



# INSTRUMENT PROCESSING SHEET

Agency Orange County SOS/N 80-000963Florida Department of  
Law EnforcementDate In 7/15/2021 DI Completion Date 7/23/2021 Ship  P/U  H/D  CMI  EE

Intake	By MH	Quality Checks	By MH	Date	07/23/2021	Flow Calibration	By	Date	
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE  Visual Inspection: <input checked="" type="checkbox"/> Case <input type="checkbox"/> Handle <input checked="" type="checkbox"/> Keyboard <input type="checkbox"/> Dry Gas Shelf <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Breath Tube <input checked="" type="checkbox"/> Ports <input 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: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		<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>205</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP 106</u> 32 mm <u>0.144</u> (.139 - .169) 36 mm <u>0.164</u> (.156 - .190) 53 mm <u>0.242</u> (.228 - .278) 103 mm <u>0.503</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28199</u> <input checked="" type="checkbox"/> Stability Checks				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)			
						<b>Maintenance</b>			
						By _____			
						<input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____			
						<b>DI Temp. Checks</b>			
						By MH			
						<input checked="" type="checkbox"/> Lab Temp °C <u>20.95</u> External Digital Therm. ID#: <u>300503</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>MP5092</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>MP5093</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>MP5097</u>			

Calibration Adjustment				By
Barometric Pressure Gauge _____ ID # _____				
Simulator	Serial #	Lot #	Expiration	
0.000		N/A	N/A	
0.040				
0.100				
0.200				
0.300				
0.080 DGS	N/A			
<input type="checkbox"/> Post Calibration Adjustment Stability Checks				
Simulator	Serial #	Lot #	Expiration	
0.050				
0.080				
0.200				
0.080 DGS	N/A			

Department Inspection		By MH
Barometric Pressure ID# <u>68639</u>		
Gauge <u>1019</u>	Instrument <u>1018</u>	
Mouth Alcohol Solution Lot # <u>2021-B</u>		
Acetone Stock Solution Lot # <u>2020-A</u>		
Simulator	Serial Number	
0.000	SD1014	
Interferent	SD1015	
0.050	MP5092	
0.080	MP5093	
0.200	MP5097	

Notes/Suggested Service: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 _____
<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	
2021.08 03 13:43:3 2021.08	
Israel Soto <small>Digitally signed by Israel Soto Date: 2021.07.23 16:09:19 -0400</small>	
Tech Review / Date	Admin Review / Date

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: ORANGE COUNTY S.O.  
Time of Inspection: 10:56

Date of Inspection: 07/23/2021

Serial Number: 80-000963  
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#:202010A Exp: 10/05/2022	0.08g/210L Test (g/210L) Lot#:202010B Exp: 10/05/2022	0.20g/210L Test (g/210L) Lot#:202010D Exp: 10/06/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG026705 Exp: 09/23/2022
0.000	0.049	0.078	0.200	0.077
0.000	0.049	0.079	0.200	0.077
0.000	0.049	0.079	0.200	0.077
0.000	0.049	0.079	0.201	0.077
0.000	0.049	0.080	0.201	0.077
0.000	0.049	0.079	0.201	0.077
0.000	0.049	0.079	0.201	0.076
0.000	0.049	0.079	0.201	0.077
0.000	0.050	0.079	0.201	0.076
0.000	0.050	0.080	0.201	0.076

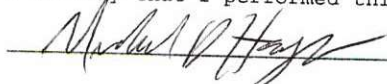
Standard Deviations	0.0004	0.0005	0.0006	0.0004
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 Number of Simulators Used: 5

Remarks:

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.



MICHAEL D HAUGHEY  
\_\_\_\_\_  
Signature and Printed Name

07/23/2021  
Date

TYPE OF TEST	SERIAL NUMBER	AGENCY	DATE	PERFORMED BY
Stabilities	80-002963	Orange County SD	07/23/21	MK

0.05g/210L

0.047 to 0.053

0.08g/210L

0.077 to 0.083

0.20g/210L

0.194 to 0.206

DGS 0.08g/210L

0.077 to 0.083

ORANGE COUNTY S.O.  
Intoxilizer - Alcotest Analyzer

Model 8000 SN 80-000963  
07/23/2021

Software: 8100.27

Test g/210L Time

Air Blank 0.000 09:04  
Control Test 0.149 09:05  
Air Blank 0.000 09:05  
Control Test 0.049 09:06  
Air Blank 0.000 09:07  
Control Test 0.049 09:07  
Air Blank 0.000 09:08  
Control Test Stats  
Average 0.0490  
Std Dev 0.0000  
Rel Std Dev(%) 0.0000

Operator's Signature 

ORANGE COUNTY S.O.  
Intoxilizer - Alcotest Analyzer

Model 8000 SN 80-000963  
07/23/2021

Software: 8100.27

Test g/210L Time

Air Blank 0.000 09:09  
Control Test 0.079 09:10  
Air Blank 0.000 09:10  
Control Test 0.078 09:11  
Air Blank 0.000 09:12  
Control Test 0.078 09:12  
Air Blank 0.000 09:13  
Control Test Stats  
Average 0.0783  
Std Dev 0.0006  
Rel Std Dev(%) 0.7370

Operator's Signature 

ORANGE COUNTY S.O.  
Intoxilizer - Alcotest Analyzer

Model 8000 SN 80-000963  
07/23/2021

Software: 8100.27

Test g/210L Time

Air Blank 0.000 09:17  
Control Test 0.199 09:18  
Air Blank 0.000 09:18  
Control Test 0.198 09:19  
Air Blank 0.000 09:20  
Control Test 0.198 09:20  
Air Blank 0.000 09:21  
Control Test Stats  
Average 0.1983  
Std Dev 0.0006  
Rel Std Dev(%) 0.2911

Operator's Signature 

ORANGE COUNTY S.O.  
Intoxilizer - Alcotest Analyzer

Model 8000 SN 80-000963  
07/23/2021

Software: 8100.27

Test g/210L Time

Air Blank 0.000 09:22  
Control Test 0.077 09:22  
Air Blank 0.000 09:23  
Control Test 0.077 09:23  
Air Blank 0.000 09:24  
Control Test 0.077 09:24  
Air Blank 0.000 09:24  
Control Test Stats  
Average 0.0770  
Std Dev 0.0000  
Rel Std Dev(%) 0.0000

Operator's Signature 

Stabilities 0.20g/210L

~~MX~~ 7/23/21

ORANGE COUNTY S.O.  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000963  
07/23/2021  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:14
Control Test	0.199	09:15
Air Blank	0.000	09:15
Control Test	0.199	09:16
Air Blank	0.000	09:17
Control Test Stats		
Average	0.1990	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

~~MX~~  
-----  
Operator's Signature

Ran the  
default of  
2 checks instead  
of 3. Re-Ran  
with 3. See  
Stability for  
that print-out.



# 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 80-000963, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000963</u>	UNCERTAINTY* ±	
Owning Agency:	<u>ORANGE COUNTY S.O.</u>	0.050 g/210 L	0.005
Calibration Date:	<u>07/23/2021</u>	0.080 g/210 L	0.004
Calibration Time:	<u>10:56</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).  
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 January 2021  
Issuing Authority: Alcohol Testing Program

07/23/2021 Date  
  
**MICHAEL D HAUGHEY,**  
Department Inspector