sample #4 = 1.4230 (0.2610)
 Avg % Abs = 1.6243 (0.0507)
 STD DEV = 0.2261 (0.2055)
 REL STD DEV = 13.922 (413.497)

<<<<< CHANNEL 2 >>>>>
 Sample % Abs (% Abs Ref)
 Sample #1 = 1.6660 (-0.2190)
 Sample #2 = 1.7390 (-0.0150)
 Sample #3 = 1.2840 (-0.0660)
 Sample #4 = 2.0560 (-0.3210)
 Avg % Abs = 1.6930 (-0.1340)
 STD DEV = 0.3681 (0.1639)
 REL STD DEV = 22.921 (122.345)

501 Value = 0.042 g/210L ***
 Fit Value = 0.1955 mg/l %%%
 Samples Taken = 4, Discarded = 1
 Sum To = 12083, Sum To = 12085
 <<<<< CHANNEL 1 >>>>>
 Sample % Abs (% Abs Ref)
 Sample #1 = 0.8370 (-0.0180)
 Sample #2 = 0.7620 (0.0310)
 Sample #3 = 0.7730 (0.0290)
 Sample #4 = 0.8220 (0.0130)
 Avg % Abs = 0.7860 (0.0243)
 STD DEV = 0.0215 (0.0099)
 REL STD DEV = 4.017 (40.544)

<<<<< CHANNEL 1 >>>>>
 Sample % Abs (% Abs Ref)
 Sample #1 = 0.0020 (0.0110)
 Sample #2 = 0.0590 (-0.0430)
 Sample #3 = -0.0070 (1.3731)
 Sample #4 = 0.0670 (1.3710)
 Avg % Abs = 0.0297 (0.0623)
 STD DEV = 0.0406 (0.8170)
 REL STD DEV = 102.383 (79.739)

501 Value = 0.330 g/210L ***
 Fit Value = 0.0000 mg/l %%%
 Samples Taken = 4, Discarded = 0
 Sum To = 12444, Sum To = 12119
 <<<<< CHANNEL 1 >>>>>
 Sample % Abs (% Abs Ref)
 Sample #1 = -0.0020 (0.0110)
 Sample #2 = 0.0590 (-0.0430)
 Sample #3 = -0.0070 (1.3731)
 Sample #4 = 0.0670 (1.3710)
 Avg % Abs = 0.0297 (0.0623)
 STD DEV = 0.0406 (0.8170)
 REL STD DEV = 102.383 (79.739)

<<<<< CHANNEL 2 >>>>>
 Sample % Abs (% Abs Ref)
 Sample #1 = 0.2010 (-0.2850)
 Sample #2 = -0.0300 (0.1640)
 Sample #3 = 0.1730 (0.1275)
 Sample #4 = -0.0950 (0.2660)
 Avg % Abs = 0.0160 (0.8530)
 STD DEV = 0.1399 (0.6098)
 REL STD DEV = 873.729 (79.439)

501 Value = 0.040 g/210L ***
 Fit Value = 0.1955 mg/l %%%
 Samples Taken = 4, Discarded = 1
 Sum To = 12090, Sum To = 12912
 <<<<< CHANNEL 1 >>>>>
 Sample % Abs (% Abs Ref)
 Sample #1 = 0.7470 (0.0050)
 Sample #2 = 0.7680 (-0.0060)
 Sample #3 = 0.8100 (0.0170)
 Sample #4 = 0.7670 (0.0355)
 Avg % Abs = 0.7887 (0.0153)
 STD DEV = 0.0215 (0.2245)
 REL STD DEV = 2.726 (134.027)

OSCEOLA COUNTY S.C.
 Intoxilyzer - Alcotest Analyzer
 Model 8010
 03/13/2020
 Software: 8101.27
 SN 80-004567

Flow Rate Calibration*****
 1: Rate (Liters/min) = 5
 SORT(Off) = 6.633
 2: Rate (Liters/min) = 15
 SORT(Off) = 11.396
 3: Rate (Liters/min) = 30
 SORT(Off) = 20.441
 Dependent Data Scale Factor = 10000 L/min
 Independent Data Scale Factor = 256
 Rounded Stone = 999
 Rounded Intercept = -629617
 Correlation = 0.99808

OSCEOLA COUNTY S.C.
 Intoxilyzer - Alcotest Analyzer
 Model 8010
 03/13/2020
 SN 80-004567
 11115145
 P-10 Calibration
 Max Power Res Value = 20

MH
 BK
 2020.06.12
 09:51:50-04'00"