

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Hamilton County SO

Time of Inspection:

Date of Inspection: N/A

Serial Number: 80-000770

Software:

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK			Date and/or Time Adjusted		
Minimum Sample Volume Check: OK			Barometric Pressure Sensor Check: OK		
Alcohol Free Subject Test: 0.000			Mouth Alcohol Test: Slope Not Met		
Interferent Detect Test: Interferent Detect			Diagnostic Check (Post-Inspection): OK		

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:

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

Remarks:

As of 12/27/24, instrument is out for repair so unable to perform 2024 Department Inspection.

N/A - Compliance not determined 12/27/24 DA

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.



Destinee Armstrong

Signature and Printed Name

12/27/24

Date



INSTRUMENT PROCESSING SHEET

Agency Hamilton County SOS/N 80-000770Florida Department of
Law EnforcementDate In 10/24/2024 DI Completion Date _____☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake By <u>ALL</u> Date <u>10/24/2024</u>		Quality Checks By <u>ALL</u> Date <u>10/24/2024</u>		Flow Calibration By _____ Date _____																																																											
<div><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE</div> <div>Visual Inspection: <div><input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Handle</div><div><input checked="" type="checkbox"/> Keyboard <input checked="" type="checkbox"/> Dry Gas Shelf</div><div><input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> Breath Tube</div><div><input checked="" type="checkbox"/> Ports <input checked="" type="checkbox"/> Screws Tight</div></div> <div>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</div> <div>Notes: _____ _____ _____ _____ _____ _____ _____</div>		<div><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>252</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-102</u> 32 mm <u>.144</u> (.139 - .169) 36 mm <u>.160</u> (.156 - .190) 53 mm <u>.230</u> (.228 - .278) 103 mm <u>.488</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>30793</u> <input checked="" type="checkbox"/> Stability Checks</div> <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>MP5088</td><td>202406K 06/19/2026</td></tr><tr><td>0.080</td><td>MP5089</td><td>202303L 03/29/2025</td></tr><tr><td>0.200</td><td>MP5090</td><td>202304C 04/05/2025</td></tr><tr><td>0.080 DGS</td><td>N/A</td><td>AG310901 04/19/2025</td></tr></tbody></table>		Simulator	Serial #	Lot #/Exp	0.050	MP5088	202406K 06/19/2026	0.080	MP5089	202303L 03/29/2025	0.200	MP5090	202304C 04/05/2025	0.080 DGS	N/A	AG310901 04/19/2025	<div>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)</div> <div>Maintenance By _____ Date _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ _____ _____ _____</div>																																												
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<div>Notes/Suggested Service: <u>First DGS stability resulted in all 0s, ensured connections were secure and repeated stability with the same results 10/24/2024</u></div> <div><u>ALL</u></div> <div><u>Spoke to agency on 10/28/24 and will be sending the instrument to CMI for repair.</u></div> <div>_____ _____</div>		<div><input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC</div> <div><input type="checkbox"/> Return to/Place into Evidentiary Use <input checked="" type="checkbox"/> Remain Out of Evidentiary Use</div> <div><input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use</div>																																																													
				<div>Tech Review / Date _____ Admin Review / Date _____</div>																																																											

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HAMILTON COUNTY SO
Time of Inspection: 15:40

Date of Inspection: 10/24/2024

Serial Number: 80-000770
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
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: 0

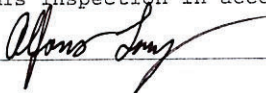
Remarks:

BYPASS AI FOR INSPECTION COMPLIANCE NOT DETERMINED

10/24/2024 AJ

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.



ALFONSO L LOWRY

Signature and Printed Name

10/24/2024
Date

Stability checks 80-000770

10/25/2024

HAMILTON COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000770
10/24/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	16:10
Control Test	0.049	16:11
Air Blank	0.000	16:11
Control Test	0.048	16:12
Air Blank	0.000	16:13
Control Test	0.048	16:13
Air Blank	0.000	16:14
Control Test Stats		
Average	0.0483	
Std Dev	0.0006	
Rel Std Dev(%)	1.1945	

AZ
Operator's Signature

HAMILTON COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000770
10/24/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	16:16
Control Test	0.078	16:17
Air Blank	0.000	16:17
Control Test	0.078	16:18
Air Blank	0.000	16:19
Control Test	0.079	16:19
Air Blank	0.000	16:20
Control Test Stats		
Average	0.0783	
Std Dev	0.0006	
Rel Std Dev(%)	0.7370	

Wet

AZ
Operator's Signature

HAMILTON COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000770
10/24/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	16:21
Control Test	0.200	16:22
Air Blank	0.000	16:22
Control Test	0.198	16:23
Air Blank	0.000	16:24
Control Test	0.198	16:24
Air Blank	0.000	16:25
Control Test Stats		
Average	0.1987	
Std Dev	0.0012	
Rel Std Dev(%)	0.5812	

AZ
Operator's Signature

HAMILTON COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000770
10/24/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	16:27
Control Test	0.000	16:27
Air Blank	0.000	16:27
Control Test	0.000	16:28
Air Blank	0.000	16:28
Control Test	0.000	16:28
Air Blank	0.000	16:29
Control Test Stats		
Average	0.0000	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

D6S

AZ
Operator's Signature

HAMILTON COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000770
10/24/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	16:30
Control Test	0.000	16:30
Air Blank	0.000	16:31
Control Test	0.000	16:31
Air Blank	0.000	16:32
Control Test	0.000	16:32
Air Blank	0.000	16:32
Control Test Stats		
Average	0.0000	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

D6S

AZ
Operator's Signature

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: William Curry on 10/28/24

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000770

Bill To Address:

Sgt. William Curry

Hamilton County Sheriff's Office

Ship to Address:

FDLE Off-Site Mail Facility

c/o Florida Department of Law Enforcement

Alcohol Testing Program

813 B Lake Bradford Rd

Tallahassee, FL 32304

Reason for Return:

"0.000" concentrations during dry gas standard stability 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: William Curry

Phone #: 386-855-2831 Email: curryw@FLCJN.net

ATP Contact Name: Destinee Armstrong ATP Email: destinee.armstrong@fdle.state.fl.us