



Alcohol Testing Program

INSTRUMENT PROCESSING SHEET

Agency Hamilton County SO S/N 80-005770
 Date In 10/4/17 Date Out 10/5/17 Ship P/U H/D CMI EE

Intake Performed By <u>TR</u> <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Return from CMI <input type="checkbox"/> Return from Enforcement Electronics <input type="checkbox"/> Other _____ Visual Inspection: <u>OK</u> Case <u>OK</u> Handle <u>OK</u> Dry Gas Holder <u>OK</u> Feet <u>OK</u> Keyboard/Plug <u>OK</u> Back/Plugs <u>OK</u> Screws tight <u>OK</u> Breath Hose Other Equipment: <input type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Other _____ Notes: _____ _____ _____	Quality Checks Performed By _____ <input type="checkbox"/> Lab Temp °C _____ <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 # _____ 32mm _____ (.139 - .169) 36mm _____ (.156 - .190) 53mm _____ (.228 - .278) 103mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # _____ <input type="checkbox"/> Stability Checks <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>0.05</td><td></td><td></td></tr> <tr><td>0.08</td><td></td><td></td></tr> <tr><td>0.20</td><td></td><td></td></tr> <tr><td>0.08 DGS</td><td>N/A</td><td></td></tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.05			0.08			0.20			0.08 DGS	N/A		Flow Calibration Performed By _____ <input type="checkbox"/> Flow Calibration N/A <input type="checkbox"/> Flow Calibration Complete 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 # _____ 32mm _____ (.139 - .169) 36mm _____ (.156 - .190) 53mm _____ (.228 - .278) 103mm _____ (.447 - .547) Maintenance Performed By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ Quality Checks Cont. Performed By _____ Simulator Temperatures °C External Digital Therm. ID#: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____
Simulator	Serial #	Lot #/Exp															
0.05																	
0.08																	
0.20																	
0.08 DGS	N/A																

RECEIVED
 DEC 14 2017
 FDLE
 Alcohol Testing Program

Calibration Adjustment Performed By _____ <input type="checkbox"/> Calibration Adjustment N/A <input type="checkbox"/> Calibration Adjustment Complete Barometric Pressure Gauge _____ ID # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</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> <input type="checkbox"/> Post Calibration Adjustment Stability Checks <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr><td>0.05</td><td></td><td></td><td></td></tr> <tr><td>0.08</td><td></td><td></td><td></td></tr> <tr><td>0.20</td><td></td><td></td><td></td></tr> <tr><td>0.08 DGS</td><td>N/A</td><td></td><td></td></tr> </tbody> </table>	Simulator	Serial Number	Lot Number	Expiration	0.000		N/A	N/A	0.040				0.100				0.200				0.300				0.080 DGS	N/A			Simulator	Serial Number	Lot Number	Expiration	0.05				0.08				0.20				0.08 DGS	N/A			Department Inspection Performed By _____ <input type="checkbox"/> Barometric Pressure _____ Gauge ID# _____ Instrument Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr><td>0.00</td><td></td></tr> <tr><td>Interferent</td><td></td></tr> <tr><td>0.05</td><td></td></tr> <tr><td>0.08</td><td></td></tr> <tr><td>0.20</td><td></td></tr> </tbody> </table> Attachments <input checked="" type="checkbox"/> Form 41 <input type="checkbox"/> Pre-Stability Tests <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Post-Stability Tests <input checked="" type="checkbox"/> Other <u>AT 40</u>	Simulator	Serial Number	0.00		Interferent		0.05		0.08		0.20	
Simulator	Serial Number	Lot Number	Expiration																																																										
0.000		N/A	N/A																																																										
0.040																																																													
0.100																																																													
0.200																																																													
0.300																																																													
0.080 DGS	N/A																																																												
Simulator	Serial Number	Lot Number	Expiration																																																										
0.05																																																													
0.08																																																													
0.20																																																													
0.08 DGS	N/A																																																												
Simulator	Serial Number																																																												
0.00																																																													
Interferent																																																													
0.05																																																													
0.08																																																													
0.20																																																													

Notes/Suggested Service: <u>Instrument will not power on</u> <u>-sent to E.E. as per</u> <u>A.J. Curry.</u> <u>Data needs to be uploaded</u> <u>by repair facility.</u>	<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 type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use
--	--

Quality Control Review _____ Date 10/5/17
12/14/17
12/14/17
 Revised May 2017
 DI-IPS2017R1
 FDLE/ATP-048



Alcohol Testing Program

INSTRUMENT PROCESSING SHEET

Agency Hamilton County SO S/N 80-000770
Date In 10/4/17 Date Out 10/5/17 Ship P/U H/D CMI SEE

Intake <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Return from CMI <input type="checkbox"/> Return from Enforcement Electronics <input type="checkbox"/> Other _____ Visual Inspection: <u>OK</u> Case <u>OK</u> Handle <u>OK</u> Dry Gas Holder <u>OK</u> Feet <u>OK</u> Keyboard/Plug <u>OK</u> Back/Plugs <u>OK</u> Screws tight <u>OK</u> Breath Hose Other Equipment: <input type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Other _____ Notes: _____ _____ _____	Quality Checks Performed By <u>TR</u> <input type="checkbox"/> Lab Temp °C _____ <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 # _____ 32mm _____ (.139 - .169) 36mm _____ (.156 - .190) 53mm _____ (.228 - .278) 103mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # _____ <input type="checkbox"/> Stability Checks <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.05</td> <td></td> <td></td> </tr> <tr> <td>0.08</td> <td></td> <td></td> </tr> <tr> <td>0.20</td> <td></td> <td></td> </tr> <tr> <td>0.08 DGS</td> <td>N/A</td> <td></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.05			0.08			0.20			0.08 DGS	N/A		Flow Calibration Performed By _____ <input type="checkbox"/> Flow Calibration N/A <input type="checkbox"/> Flow Calibration Complete 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 # _____ 32mm _____ (.139 - .169) 36mm _____ (.156 - .190) 53mm _____ (.228 - .278) 103mm _____ (.447 - .547) Maintenance Performed By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ Quality Checks Cont. Performed By _____ Simulator Temperatures °C External Digital Therm. ID#: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____
Simulator	Serial #	Lot #/Exp															
0.05																	
0.08																	
0.20																	
0.08 DGS	N/A																

Calibration Adjustment Performed By _____ <input type="checkbox"/> Calibration Adjustment N/A <input type="checkbox"/> Calibration Adjustment Complete Barometric Pressure Gauge _____ ID # _____ <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</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> <input type="checkbox"/> Post Calibration Adjustment Stability Checks <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>0.05</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.08</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.20</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.08 DGS</td> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table>	Simulator	Serial Number	Lot Number	Expiration	0.000		N/A	N/A	0.040				0.100				0.200				0.300				0.080 DGS	N/A			Simulator	Serial Number	Lot Number	Expiration	0.05				0.08				0.20				0.08 DGS	N/A			Department Inspection Performed By _____ <input type="checkbox"/> Barometric Pressure _____ Gauge ID# _____ Instrument Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____ <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.00</td> <td></td> </tr> <tr> <td>Interferent</td> <td></td> </tr> <tr> <td>0.05</td> <td></td> </tr> <tr> <td>0.08</td> <td></td> </tr> <tr> <td>0.20</td> <td></td> </tr> </tbody> </table> Attachments <input type="checkbox"/> Form 41 <input type="checkbox"/> Pre-Stability Tests <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Post-Stability Tests <input type="checkbox"/> Other _____	Simulator	Serial Number	0.00		Interferent		0.05		0.08		0.20	
Simulator	Serial Number	Lot Number	Expiration																																																										
0.000		N/A	N/A																																																										
0.040																																																													
0.100																																																													
0.200																																																													
0.300																																																													
0.080 DGS	N/A																																																												
Simulator	Serial Number	Lot Number	Expiration																																																										
0.05																																																													
0.08																																																													
0.20																																																													
0.08 DGS	N/A																																																												
Simulator	Serial Number																																																												
0.00																																																													
Interferent																																																													
0.05																																																													
0.08																																																													
0.20																																																													

Notes/Suggested Service: <u>Instrument will not power on</u> <u>-sent to E.E. as per</u> <u>A.I. Curry.</u> <u>Data needs to be uploaded</u> <u>by repair facility.</u>	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use
--	--

Quality Control Review

10/5/17 Date