



Agency Clay County Sheriff's Office

S/N 80-001046

Date In 6/2/2023

DI Completion Date

☐ Ship

☐ P/U

☐ H/D

Intake		By		PN		Quality Checks		By		PN		Date		6/5/2023		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 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: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____						<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>152</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP 102</u> 32 mm <u>.152</u> (.139 - .169) 36 mm <u>.164</u> (.156 - .190) 53 mm <u>.230</u> (.228 - .278) 103 mm <u>.496</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>30793</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)																																						
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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				
Notes/Suggested Service: _____ Instrument resulted in purge fail exception message during the 0.20 g/210L stability check. Connection was checked and repeated, resulting in nominal values. During the Inspection, instrument resulted in interferent detect exception message during the 0.00 g/210L test; test was repeated once and resulted in the same exception message. Sending to CMI for repair. PN (6/6/2023)					

Department Inspection		By PN _____	
Barometric Pressure ID# <u>30793</u>			
Gauge <u>1012</u>		Instrument <u>1012</u>	
Mouth Alcohol Solution Lot # <u>2022-A</u>			
Acetone Stock Solution Lot # <u>2022-B</u>			
Simulator	Serial Number		
0.000	MP6289		
Interferent	-		
0.050	-		
0.080	-		
0.200	-		
Attachments			
<input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input 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 51</u>	
<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC			
<input type="checkbox"/> Return to/Place into Evidentiary Use <input checked="" type="checkbox"/> Remain Out of Evidentiary Use			
<input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use			
Tech Review / Date _____		Admin Review / Date _____	

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001046
06/05/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:07
Control Test	0.049	14:08
Air Blank	0.000	14:09
Control Test	0.049	14:09
Air Blank	0.000	14:10
Control Test	0.049	14:10
Air Blank	0.000	14:11
Control Test Stats		
Average	0.0490	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001046
06/05/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:13
Control Test	0.079	14:13
Air Blank	0.000	14:14
Control Test	0.080	14:15
Air Blank	0.000	14:15
Control Test	0.080	14:16
Air Blank	0.000	14:16
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

Operator's Signature

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001046
06/05/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:17
Control Test	0.202	14:18
Air Blank	0.000	14:19
Control Test	0.206	14:19
Air Blank	PUR*	14:20
Air Blank	PUR*	14:21

*Purge Fail

Operator's Signature

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001046
06/05/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:28
Control Test	0.080	14:29
Air Blank	0.000	14:29
Control Test	0.082	14:29
Air Blank	0.000	14:30
Control Test	0.080	14:30
Air Blank	0.000	14:31
Control Test Stats		
Average	0.0807	
Std Dev	0.0012	
Rel Std Dev(%)	1.4314	

D65

Operator's Signature

STABILITY CHECKS

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001046
06/05/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:22
Control Test	0.202	14:22
Air Blank	0.000	14:23
Control Test	0.206	14:23
Air Blank	0.000	14:25
Control Test	0.201	14:25
Air Blank	0.000	14:26
Control Test Stats		
Average	0.2030	
Std Dev	0.0026	
Rel Std Dev(%)	1.3033	

Repeated 0.20 g/210L

Operator's Signature

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO

Time of Inspection: 10:35

Date of Inspection: 06/06/2023

Serial Number: 80-001046

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		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:
0.000 / 0.000				
0.000 / 0.000				
INT / 0.000				
/ INT				

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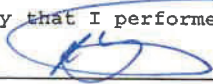
Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: _____ Number of Simulators Used: 5

Remarks:

00: Interferent Detect, Interferent Detect. Non-compliance: .

The above instrument complies () does not comply (X) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.



PHIL NICODEMO

Signature and Printed Name

06/06/2023
Date

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Richard Patrone on 6/21/2023

Items Returned: Instrument ☒ Supplies ☐ Other ☐ Describe: 152

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001046

Bill To Address:

Clay County Sheriff's Office

Ship to Address:

FDLE Off-Site Mail Facility

Florida Department of Law Enforcement

Alcohol Testing Program

813 B Lake Bradford Road

Tallahassee, FL 32304

Reason for Return:

Instrument experienced a purge fail during stability checks. During the inspection, the
instrument experienced an interferent detect exception message. Additionally,
the instrument produced a DSP fail exception message during initial Diagnostic Checks.

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: Richard Patrone

Phone #: 904-315-8056 Email: rpatrone@claysheriff.com

ATP Contact Name: Philip Nicodemo ATP Email: PhilipNicodemo@fdle.state.fl.us