



Agency Hillsborough County SO

S/N 80-007483

Date In 3/8/2024

DI Completion Date 6/29/24

☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

7/1/24 SP

Intake By <u>BS</u> Date <u>3/8/2024</u>		Quality Checks By <u>ALL</u> Date <u>03-20-2024</u>		Flow Calibration By <u>PN / SP</u> Date <u>6/5/2024</u>																																
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE Visual Inspection: <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Handle <input checked="" type="checkbox"/> Keyboard <input checked="" type="checkbox"/> Dry Gas Shelf <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> Breath Tube <input checked="" type="checkbox"/> Ports <input checked="" type="checkbox"/> Screws Tight 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 Notes: _____ _____ _____ _____ _____ _____ _____		<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>137</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-103</u> 32 mm <u>.132</u> (.139 - .169) 36 mm <u>.144</u> (.156 - .190) 53 mm <u>.210</u> (.228 - .278) 103 mm <u>.468</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</u> <input checked="" type="checkbox"/> Stability Checks		Flow Column # <u>ATP 102</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>136/ 138</u> <input checked="" type="checkbox"/> Post Calibration Verification (L/s) Flow Column # <u>ATP 103</u> 32 mm <u>.144/ .144</u> (.139 - .169) 36 mm <u>.156/ .160</u> (.156 - .190) 53 mm <u>.222/ .230</u> (.228 - .278) 103 mm <u>.500/ .496</u> (.447 - .547)																																
		<table border="1"><thead><tr><th>Simulator</th><th>Serial #</th><th>Lot #/Exp</th></tr></thead><tbody><tr><td>0.050</td><td>MP6295</td><td>202303K 03-29-2025</td></tr><tr><td>0.080</td><td>MP6296</td><td>202303L 03-29-2025</td></tr><tr><td>0.200</td><td>MP6298</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	MP6295	202303K 03-29-2025	0.080	MP6296	202303L 03-29-2025	0.200	MP6298	202304C 04-05-2025	0.080 DGS	N/A	AG310901 04-19-2025	<table border="1"><thead><tr><th>Maintenance By</th><th>Date</th></tr></thead><tbody><tr><td><input type="checkbox"/> Battery Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Dry Gas Regulator Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Breath Tube Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Other _____</td><td></td></tr><tr><td>_____</td><td></td></tr><tr><td>_____</td><td></td></tr><tr><td>_____</td><td></td></tr></tbody></table>		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 _____		_____		_____		_____	
Simulator	Serial #	Lot #/Exp																																		
0.050	MP6295	202303K 03-29-2025																																		
0.080	MP6296	202303L 03-29-2025																																		
0.200	MP6298	202304C 04-05-2025																																		
0.080 DGS	N/A	AG310901 04-19-2025																																		
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 _____																																				

Calibration Adjustment				By _____	
Barometric Pressure Gauge _____		ID # _____			
Simulator	Serial #	Lot #	Expiration		
0.000		N/A	N/A		
0.040					
0.100					
0.200					
0.300					
0.080 DGS	N/A				
<input type="checkbox"/> Post Calibration Adjustment Stability Checks					
Simulator	Serial #	Lot #	Expiration		
0.050					
0.080					
0.200					
0.080 DGS	N/A				

Department Inspection		By SP _____	
Barometric Pressure ID# 28662			
Gauge 1016	Instrument 1015		
Mouth Alcohol Solution Lot # 2024-A			
Acetone Stock Solution Lot # 2023-B			
Simulator	Serial Number		
0.000	MP5086		
Interferent	MP5087		
0.050	MP5088		
0.080	MP5089		
0.200	MP5090		

Attachments	
<input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input checked="" type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment	<input type="checkbox"/> Post-Stability Checks <input checked="" type="checkbox"/> Flow Calibration <input checked="" type="checkbox"/> Form 40 <input type="checkbox"/> Other _____

Notes/Suggested Service: _____	
Tech Review: Added initials to flow cal section. Second flow cal completed on 6/29/24 -SP 7/1/24	
Admin review- Strike through duplicated comment on Form 40. SP 7/14/2024	

Attachments	
<input checked="" type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC	<input checked="" type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use
<input checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use	

Taylor Gutschow <small>Digitally signed by Taylor Gutschow Date: 2024.07.23 11:03:01 -04'00'</small>	Phil Nicodemo <small>Digitally signed by Phil Nicodemo Date: 2024.07.15 09:16:48 -04'00'</small>
Tech Review / Date _____	Admin Review / Date _____

Stability checks 80-007483 03-20-24

HILLSBOROUGH CO SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007483
03/20/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:54
Control Test	0.052	12:55
Air Blank	0.000	12:55
Control Test	0.050	12:56
Air Blank	0.000	12:57
Control Test	0.050	12:57
Air Blank	0.000	12:58
Control Test Stats		
Average	0.0507	
Std Dev	0.0012	
Rel Std Dev(%)	2.2790	

AJ
Operator's Signature

HILLSBOROUGH CO SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007483
03/20/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:59
Control Test	0.080	13:00
Air Blank	0.000	13:00
Control Test	0.080	13:01
Air Blank	0.000	13:02
Control Test	0.080	13:02
Air Blank	0.000	13:03
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Wet

AJ
Operator's Signature

HILLSBOROUGH CO SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007483
03/20/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:05
Control Test	0.200	13:06
Air Blank	0.000	13:06
Control Test	0.199	13:07
Air Blank	0.000	13:07
Control Test	0.200	13:08
Air Blank	0.000	13:08
Control Test Stats		
Average	0.1997	
Std Dev	0.0006	
Rel Std Dev(%)	0.2892	

AJ
Operator's Signature

HILLSBOROUGH CO SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007483
03/20/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:10
Control Test	0.079	13:10
Air Blank	0.000	13:11
Control Test	0.079	13:11
Air Blank	0.000	13:12
Control Test	0.079	13:12
Air Blank	0.000	13:13
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

065

AJ
Operator's Signature

FLOW CALIBRATION ADJUSTMENT

(P)

HILLSBOROUGH CO SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007483
06/05/2024
Software: 8100.27

Flow Rate Calibration*****

1: Rate (Liters/min) = 5

SQRT(Diff) = 7.070

2: Rate (Liters/min) = 15

SQRT(Diff) = 11.531

3: Rate (Liters/min) = 30

SQRT(Diff) = 20.660

Dependent Data Scale Factor = 100000 L/min

Independent Data Scale Factor = 256

Rounded Slope = 707

Rounded Intercept = -702816

Correlation = 0.99674

FLOW CAL
ADJUST
SP

HILLSBOROUGH CO SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007483
06/29/2024
Software: 8100.27

Flow Rate Calibration*****

1: Rate (Liters/min) = 5

SQRT(Diff) = 6.555

2: Rate (Liters/min) = 15

SQRT(Diff) = 11.355

3: Rate (Liters/min) = 30

SQRT(Diff) = 20.590

Dependent Data Scale Factor = 100000 L/min

Independent Data Scale Factor = 256

Rounded Slope = 688

Rounded Intercept = -592261

Correlation = 0.99786

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HILLSBOROUGH CO SO
Time of Inspection: 09:13

Date of Inspection: 06/05/2024

Serial Number: 80-007483
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

~~Tech Review:~~ Added initials to flow cal section. Second flow cal completed on

~~6/29/24 SP 7/1/24~~ SP 7/14/2024

The above instrument complies (X) 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

06/05/2024
Date

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: HILLSBOROUGH CO SO
Time of Inspection: 10:26

Date of Inspection: 06/29/2024

Serial Number: 80-007483
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#:AG310901 Exp: 04/19/2025
0.000	0.049	0.078	0.199	0.078
0.000	0.049	0.079	0.199	0.078
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.080	0.198	0.078
0.000	0.049	0.080	0.200	0.078
0.000	0.049	0.080	0.199	0.079
0.000	0.049	0.080	0.199	0.078
0.000	0.049	0.081	0.199	0.078
0.000	0.047	0.081	0.200	0.079
0.000	0.045	0.081	0.200	0.079

Standard Deviations	0.0013	0.0009	0.0006	0.0005
---------------------	--------	--------	--------	--------

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0008 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.

Shayla Platt

SHAYLA D PLATT

Signature and Printed Name

06/29/2024
Date



Calibration Certificate

Florida Department of Law Enforcement
Alcohol Testing Program
2331 Phillips Road.
Suite B1032
Tallahassee, FL 32308

This is to certify the calibration of Intoxilyzer 8000 serial number 80-007483, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-007483</u>	UNCERTAINTY* \pm	
Owning Agency:	<u>HILLSBOROUGH CO SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>06/29/2024</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>10:26</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.

Digitally signed by
Shayla Platt
Date: 2024.06.29
12:22:42 -04'00'

06/29/2024

Date

SHAYLA D PLATT,
Department Inspector

FDLE/ATP Form 69 March 2022
Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality