

## INSTRUMENT PROCESSING SHEET

Agency Leon County S/N 80-000958  
 Date In 3/8/17 Date Out 4/3/17  
 Ship  P/U  H/D  CMI  EE

<b>Intake</b> Performed By <u>[Signature]</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: <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Handle <input checked="" type="checkbox"/> Dry Gas Holder <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> Keyboard/Plug <input checked="" type="checkbox"/> Back/Plugs <input checked="" type="checkbox"/> Screws tight <input checked="" type="checkbox"/> Breath Hose Other Equipment: <input type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Other _____ Notes: _____ _____ _____	<b>Quality Checks</b> Performed By _____ <input type="checkbox"/> Breath Tube Screen <input type="checkbox"/> Replace 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		<b>Flow Calibration</b> 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) <b>Maintenance</b> Performed By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ <b>Suggested Service</b> _____ _____
Simulator	Serial #	Lot #/Exp															
0.05																	
0.08																	
0.20																	
0.08 DGS	N/A																

**RECEIVED**  
 APR 06 2017  
 FDLE  
 Alcohol Testing Program

<b>Optical Bench Calibration</b> Performed By _____ <input type="checkbox"/> Optical Bench Calibration N/A <input type="checkbox"/> Optical Bench Calibration Complete Barometric Pressure Gauge _____ ID # _____																							
Simulator	Serial Number	Lot Number	Expiration																				
0.000		N/A	N/A																				
0.040																							
0.100																							
0.200																							
0.400																							
0.080 DGS	N/A																						
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Simulator	Serial Number	Lot Number	Expiration																				
0.05																							
0.08																							
0.20																							
0.08 DGS	N/A																						

<b>Department Inspection</b> Performed By _____ <input type="checkbox"/> Barometric Pressure ID# _____ Gauge _____ Instrument _____ Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____	
Simulator	Serial Number
0.00	
Interferent	
0.05	
0.08	
0.20	
<b>Attachments</b> <input type="checkbox"/> Form 41 <input type="checkbox"/> Optical Bench Cal <input type="checkbox"/> Pre-Stability Tests <input type="checkbox"/> Post-Stability Tests <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Other _____	

Notes: shipped to cmi for repair  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<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
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Quality Control Review

Date