



INSTRUMENT PROCESSING SHEET

Agency Lake County SOS/N 80-001238Florida Department of
Law EnforcementDate In 10/16/2024 DI Completion Date N/A☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake	By <u>ALL</u>	Date <u>10/16/2024</u>	Quality Checks	By _____	Date _____	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: <u>came with a note</u> <u>indicating the instrument would</u> <u>not upload, instrument will</u> <u>not power on during intake</u> <u>uploaded upon intake</u></div>			<div><input type="checkbox"/> Breath Tube Screen <input type="checkbox"/> Replace External O-Rings <input type="checkbox"/> Instrument Set Up Verified <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Flow Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # _____ <input 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></td><td></td></tr><tr><td>0.080</td><td></td><td></td></tr><tr><td>0.200</td><td></td><td></td></tr><tr><td>0.080 DGS</td><td>N/A</td><td></td></tr></tbody></table>			Simulator	Serial #	Lot #/Exp	0.050			0.080			0.200			0.080 DGS	N/A		<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 must be sent to repair. PN 11/4/2024</u>			<div><input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input 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 <input checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use</div>																																										
			<div>Tech Review / Date _____ Admin Review / Date _____</div>																																										

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Matthew Bowden on 10/29/2024

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001238

Bill To Address:

Lake 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 was powered on when it arrived at FDLE and resulted in DSP failure. Send to CMI
for 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: Matthew Bowden

Phone #: 352-267-3292 Email: Matthew.Bowden@lcso.org

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







INSTRUMENT PROCESSING SHEET

Agency Lake CSOS/N 80-001238Florida Department of
Law EnforcementDate In 08/05/2024DI Completion Date 08/07/2024☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake By <u>TDG</u> Date <u>08/06/2024</u>		Quality Checks By <u>TDG</u> Date <u>08/06/2024</u>		Flow Calibration By _____ Date _____																																																																	
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Average	0.1987																																																																																																																																						
Std Dev	0.0012																																																																																																																																						
Rel Std Dev(%)	0.5812																																																																																																																																						
Air Blank	0.000	15:29																																																																																																																																					
Control Test	0.080	15:29																																																																																																																																					
Air Blank	0.000	15:30																																																																																																																																					
Control Test	0.080	15:30																																																																																																																																					
Air Blank	0.000	15:31																																																																																																																																					
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Std Dev	0.0000																																																																																																																																						
Rel Std Dev(%)	0.0000																																																																																																																																						

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: LAKE COUNTY SO
Time of Inspection: 14:00

Date of Inspection: 08/07/2024

Serial Number: 80-001238
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#:202303K Exp: 03/29/2025	0.08g/210L Test (g/210L) Lot#:202303L Exp: 03/29/2025	0.20g/210L Test (g/210L) Lot#:202304C Exp: 04/05/2025	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:01923080A3 Exp: 02/05/2025
0.000	0.050	0.079	0.201	0.080
0.000	0.050	0.079	0.200	0.079
0.000	0.050	0.079	0.200	0.079
0.000	0.050	0.079	0.200	0.079
0.000	0.050	0.080	0.200	0.079
0.000	0.050	0.079	0.200	0.079
0.000	0.050	0.079	0.200	0.079
0.000	0.050	0.079	0.200	0.080
0.000	0.050	0.079	0.200	0.079
0.000	0.051	0.080	0.200	0.080


Standard Deviations	0.0003	0.0004	0.0003	0.0004
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0003 Number of Simulators Used: 5

Remarks:

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

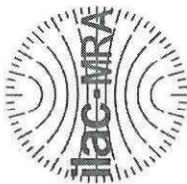
I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.



TAYLOR D GUTSCHOW

Signature and Printed Name

08/07/2024
Date



Calibration Certificate

Florida Department of Law Enforcement
Alcohol Testing Program
4700 Terminal Drive, Suite 1
Ft. Myers, FL 33907

This is to certify the calibration of Intoxilyzer 8000 serial number 80-001238, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001238</u>	UNCERTAINTY* \pm
Owning Agency:	<u>LAKE COUNTY SO</u>	0.050 g/ 210 L 0.004
Calibration Date:	<u>08/07/2024</u>	0.080 g/ 210 L 0.004
Calibration Time:	<u>14:00</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.

08/07/2024

Date


TAYLOR D GUTSCHOW,
Department Inspector

FDLE/ATP Form 69 December 2021

Issuing Authority: Alcohol Testing Program

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