

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Leon County SO  
Time of Inspection:

Date of Inspection: N/A

Serial Number: 80-000957  
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				

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

**Remarks:**

As of 12/18/2024 instrument is currently out for repair. Unable to perform 2024 Department Inspection.

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.

Phil Nicodemo

Signature and Printed Name

12/18/2024

Date



## INSTRUMENT PROCESSING SHEET

Agency Leon County SOS/N 80-000957Florida Department of  
Law EnforcementDate In 10/17/2024 DI Completion Date N/A☐ Ship ☐ P/U ☐ H/D ☐ CMI ☒ EE

Intake	By <u>ALL</u>	Date <u>11/19/2024</u>	Quality Checks	By <u>PN</u>	Date <u>12/5/2024</u>	Flow Calibration	By _____	Date _____																																																									
<div><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" 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: <u>mailed in FDLE box</u></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 _____ <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP 103</u> 32 mm <u>.152</u> (.139 - .169) 36 mm <u>.164</u> (.156 - .190) 53 mm <u>.242</u> (.228 - .278) 103 mm <u>.507</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>202406L 06/19/2026</td></tr><tr><td>0.200</td><td>MP5090</td><td>202406N 06/20/2026</td></tr><tr><td>0.080 DGS</td><td>N/A</td><td>AG429602 10/22/2026</td></tr></tbody></table>			Simulator	Serial #	Lot #/Exp	0.050	MP5088	202406K 06/19/2026	0.080	MP5089	202406L 06/19/2026	0.200	MP5090	202406N 06/20/2026	0.080 DGS	N/A	AG429602 10/22/2026	<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>																																												
						Simulator	Serial #	Lot #/Exp																																																									
						0.050	MP5088	202406K 06/19/2026																																																									
						0.080	MP5089	202406L 06/19/2026																																																									
0.200	MP5090	202406N 06/20/2026																																																															
0.080 DGS	N/A	AG429602 10/22/2026																																																															
Calibration Adjustment			Department Inspection																																																														
Barometric Pressure Gauge _____ ID # _____			Barometric Pressure ID# <u>30793</u> Gauge <u>1016</u> Instrument <u>1011</u> Mouth Alcohol Solution Lot # <u>2024-A</u> Acetone Stock Solution Lot # <u>2024-B</u>																																																														
<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> <div><input type="checkbox"/> Post Calibration Adjustment Stability Checks</div> <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>			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			<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>/</td></tr><tr><td>0.050</td><td>/</td></tr><tr><td>0.080</td><td>/</td></tr><tr><td>0.200</td><td>/</td></tr></tbody></table> <div>Attachments <div><input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment</div><div><input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Calibration <input checked="" type="checkbox"/> Form 40 <input checked="" type="checkbox"/> Other <u>Form 52</u></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 <input type="checkbox"/> Return to/Place into Evidentiary Use <input checked="" type="checkbox"/> Remain Out of Evidentiary Use <input checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use</div>			Simulator	Serial Number	0.000	MP5086	Interferent	/	0.050	/	0.080	/	0.200	/
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	/																																																																
0.050	/																																																																
0.080	/																																																																
0.200	/																																																																
Notes/Suggested Service: <u>Instrument arrived from EE. During the Alcohol-Free test, the instrument produced "INT Detect" during both attempts (see Form 41). Returning instrument to repair. PN 12/5/2024.</u>			Tech Review / Date _____			Admin Review / Date _____																																																											

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LEON COUNTY SO  
Time of Inspection: 10:16

Date of Inspection: 12/05/2024

Serial Number: 80-000957  
Software: 8100.27

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

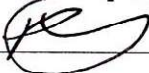
Number of Simulators Used: \_\_\_\_\_

Remarks:

BYPASSED AI TO OPERATE INSTRUMENT.COMPLIANCE NOT DETERMINED

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.



PHIL NICODEMO  
Signature and Printed Name

12/05/2024  
Date

# STABILITY CHECKS


LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
12/05/2024  
Software: 8100.27  
SN 80-000957

Test	g/210L	Time
Air Blank	0.010	11:41
Control Test	0.051	11:41
Air Blank	0.000	11:42
Control Test	0.050	11:42
Air Blank	0.000	11:43
Control Test	0.051	11:44
Air Blank	0.000	11:44
Control Test Stats		
Average	0.0507	
Std Dev	0.0006	
Rel Std Dev(%)	1.1395	

  
Operator's Signature

LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
12/05/2024  
Software: 8100.27  
SN 80-000957

Test	g/210L	Time
Air Blank	0.000	11:47
Control Test	0.081	11:47
Air Blank	0.000	11:48
Control Test	0.080	11:48
Air Blank	0.000	11:49
Control Test	0.080	11:50
Air Blank	0.000	11:50
Control Test Stats		
Average	0.0803	
Std Dev	0.0006	
Rel Std Dev(%)	0.7187	

  
Operator's Signature

LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
12/15/2024  
Software: 8100.27  
SN 80-000957

Test	g/210L	Time
Air Blank	0.000	11:52
Control Test	0.201	11:52
Air Blank	0.000	11:53
Control Test	0.199	11:54
Air Blank	0.000	11:54
Control Test	0.199	11:55
Air Blank	0.000	11:55
Control Test Stats		
Average	0.1997	
Std Dev	0.0012	
Rel Std Dev(%)	0.5783	

  
Operator's Signature

LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
12/05/2024  
Software: 8100.27  
SN 80-000957

Test	g/210L	Time
Air Blank	0.000	12:05
Control Test	0.078	12:05
Air Blank	0.000	12:06
Control Test	0.077	12:06
Air Blank	0.000	12:07
Control Test	0.077	12:07
Air Blank	0.000	12:08
Control Test Stats		
Average	0.0773	
Std Dev	0.0006	
Rel Std Dev(%)	0.7466	

D65

  
Operator's Signature



# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: LEON COUNTY SO  
Time of Inspection: 13:18

Date of Inspection: 12/05/2024

Serial Number: 80-000957  
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				
INT / 0.000				
/ INT				

Standard Deviations				
---------------------	--	--	--	--

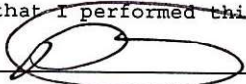
Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: \_\_\_\_\_ Number of Simulators Used: 5

**Remarks:**

00: Interferent Detect, CLEARED AREA, TURN ON FAN, REPEAT . Non-compliance: INTERFERENT DETECT FAIL.

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.

  
 Signature and Printed Name

PHIL NICODEMO

12/05/2024  
 Date

## **Return Material Authorization**

**Ship to:** ☐ CMI, Inc.  
☒ Enforcement Electronics

Shipment to repair facility authorized by: Fred Hening on 12/6/2024

**Items Returned:** Instrument ☒ Supplies ☐ Other ☐ Describe: \_\_\_\_\_

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000957

Bill To Address:

FHP

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 Returned from Enforcement Electronics. Upon evaluation, instrument produced  
'Interferent Detect' exception message when analyzing water solution. Returning  
instrument to repair facility for re-evaluation.

**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: Fred Hening

Phone #: 850-445-8001

Email: FredrickHening@flhsmv.gov

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



Agency Leon County SO

S/N 80-000957

Date In 06/13/2024 DI Completion Date

☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

FDLE/ATP Form 48 January 2024  
Issuing Authority: Alcohol Testing Program

Page 1 of 1

# Stability Checks

80-000957 6/19/24 DA

LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000957  
06/19/2024  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:03
Control Test	0.053	11:04
Air Blank	0.000	11:04
Control Test	0.051	11:05
Air Blank	0.000	11:06
Control Test	0.052	11:06
Air Blank	0.000	11:07
Control Test Stats		
Average	0.0520	
Std Dev	0.0010	
Rel Std Dev(%)	1.9231	

  
Operator's Signature


LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000957  
06/19/2024  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:09
Control Test	0.081	11:10
Air Blank	0.000	11:11
Control Test	0.080	11:11
Air Blank	0.000	11:12
Control Test	0.081	11:12
Air Blank	0.000	11:13
Control Test Stats		
Average	0.0807	
Std Dev	0.0006	
Rel Std Dev(%)	0.7157	

  
Operator's Signature


LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000957  
06/19/2024  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:15
Control Test	0.199	11:16
Air Blank	0.000	11:16
Control Test	0.198	11:17
Air Blank	0.000	11:18
Control Test	0.198	11:18
Air Blank	0.000	11:19
Control Test Stats		
Average	0.1983	
Std Dev	0.0006	
Rel Std Dev(%)	0.2911	

  
Operator's Signature

LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000957  
06/19/2024  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:21
Control Test	0.084	11:22
Air Blank	0.000	11:22
Control Test	0.084	11:22
Air Blank	0.000	11:23
Control Test	0.085	11:23
Air Blank	0.001	11:24
Control Test Stats		
Average	0.0843	
Std Dev	0.0006	
Rel Std Dev(%)	0.6846	

DGS  
  
Operator's Signature



# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LEON COUNTY SO  
Time of Inspection: 10:27

Date of Inspection: 06/19/2024

Serial Number: 80-000957  
Software: 8100.27

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

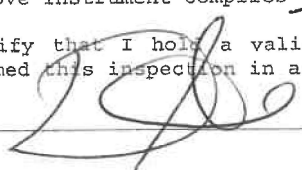
Remarks:

BYPASS AI TO OPERATE INSTRUMENT COMPLIANCE UNDETERMINED

NA - compliance not determined

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.



DESTINEE N ARMSTRONG

Signature and Printed Name

06/19/2024  
Date

LEON COUNTY SO

Intoxilyzer - Alcohol Analyzer

Model 8000

05/26/2024

Auto Calibration

Max Power Res Value = 53

Auto Range Res Value = 37

Sol Value = 0.000 g/210L \*\*\*

Fit value = 0.0000 mg/l %%%

Samples Taken = 4, Discarded = 1

Sum Io = 12501, Sum Io = 13791

\*\*\*\*\* CHANNEL 1 \*\*\*\*\*

Sample % Abs (% Abs Ref)

Sample #1 = 0.2790 (-1.0190)

Sample #2 = 0.2780 (0.1610)

Sample #3 = 0.2630 (0.3440)

Sample #4 = 0.2340 (0.4690)

Aug % Abs = 0.2583 (0.3247)

STD DEV = 0.0224 (0.1549)

REL STD DEV = 8.659 (47.713)

\*\*\*\*\* CHANNEL 2 \*\*\*\*\*

Sample % Abs (% Abs Ref)

Sample #1 = 0.1960 (-0.0220)

Sample #2 = 0.1920 (0.0470)

Sample #3 = 0.1960 (0.1120)

Sample #4 = 0.1600 (0.1660)

Aug % Abs = 0.1627 (0.1063)

STD DEV = 0.0197 (0.0596)

REL STD DEV = 10.802 (55.001)

Sol Value = 0.040 g/210L \*\*\*

Fit value = 0.1905 mg/l %%%

Samples Taken = 4, Discarded = 1

Sum Io = 12449, Sum Io = 3771

\*\*\*\*\* CHANNEL 1 \*\*\*\*\*

Sample % Abs (% Abs Ref)

Sample #1 = 1.0320 (-0.0040)

Sample #2 = 1.0190 (0.1230)

Sample #3 = 1.0140 (0.1980)

Sample #4 = 1.0040 (0.2810)

Aug % Abs = 1.0123 (0.2007)

STD DEV = 0.0076 (0.0790)

REL STD DEV = 0.754 (39.386)

\*\*\*\*\* CHANNEL 2 \*\*\*\*\*

Sample % Abs (% Abs Ref)

Sample #1 = 1.5550 (0.0000)

Sample #2 = 1.6420 (0.0491)

Sample #3 = 1.6400 (0.0750)

Sample #4 = 1.5300 (0.1050)

Aug % Abs = 1.6373 (0.0763)

STD DEV = 0.0064 (0.0280)

REL STD DEV = 0.393 (36.712)

Sol Value = 0.100 g/210L \*\*\*

Fit value = 0.4762 mg/l %%%

Samples Taken = 4, Discarded = 1

Sum Io = 12422, Sum Io = 13761

\*\*\*\*\* CHANNEL 1 \*\*\*\*\*

Sample % Abs (% Abs Ref)

Sample #1 = 2.1880 (0.0030)

Sample #2 = 2.1840 (0.0780)

Sample #3 = 2.1720 (0.1750)

Sample #4 = 2.1690 (0.2170)

Aug % Abs = 2.1817 (0.1567)

STD DEV = 0.0087 (0.0713)

REL STD DEV = 0.400 (45.505)

\*\*\*\*\* CHANNEL 2 \*\*\*\*\*

Sample % Abs (% Abs Ref)

Sample #1 = 3.8120 (0.0120)

Sample #2 = 3.7730 (0.0560)

Sample #3 = 3.7830 (0.0900)

Sample #4 = 3.7940 (0.0930)

Aug % Abs = 3.7833 (0.0797)

STD DEV = 0.0105 (0.0216)

REL STD DEV = 0.278 (25.796)

Sol Value = 0.200 g/210L \*\*\*

Fit value = 0.9524 mg/l %%%

Samples Taken = 4, Discarded = 1

Sum Io = 12404, Sum Io = 13752

\*\*\*\*\* CHANNEL 1 \*\*\*\*\*

Sample % Abs (% Abs Ref)

Sample #1 = 4.0350 (-0.0210)

Sample #2 = 4.0160 (0.0680)

Sample #3 = 4.0010 (0.1100)

Sample #4 = 3.9660 (0.1850)

Aug % Abs = 3.9943 (0.1210)

STD DEV = 0.0257 (0.0593)

REL STD DEV = 0.642 (48.984)

\*\*\*\*\* CHANNEL 2 \*\*\*\*\*

Sample % Abs (% Abs Ref)

Sample #1 = 7.1750 (-0.0130)

Sample #2 = 7.1320 (0.0520)

Sample #3 = 7.1380 (0.0650)

Sample #4 = 7.1060 (0.1140)

Aug % Abs = 7.1253 (0.0737)

STD DEV = 0.1170 (0.0271)

REL STD DEV = 0.239 (36.735)

Sol Value = 0.300 g/210L \*\*\*

Fit value = 1.4286 mg/l %%%

Samples Taken = 4, Discarded = 1

Sum Io = 12396, Sum Io = 13747

\*\*\*\*\* CHANNEL 1 \*\*\*\*\*

Sample % Abs (% Abs Ref)

Sample #1 = 5.8650 (-0.0290)

Sample #2 = 5.8330 (0.0630)

Sample #3 = 5.8190 (0.1450)

Sample #4 = 5.8020 (0.1790)

Aug % Abs = 5.8180 (0.1303)

STD DEV = 0.0155 (0.0602)

REL STD DEV = 0.267 (46.197)

\*\*\*\*\* CHANNEL 2 \*\*\*\*\*

Sample % Abs (% Abs Ref)

Sample #1 = 10.3970 (-0.0270)

Sample #2 = 10.3560 (0.0380)

Sample #3 = 10.3410 (0.0831)

Sample #4 = 10.3370 (0.0871)

Aug % Abs = 10.3447 (0.0583)

STD DEV = 0.0110 (0.0272)

REL STD DEV = 0.097 (39.244)

\*\*\*\*\* AUTO CAL DATA \*\*\*\*\*

\*\*\*\*\* CHANNEL 1 \*\*\*\*\*

Sol Val = 0.0000 mg/l or 0.100 g/210L

% Abs = 0.258

Std Dev = 0.02 Rel Std Dev = 8.66

Sol Val = 0.1905 mg/l or 0.040 g/210L

% Abs = 1.012

Std Dev = 0.01 Rel Std Dev = 0.75

Sol Val = 0.4762 mg/l or 0.100 g/210L

% Abs = 2.182

Std Dev = 0.01 Rel Std Dev = 0.40

Sol Val = 0.9524 mg/l or 0.200 g/210L

% Abs = 3.994

Std Dev = 0.03 Rel Std Dev = 0.54

Sol Val = 1.4286 mg/l or 0.300 g/210L

% Abs = 5.818

Std Dev = 0.02 Rel Std Dev = 0.27

Zero Order Coef = -633.06

First Order Coef = 2457.98

Second Order Coef = 18.63

Standard Deviation = 38.670597

\*\*\*\*\* CHANNEL 2 \*\*\*\*\*

Sol Val = 0.0000 mg/l or 0.000 g/210L

% Abs = 0.183

Std Dev = 0.02 Rel Std Dev = 10.80

Sol Val = 0.1905 mg/l or 0.040 g/210L

% Abs = 1.637

Std Dev = 0.01 Rel Std Dev = 0.39

Sol Val = 0.4762 mg/l or 0.100 g/210L

% Abs = 3.783

Std Dev = 0.01 Rel Std Dev = 0.28

Sol Val = 0.9524 mg/l or 0.200 g/210L

% Abs = 7.125

Std Dev = 0.02 Rel Std Dev = 0.24

Sol Val = 1.4286 mg/l or 0.300 g/210L

% Abs = 10.345

Std Dev = 0.01 Rel Std Dev = 0.10

Zero Order Coef = -236.67

First Order Coef = 1283.46

Second Order Coef = 11.70

Standard Deviation = 17.221840

\*\*\*\*\* Solution Stats Quadratic Fit Chan 1 \*\*\*\*\*

Act Fit Residual

g/210L g/210L g/210L

0.000 0.000 -0.0001

0.040 0.039 0.0006

0.100 0.101 -0.0012

0.200 0.199 0.0009

0.300 0.300 -0.0003

\*\*\*\*\* Solution Stats Quadratic Fit Chan 2 \*\*\*\*\*

Act Fit Residual

g/210L g/210L g/210L

0.000 -0.000 0.0000

0.040 0.040 0.0002

0.100 0.101 -0.0005

0.200 0.200 0.0004

0.300 0.300 -0.0001

Sol Value = 0.080 g/210L \*\*\*

Fit value = 0.3810 mg/l %%%

Samples Taken = 4, Discarded = 1

\*\*\*\*\* CHANNEL 1 \*\*\*\*\*

Sample #1 = 2648.00

Sample #2 = 2601.00

Sample #3 = 2615.00

Sample #4 = 2645.00

Average Result = 2620.3333

STD DEV = 22.4796

REL STD DEV = 0.858

\*\*\*\*\* CHANNEL 2 \*\*\*\*\*

Sample #1 = 3328.00

Sample #2 = 3285.00

Sample #3 = 3320.00

Sample #4 = 3332.00

Average Result = 3312.3333

STD DEV = 24.4199

REL STD DEV = 0.737

\*\*\*\*\* CHANNEL 1 \*\*\*\*\*

Dry Gas H2O Adjust Results \*\*\*\*\*

Barometric Pressure = 1011

3 um H2O Adjust (mg/l\*10,000) = 1189

9 um H2O Adjust (mg/l\*10,000) = 497

\*\*\*\* AUTO CAL PASS

CAL ADJUSTMENT SP

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: LEON COUNTY SO  
Time of Inspection: 10:38

Date of Inspection: 06/26/2024

Serial Number: 80-000957  
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				
---------------------	--	--	--	--

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:INT DETECT OBTAINED

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.

*Shayla Platt*

SHAYLA D PLATT

Signature and Printed Name

06/26/2024  
Date

# Post Cal Stability Checks

LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
06/26/2024  
Software: 8100.27  
SN 80-000957

Test	g/210L	Time
Air Blank	0.000	09:01
Control Test	0.051	09:02
Air Blank	0.000	09:03
Control Test	0.050	09:03
Air Blank	0.000	09:04
Control Test	0.050	09:05
Air Blank	0.000	09:05
Control Test Stats		
Average	0.0503	
Std Dev	0.0006	
Rel Std Dev(%)	1.1471	

SP  
Operator's Signature

LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
06/26/2024  
Software: 8100.27  
SN 80-000957

Test	g/210L	Time
Air Blank	0.000	09:06
Control Test	0.080	09:07
Air Blank	0.000	09:07
Control Test	0.080	09:08
Air Blank	0.000	09:09
Control Test	0.079	09:09
Air Blank	0.000	09:10
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

SP  
Operator's Signature

LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
06/26/2024  
Software: 8100.27  
SN 80-000957

Test	g/210L	Time
Air Blank	0.000	09:25
Control Test	0.079	09:26
Air Blank	0.000	09:26
Control Test	0.080	09:26
Air Blank	0.000	09:27
Control Test	0.080	09:27
Air Blank	0.000	09:28
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

SP  
Operator's Signature

SP  
Operator's Signature

SP  
Operator's Signature





# Post Cal Adjust Stability Checks

LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
07/02/2024  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:58
Control Test	0.049	12:59
Air Blank	0.000	12:59
Control Test	0.049	13:00
Air Blank	0.000	13:01
Control Test	0.049	13:01
Air Blank	0.000	13:02
Control Test Stats		
Average	0.0490	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

SP

Operator's Signature

LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
07/02/2024  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:06
Control Test	0.079	13:07
Air Blank	0.000	13:07
Control Test	0.079	13:08
Air Blank	0.000	13:08
Control Test	0.078	13:09
Air Blank	0.000	13:10
Control Test Stats		
Average	0.0787	
Std Dev	0.0006	
Rel Std Dev(%)	0.7339	

SP

Operator's Signature

LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
07/02/2024  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:11
Control Test	0.197	13:11
Air Blank	0.000	13:12
Control Test	0.197	13:13
Air Blank	0.000	13:13
Control Test	0.195	13:14
Air Blank	0.000	13:14
Control Test Stats		
Average	0.1963	
Std Dev	0.0012	
Rel Std Dev(%)	0.5881	

SP

Operator's Signature

LEON COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000  
07/02/2024  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:15
Control Test	0.078	13:15
Air Blank	0.000	13:16
Control Test	0.079	13:16
Air Blank	0.000	13:17
Control Test	0.078	13:17
Air Blank	0.000	13:18
Control Test Stats		
Average	0.0783	
Std Dev	0.0006	
Rel Std Dev(%)	0.7370	

DGS

SP

Operator's Signature

LEON COUNTY SC  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000957  
07/02/2024  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:15
Control Test	0.000	12:16
Air Blank	0.000	12:16
Control Test	0.000	12:17
Air Blank	0.000	12:17
Control Test	0.000	12:18
Air Blank	0.000	12:18
Control Test	0.000	12:19
Air Blank	0.000	12:19
Control Test	0.000	12:20
Air Blank	0.000	12:21
Control Test	0.000	12:21
Air Blank	0.000	12:22
Control Test	0.000	12:22
Air Blank	0.000	12:23
Control Test	0.000	12:24
Air Blank	0.000	12:24
Control Test	0.000	12:25
Air Blank	0.000	12:25
Control Test	0.000	12:26
Air Blank	0.000	12:26
Control Test	0.000	12:27
Air Blank	0.000	12:27
Control Test	0.000	12:28
Air Blank	0.000	12:29
Control Test	0.000	12:29
Air Blank	0.000	12:30
Control Test	0.000	12:30
Air Blank	0.000	12:31
Control Test	0.000	12:32
Air Blank	0.000	12:32
Control Test	0.000	12:33
Air Blank	0.000	12:33
Control Test	0.000	12:34
Air Blank	0.000	12:34
Control Test	0.000	12:35
Air Blank	0.000	12:36
Control Test	0.000	12:36
Air Blank	0.000	12:37
Control Test	0.000	12:37
Air Blank	0.000	12:38
Control Test Stats		
Average	0.0000	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Additional  
H<sub>2</sub>O  
Stabilities

SP  
Operator's Signature

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: LEON COUNTY SO  
Time of Inspection: 13:44

Date of Inspection: 07/02/2024

Serial Number: 80-000957  
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				
---------------------	--	--	--	--

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.



SHAYLA D PLATT

Signature and Printed Name

07/02/2024  
Date



## Return Material Authorization

Ship to:

☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: \_\_\_\_\_ on \_\_\_\_\_

Items Returned:      Instrument ☒    Supplies ☐    Other ☐ Describe: \_\_\_\_\_

Instrument Model: Intoxilyzer 8000      Serial Number: 80-000957

Bill To Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to Address:

FDLE - Tallahassee

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Return:

Returning for re-evaluation.

Department Inspection failing @

same point. See attached Documents.

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: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

ATP Contact Name: Shayla Platt ATP Email: \_\_\_\_\_