



INSTRUMENT PROCESSING SHEET

Agency Alachua County S.O.S/N 80-000737

Florida Department of Law Enforcement

Date In 02/28/2018DI Completion Date 3/8/18 Ship P/U H/D CMI EE

Intake Performed By <u>JLS</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: _____ _____ _____	Quality Checks Performed By <u>[Signature]</u> <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>183</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32 mm <u>148</u> (.139 - .169) 36 mm <u>163</u> (.156 - .190) 53 mm <u>235</u> (.228 - .278) 103 mm <u>488</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</u> <input checked="" type="checkbox"/> Stability Checks	Flow Calibration Performed By _____ 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)																																																											
Final Release Date FDLE MAR 08 2018 Alcohol Testing Program	<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><u>G2835</u></td> <td>201707D 07/25/2019</td> </tr> <tr> <td>0.080</td> <td><u>SD3933</u></td> <td>201707E 07/25/2019</td> </tr> <tr> <td>0.200</td> <td><u>SD1025</u></td> <td>201707C 07/24/2019</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td><u>AG-715202</u> 6/1/19</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	<u>G2835</u>	201707D 07/25/2019	0.080	<u>SD3933</u>	201707E 07/25/2019	0.200	<u>SD1025</u>	201707C 07/24/2019	0.080 DGS	N/A	<u>AG-715202</u> 6/1/19	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 _____ Temperature Checks Performed By <u>[Signature]</u> <input checked="" type="checkbox"/> Lab Temp °C <u>21.9</u> External Digital Therm. ID#: <u>300502</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>G2835</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3933</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1025</u>																																												
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Notes/Suggested Service: _____ _____ _____ _____ _____	Attachments <input checked="" type="checkbox"/> Form 41 <input type="checkbox"/> Post-Stability Checks <input checked="" type="checkbox"/> Stability Checks <input type="checkbox"/> Flow Calibration <input checked="" type="checkbox"/> Calibration Certificate <input type="checkbox"/> Form 40 <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Other _____ <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 <u>[Signature]</u> <u>3/8/18</u> <u>[Signature]</u> <u>3/8/18</u> Tech Review / Date Admin Review / Date																																																												

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: ALACHUA COUNTY SO
Time of Inspection: 10:35

Date of Inspection: 03/08/2018

Serial Number: 80-000737
Software: 8100.27

1302

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#:201707D Exp: 07/25/2019	0.08g/210L Test (g/210L) Lot#:201707E Exp: 07/25/2019	0.20g/210L Test (g/210L) Lot#:201707C Exp: 07/24/2019	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG715202 Exp: 06/01/2019
0.000	0.049	0.082	0.200	0.081
0.000	0.050	0.082	0.200	0.081
0.000	0.050	0.082	0.200	0.080
0.000	0.050	0.081	0.200	0.080
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0.000	0.051	0.083	0.200	0.080
0.000	0.051	0.082	0.201	0.080
0.000	0.050	0.082	0.200	0.080



Standard Deviations	0.0005	0.0004	0.0004	0.0004
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 Number of Simulators Used: 5

PJM

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.

[Handwritten Signature]

JAKE L SHANAHAN

Signature and Printed Name

03/08/2018
Date

3/8/18
[Handwritten Initials]

80-000737
 Stability checks
 3/8/18 @

INTOXILYZER 8000
 Instrument Initialization
 07:29 03/08/2018

ALACHUA COUNTY 50
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000737
 03/08/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:01
Control Test	0.081	08:02
Air Blank	0.000	08:02
Control Test	0.080	08:03
Air Blank	0.000	08:03
Control Test	0.080	08:03
Air Blank	0.000	08:04
Control Test	0.080	08:04
Control Test Stats		
Average	0.0803	
Std Dev	0.0006	
Rel Std Dev(%)	0.7187	

DOS

Operator's Signature

3/8/18

ALACHUA COUNTY 50
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000737
 03/08/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:11
Control Test	0.081	08:12
Air Blank	0.000	08:12
Control Test	0.081	08:13
Air Blank	0.000	08:13
Control Test	0.081	08:14
Air Blank	0.000	08:15
Control Test	0.000	08:15
Control Test Stats		
Average	0.0810	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature

ALACHUA COUNTY 50
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000737
 03/08/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:16
Control Test	0.049	08:16
Air Blank	0.000	08:17
Control Test	0.050	08:18
Air Blank	0.000	08:18
Control Test	0.050	08:19
Air Blank	0.000	08:19
Control Test	0.000	08:19
Control Test Stats		
Average	0.0497	
Std Dev	0.0006	
Rel Std Dev(%)	1.1625	

Operator's Signature

WRT



Florida Department of Law Enforcement
 Alcohol Testing Program
 2729 Fort Knox Blvd.
 Bldg. 2, Suite 1300
 Tallahassee, FL 32308

Calibration Certificate

This is to certify the calibration of Intoxilyzer 8000 serial number 80-000737, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000737</u>	UNCERTAINTY* ±
Owning Agency:	<u>ALACHUA COUNTY SO</u>	0.05 g/ 210 L
Calibration Date:	<u>03/08/2018</u>	0.08 g/ 210 L
Calibration Time:	<u>10:35</u>	0.20 g/ 210 L
		0.080 g/ 210 L Dry Gas Control
		0.004
		0.005
		0.008
		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% level of confidence (k=3).

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. Thermometer temperatures are checked with NIST traceable Eutechnics 4400 digital thermometers calibrated by Precision Metrology in accordance with ISO/ IEC 17025 standards.

Dry gas control measurements are traceable to NIST through the uses 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.

03/08/2018

Date


JAKE L SHANAHAN,
 Department Inspector

FDLE/ATP Form 69 January 2018
 Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

3/8/18


Beam

ALACHUA



COUNTY SHERIFF'S OFFICE

Sheriff Sadie Darnell
Post Office Box 5489 • Gainesville, FL 32627

To: Attn: Jake Shanahan
Florida Department of Law Enforcement
Loading Dock 9:00am – 3:30pm
Alcohol Testing Program
2331 Philips Road
Tallahassee, Fl. 32308

From: Field Service Technician Toni Fulton
Alachua County Sheriff's Office
2621 SE Hawthorne Rd.
Gainesville, Fl. 32641

Mr. Shanahan,

Enclosed is our Intoxilyzer 8000 serial number 80-000737 for yearly inspection. If you have any questions or concerns please contact me at 352-538-7970 or 352-367-4100.

Thank you,

A handwritten signature in blue ink, appearing to be "Toni Fulton", with a long horizontal flourish extending to the right.

FST Toni Fulton #549
ACSO FST/Traffic Coordinator

(352) 367-4000