



INSTRUMENT PROCESSING SHEET

Agency Nassau County SOS/N 80-001053Florida Department of
Law EnforcementDate In 11/07/2024 DI Completion Date N/A☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE


Intake	By <u>ALL</u>	Date <u>11/07/2024</u>	Quality Checks	By <u>ALL</u>	Date <u>11/07/2024</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>195</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>.167</u> (.156 - .190) 53 mm <u>.236</u> (.228 - .278) 103 mm <u>.488</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28421</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>MP6291</td><td>202406K 06/19/2026</td></tr><tr><td>0.080</td><td>MP6292</td><td>202406L 06/19/2026</td></tr><tr><td>0.200</td><td>MP6293</td><td>202406N 06/20/2026</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	MP6291	202406K 06/19/2026	0.080	MP6292	202406L 06/19/2026	0.200	MP6293	202406N 06/20/2026	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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Notes/Suggested Service: <u>Instrument purge failing during air blanks and interferent detect during control test. Instrument being sent to repair. 11/14/2024 DA</u> _____ _____ _____ _____ _____			Attachments <table border="1" style="width:100%; border-collapse: collapse;"><tbody><tr><td><input type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment</td><td><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></td></tr></tbody></table>			<input 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>																																																										
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<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 style="display: flex; justify-content: space-between; margin-top: 10px;"><div>_____ Tech Review / Date</div><div>_____ Admin Review / Date</div></div>																																																																	

Stability checks

NASSAU COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model: 8000 SN 80-001053
11/07/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:07
Control Test	INT*	14:08
Air Blank	PUR**	14:08
Air Blank	PUR**	14:09


*Interferent Detect
**Purge Fail


Operator's Signature

NASSAU COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model: 8000 SN 80-001053
11/07/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	14:10
Control Test	0.050	14:11
Air Blank	0.000	14:11
Control Test	0.051	14:12
Air Blank	PUR*	14:13
Air Blank	PUR*	14:13

*Purge Fail


Operator's Signature

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Nassau County SO

Time of Inspection:

Date of Inspection: N/A

Serial Number: 80-001053

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 DA 12/27/24

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.

[Signature]

Destinee Armstrong

Signature and Printed Name

12/27/2024

Date

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Brian Higginbotham on 11/7/2024

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001053

Bill To Address:

Nassau CSO

Attn: Brian Higginbotham

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:

Multiple purge fails during air blanks and interferent detect during control test. See stabilities
attached.

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: Brian Higginbotham

Phone #: _____ Email: bhigginbotham@nassauso.com

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