



INSTRUMENT PROCESSING SHEET

Agency FHPS/N 80-007455

Florida Department of Law Enforcement

Date In 4/20/2021DI Completion Date 4/21/2021 Ship P/U H/D CMI EE

Intake By IS _____ <input checked="" type="checkbox"/> Annual <input checked="" 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 checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input checked="" type="checkbox"/> 12V DC Cable Notes: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Quality Checks By IS _____ Date <u>04-21-2021</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>200</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-103</u> 32 mm <u>0.148</u> (.139 - .169) 36 mm <u>0.164</u> (.156 - .190) 53 mm <u>0.238</u> (.228 - .278) 103 mm <u>0.500</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>30793</u> <input checked="" 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 rowspan="2">0.050</td> <td rowspan="2">MP5088</td> <td>202010A</td> </tr> <tr> <td>10-05-2022</td> </tr> <tr> <td rowspan="2">0.080</td> <td rowspan="2">MP5089</td> <td>202010B</td> </tr> <tr> <td>10-05-2022</td> </tr> <tr> <td rowspan="2">0.200</td> <td rowspan="2">MP5090</td> <td>202010D</td> </tr> <tr> <td>10-06-2022</td> </tr> <tr> <td rowspan="2">0.080 DGS</td> <td rowspan="2">N/A</td> <td>AG011102</td> </tr> <tr> <td>04-20-2022</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	MP5088	202010A	10-05-2022	0.080	MP5089	202010B	10-05-2022	0.200	MP5090	202010D	10-06-2022	0.080 DGS	N/A	AG011102	04-20-2022	Flow Calibration By _____ Date _____ 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 By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ DI Temp. Checks By IS _____ <input checked="" type="checkbox"/> Lab Temp °C <u>22.10</u> External Digital Therm. ID#: <u>300505</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	MP5088	202010A																																																											
		10-05-2022																																																											
0.080	MP5089	202010B																																																											
		10-05-2022																																																											
0.200	MP5090	202010D																																																											
		10-06-2022																																																											
0.080 DGS	N/A	AG011102																																																											
		04-20-2022																																																											
Calibration Adjustment By _____ Barometric Pressure Gauge _____ ID # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #</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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #</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> Notes/Suggested Service: _____ _____ _____ _____ _____ _____ _____ _____ _____	Simulator	Serial #	Lot #	Expiration	0.000		N/A	N/A	0.040				0.100				0.200				0.300				0.080 DGS	N/A			Simulator	Serial #	Lot #	Expiration	0.050				0.080				0.200				0.080 DGS	N/A			Department Inspection By IS _____ Barometric Pressure ID# <u>30793</u> Gauge <u>1014</u> Instrument <u>1014</u> Mouth Alcohol Solution Lot # <u>2021-A</u> Acetone Stock Solution Lot # <u>2020-A</u> <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>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> 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 checked="" type="checkbox"/> Other <u>Form 47</u>	Simulator	Serial Number	0.000	MP5086	Interferent	MP5087	0.050	MP5088	0.080	MP5089	0.200	MP5090
Simulator	Serial #	Lot #	Expiration																																																										
0.000		N/A	N/A																																																										
0.040																																																													
0.100																																																													
0.200																																																													
0.300																																																													
0.080 DGS	N/A																																																												
Simulator	Serial #	Lot #	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																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC</p> <p><input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC</p> <p><input checked="" type="checkbox"/> Return to/Place into Evidentiary Use</p> <p><input type="checkbox"/> Remain Out of Evidentiary Use</p> <p><input checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use</p> </div> <div style="width: 45%; text-align: right;"> <p>2021.04.22</p> <p>Taylor Gutschow <small>Digitally signed by Taylor Gutschow Date: 2021.04.22 09:29:33 -0400</small></p> <p>14:04:25 -04'00'</p> </div> </div>																																																													
Tech Review / Date _____ Admin Review / Date _____																																																													

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: FHP
Time of Inspection: 15:47

Date of Inspection: 04/21/2021

Serial Number: 80-007455
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#:AG011102 Exp: 04/20/2022
0.000	0.050	0.080	0.200	0.080
0.000	0.050	0.081	0.201	0.081
0.000	0.050	0.080	0.201	0.081
0.000	0.050	0.080	0.200	0.080
0.000	0.050	0.080	0.201	0.081
0.000	0.050	0.081	0.201	0.080
0.000	0.051	0.081	0.200	0.080
0.000	0.051	0.081	0.201	0.080
0.000	0.051	0.081	0.201	0.080
0.000	0.051	0.081	0.200	0.080

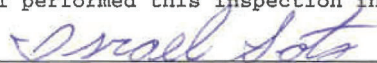
Standard Deviations	0.0005	0.0005	0.0005	0.0004
---------------------	--------	--------	--------	--------

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.



ISRAEL SOTO


Signature and Printed Name

04/21/2021
Date

Stability Checks

FHP
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007455
04/21/2021
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:28
Control Test	0.049	13:29
Air Blank	0.000	13:30
Control Test	0.049	13:30
Air Blank	0.000	13:31
Control Test	0.049	13:32
Air Blank	0.000	13:32
Control Test Stats		
Average	0.0490	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	



Operator's Signature

FHP
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007455
04/21/2021
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:35
Control Test	0.079	13:36
Air Blank	0.000	13:36
Control Test	0.079	13:37
Air Blank	0.000	13:38
Control Test	0.079	13:38
Air Blank	0.000	13:39
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	



Operator's Signature

FHP
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007455
04/21/2021
Software: 8100.27


Test	g/210L	Time
Air Blank	0.000	13:41
Control Test	0.198	13:42
Air Blank	0.000	13:42
Control Test	0.199	13:43
Air Blank	0.000	13:43
Control Test	0.199	13:44
Air Blank	0.000	13:45
Control Test Stats		
Average	0.1987	
Std Dev	0.0006	
Rel Std Dev(%)	0.2906	



Operator's Signature

FHP
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007455
04/21/2021
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:47
Control Test	0.080	13:47
Air Blank	0.000	13:47
Control Test	0.080	13:48
Air Blank	0.000	13:48
Control Test	0.080	13:49
Air Blank	0.000	13:49
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	



Operator's Signature

Dry



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 80-007455, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-007455</u>	UNCERTAINTY* ±	
Owning Agency:	<u>FHP</u>	0.050 g/ 210 L	0.005
Calibration Date:	<u>04/21/2021</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>15:47</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.

Israel Soto
Digitally signed by Israel Soto
Date: 2021.04.21 16:36:45
-04'00'

04/21/2021

Date

ISRAEL SOTO,
Department Inspector

FDLE/ATP Form 69 January 2021

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality



Florida Department of
Law Enforcement

REQUEST FOR REGISTRATION

MAKE AND MODEL OF INSTRUMENT: Intoxilyzer 8000

SERIAL NUMBER: 80-007455

OWNING AGENCY: Florida Highway Patrol

DATE OF DEPARTMENT INSPECTION: 04-21-2021

AGENCY INSPECTOR: Kyle Patterson

ADDRESS: 7322 Normandy Blvd.

CITY, STATE, ZIP: Jacksonville, FL 32205

TELEPHONE NUMBER: 908-967-7565

FAX NUMBER: _____

EMAIL ADDRESS (if available): kylepatterson@flhsmv.gov

For Program Office Use Only:

- Registration Issued
- Instrument Added to Evidentiary Instrument Database
- Instrument Added to Monthly Statistics Database
- Contact Information Added to Instrument Database