



Agency Polk County Sheriff's Office

S/N 80-001127

Date In 02-16-2023 DI Completion Date 02-17-2023

☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake	By	IS	Quality Checks	By	IS	Date	02-16-2023	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>212</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-105</u> 32 mm <u>0.152</u> (.139 - .169) 36 mm <u>0.167</u> (.156 - .190) 53 mm <u>0.234</u> (.228 - .278) 103 mm <u>0.503</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)																	
			<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td>MP6291</td> <td>202201C 01-11-2024</td> </tr> <tr> <td>0.080</td> <td>MP6292</td> <td>202201D 01-18-2024</td> </tr> <tr> <td>0.200</td> <td>MP6293</td> <td>202201E 01-18-2024</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG229803 10-25-2024</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	MP6291	202201C 01-11-2024	0.080	MP6292	202201D 01-18-2024	0.200	MP6293	202201E 01-18-2024	0.080 DGS	N/A	AG229803 10-25-2024					Maintenance By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ _____ _____ _____ _____ _____		
Simulator	Serial #	Lot #/Exp																							
0.050	MP6291	202201C 01-11-2024																							
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0.200	MP6293	202201E 01-18-2024																							
0.080 DGS	N/A	AG229803 10-25-2024																							

Calibration Adjustment				Department Inspection	
Barometric Pressure Gauge _____ ID # _____				Barometric Pressure ID# <u>30793</u>	
Simulator	Serial #	Lot #	Expiration	Gauge <u>1013</u>	Instrument <u>1012</u>
0.000		N/A	N/A	Mouth Alcohol Solution Lot # <u>2022-A</u>	
0.040				Acetone Stock Solution Lot # <u>2022-B</u>	
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: <u>Stability Checks performed 02-17-2023. IS</u> _____ _____ _____ _____ _____ _____					
				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	
Taylor Gutschow		<small>Digitally signed by Taylor Gutschow Date: 2023.02.22 09:50:59 -05'00'</small>		Phil Nicodemo	
Tech Review / Date		Admin Review / Date			

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: POLK COUNTY SO
Time of Inspection: 10:29

Date of Inspection: 02/17/2023

Serial Number: 80-001127
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#:202201C Exp: 01/11/2024	0.08g/210L Test (g/210L) Lot#:202201D Exp: 01/18/2024	0.20g/210L Test (g/210L) Lot#:202201E Exp: 01/18/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG229803 Exp: 10/25/2024
0.000	0.049	0.079	0.202	0.080
0.000	0.049	0.080	0.202	0.079
0.000	0.049	0.079	0.202	0.079
0.000	0.050	0.080	0.202	0.079
0.000	0.049	0.080	0.203	0.079
0.000	0.048	0.080	0.203	0.079
0.000	0.047	0.080	0.203	0.079
0.000	0.047	0.080	0.203	0.080
0.000	0.047	0.080	0.203	0.080
0.000	0.048	0.079	0.203	0.080

Standard Deviations	0.0010	0.0004	0.0005	0.0005
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0006 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

ISRAEL SOTO

Signature and Printed Name

02/17/2023
Date

Stability checks

POLK COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001127
02/17/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:10
Control Test	0.049	08:11
Air Blank	0.000	08:11
Control Test	0.049	08:12
Air Blank	0.000	08:13
Control Test	0.049	08:13
Air Blank	0.000	08:14
Control Test Stats		
Average	0.0490	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature

POLK COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001127
02/17/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:15
Control Test	0.080	08:16
Air Blank	0.000	08:16
Control Test	0.080	08:17
Air Blank	0.000	08:18
Control Test	0.079	08:18
Air Blank	0.000	08:19
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

Operator's Signature

POLK COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001127
02/17/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:24
Control Test	0.202	08:25
Air Blank	0.000	08:25
Control Test	0.201	08:26
Air Blank	0.000	08:26
Control Test	0.200	08:27
Air Blank	0.000	08:28
Control Test Stats		
Average	0.2010	
Std Dev	0.0010	
Rel Std Dev(%)	0.4975	

Operator's Signature

POLK COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001127
02/17/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:29
Control Test	0.080	08:30
Air Blank	0.000	08:30
Control Test	0.080	08:30
Air Blank	0.000	08:31
Control Test	0.081	08:31
Air Blank	0.000	08:32
Control Test Stats		
Average	0.0803	
Std Dev	0.0006	
Rel Std Dev(%)	0.7187	

Operator's Signature

wet

Dry



Calibration Certificate

Florida Department of Law Enforcement
Alcohol Testing Program
2331 Phillips Road.
Suite B1032
Tallahassee, FL 32308

This is to certify the calibration of Intoxilyzer 8000 serial number 80-001127, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001127</u>	UNCERTAINTY* \pm
Owning Agency:	<u>POLK COUNTY SO</u>	0.050 g/ 210 L 0.004
Calibration Date:	<u>02/17/2023</u>	0.080 g/ 210 L 0.004
Calibration Time:	<u>10:29</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. Simulator temperatures are checked with NIST traceable digital thermometers calibrated by Precision Metrology in accordance with ISO/ IEC 17025 standards.

Dry gas control measurements are traceable to NIST through the use 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.

02/17/2023

Date

Israel Soto

ISRAEL SOTO,
Department Inspector

Digitally signed by Israel
Soto
Date: 2023.02.17 10:46:35
-05'00'

FDLE/ATP Form 69 March 2022

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

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