

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Escambia County SO

Time of Inspection:

Date of Inspection: N/A

Serial Number: 80-006435

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

12/27/2024

Date



INSTRUMENT PROCESSING SHEET

Agency Escambia County SOS/N 80-006435Florida Department of
Law EnforcementDate In 09/24/2024 DI Completion Date _____☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake By <u>ALL</u> Date <u>10/02/2024</u>	Quality Checks By <u>ALL</u> Date <u>10/02/2024</u>	Flow Calibration By <u>DA</u> Date <u>10/3/24</u>																																																												
<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>126</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-103</u> 32 mm <u>.128</u> (.139 - .169) 36 mm <u>.140</u> (.156 - .190) 53 mm <u>.218</u> (.228 - .278) 103 mm <u>.476</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28662</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>MP6294</td><td>202303K 03/29/2025</td></tr><tr><td>0.080</td><td>MP6295</td><td>202303L 03/29/2025</td></tr><tr><td>0.200</td><td>MP6296</td><td>202304C 04/05/2025</td></tr><tr><td>0.080 DGS</td><td>N/A</td><td>AG325603 09/13/2025</td></tr></tbody></table>	Simulator	Serial #	Lot #/Exp	0.050	MP6294	202303K 03/29/2025	0.080	MP6295	202303L 03/29/2025	0.200	MP6296	202304C 04/05/2025	0.080 DGS	N/A	AG325603 09/13/2025	<div>Flow Column # <u>ATP105/ATP105</u> <input checked="" type="checkbox"/> 5L/min – 17mm <input checked="" type="checkbox"/> 15L/min – 53mm <input checked="" type="checkbox"/> 30L/min – 103mm <input checked="" type="checkbox"/> R-Value <u>128/128</u> <input checked="" type="checkbox"/> Post Calibration Verification (L/s) Flow Column # <u>ATP103/ATP102</u> 32 mm <u>0.136/0.136</u> (.139 - .169) 36 mm <u>0.148/0.148</u> (.156 - .190) 53 mm <u>0.218/0.218</u> (.228 - .278) 103 mm <u>0.472/0.484</u> (.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>Flow values outside of nominal range despite two flow calibration adjustments.</u> <u>Recommending the instrument be sent to repair. DA</u> _____ _____ _____ _____ _____</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>																																																												

Stability Checks 80-006435 10/02/24

ESCAMBIA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-006435
10/02/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:05
Control Test	0.050	11:06
Air Blank	0.000	11:06
Control Test	0.050	11:07
Air Blank	0.000	11:08
Control Test	0.050	11:08
Air Blank	0.000	11:09
Control Test Stats		
Average	0.0500	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature *AZ*

ESCAMBIA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-006435
10/02/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:10
Control Test	0.080	11:11
Air Blank	0.000	11:11
Control Test	0.080	11:12
Air Blank	0.000	11:12
Control Test	0.080	11:13
Air Blank	0.000	11:14
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Wed

Operator's Signature *AZ*

ESCAMBIA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-006435
10/02/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:22
Control Test	0.198	11:23
Air Blank	0.000	11:23
Control Test	0.198	11:24
Air Blank	0.000	11:25
Control Test	0.198	11:25
Air Blank	0.000	11:26
Control Test Stats		
Average	0.1980	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature *AZ*

ESCAMBIA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-006435
10/02/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:32
Control Test	0.081	11:32
Air Blank	0.000	11:32
Control Test	0.081	11:33
Air Blank	0.000	11:33
Control Test	0.080	11:34
Air Blank	0.000	11:34
Control Test Stats		
Average	0.0807	
Std Dev	0.0006	
Rel Std Dev(%)	0.7157	

065

Operator's Signature *AZ*

Flow Rate Calibration Adjustment

#1

ESCAMBIA COUNTY SO

Intoxilyzer - Alcohol Analyzer

Model 8000

SN 80-006435

10/03/2024

Software: 8100.27

Flow Rate Calibration*****

1: Rate (Liters/min) = 5

SQRT(Diff)) = 6.555

2: Rate (Liters/min) = 15

SQRT(Diff)) = 11.531

3: Rate (Liters/min) = 30

SQRT(Diff)) = 21.117

Dependent Data Scale Factor = 100000 L/min

Independent Data Scale Factor = 256

Rounded Slope = 663

Rounded Intercept = -550027

Correlation = 0.99784

Flow Rate Calibration Adjustment

#2

ESCAMBIA COUNTY SO

Intoxilyzer - Alcohol Analyzer

Model 8000

SN 80-006435

10/03/2024

Software: 8100.27

Flow Rate Calibration*****

1: Rate (Liters/min) = 5

SQRT(Diff)) = 6.707

2: Rate (Liters/min) = 15

SQRT(Diff)) = 11.445

3: Rate (Liters/min) = 30

SQRT(Diff)) = 21.000

Dependent Data Scale Factor = 100000 L/min

Independent Data Scale Factor = 256

Rounded Slope = 673

Rounded Intercept = -582219

Correlation = 0.99702

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Samuel Shelley on 10/03/2024

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-006435

Bill To Address:

Escambia County SO

ATTN: Samuel Shelley

Ship to Address:

FDLE Off-Site Mail Facility

c/o Florida Department of Law Enforcemen

Alcohol Testing Program

813 B Lake Bradford Rd

Tallahassee, FL 32304

Reason for Return:

Flow rate values outside of nominal ranges after two flow rate calibration adjustments.

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: Samuel Shelley

Phone #: _____ Email: s/shelley@escambiaso.com

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