



INSTRUMENT PROCESSING SHEET

Agency Marion County SOS/N 80-000752Florida Department of
Law EnforcementDate In 9/12/18DI Completion Date 9/20/18 Ship P/U H/D CMI EE

Intake Performed By <u>SQC</u>		Quality Checks Performed By <u>[Signature]</u>		Flow Calibration Performed By _____																
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Return from CMI <u>EE</u> <u>5X</u> 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>239</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32 mm <u>152</u> (.139 - .169) 36 mm <u>171</u> (.156 - .190) 53 mm <u>242</u> (.228 - .278) 103 mm <u>503</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</u> <input checked="" type="checkbox"/> Stability Checks		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		<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td>SD1021</td> <td>201707D 7/25/19</td> </tr> <tr> <td>0.080</td> <td>DR1275</td> <td>201707E 7/25/19</td> </tr> <tr> <td>0.200</td> <td>SD1013</td> <td>201707C 7/24/19</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AF-805701 2/26/20</td> </tr> </tbody> </table>		Simulator	Serial #	Lot #/Exp	0.050	SD1021	201707D 7/25/19	0.080	DR1275	201707E 7/25/19	0.200	SD1013	201707C 7/24/19	0.080 DGS	N/A	AF-805701 2/26/20	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 _____	
Simulator	Serial #	Lot #/Exp																		
0.050	SD1021	201707D 7/25/19																		
0.080	DR1275	201707E 7/25/19																		
0.200	SD1013	201707C 7/24/19																		
0.080 DGS	N/A	AF-805701 2/26/20																		
FDLE SEP 20 2018 Alcohol Testing Program		Temperature Checks Performed By <u>[Signature]</u> <input checked="" type="checkbox"/> Lab Temp °C <u>20.503</u> <u>21.2</u> External Digital Therm. ID#: <u>300503</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1021</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>DR1275</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1013</u>																		

Calibration Adjustment Performed By _____				Department Inspection Performed By <u>[Signature]</u>																															
Barometric Pressure Gauge _____ ID # _____				Barometric Pressure ID# <u>28427</u>																															
<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>				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			Gauge <u>1015</u> Instrument <u>1013</u> Mouth Alcohol Solution Lot # <u>2016-C</u> Acetone Stock Solution Lot # <u>2018-A</u>			
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																																		
<input type="checkbox"/> Post Calibration Adjustment Stability Checks				<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td>G11621</td> </tr> <tr> <td>Interferent</td> <td>DR3855</td> </tr> <tr> <td>0.050</td> <td>SD1021</td> </tr> <tr> <td>0.080</td> <td>DR1275</td> </tr> <tr> <td>0.200</td> <td>SD1013</td> </tr> </tbody> </table>				Simulator	Serial Number	0.000	G11621	Interferent	DR3855	0.050	SD1021	0.080	DR1275	0.200	SD1013																
Simulator	Serial Number																																		
0.000	G11621																																		
Interferent	DR3855																																		
0.050	SD1021																																		
0.080	DR1275																																		
0.200	SD1013																																		
<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.080</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.200</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>				Simulator	Serial Number	Lot Number	Expiration	0.050				0.080				0.200				0.080 DGS	N/A			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 checked="" type="checkbox"/> Form 40 <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Other _____											
Simulator	Serial Number	Lot Number	Expiration																																
0.050																																			
0.080																																			
0.200																																			
0.080 DGS	N/A																																		

Notes/Suggested Service: <u>Please change level 2 AW to something unique. [Signature]</u> _____ _____ _____ _____		<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>9/20/18</u> <u>[Signature]</u> <u>9/20/18</u> Tech Review / Date Admin Review / Date	
---	--	--	--

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: MARION COUNTY SO
Time of Inspection: 09:33

Date of Inspection: 09/20/2018

Serial Number: 80-000752
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#: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#:AG805701 Exp: 02/26/2020
0.000	0.050	0.081	0.201	0.077
0.000	0.050	0.082	0.201	0.077
0.000	0.049	0.082	0.201	0.077
0.000	0.049	0.082	0.201	0.077
0.000	0.050	0.082	0.201	0.077
0.000	0.050	0.082	0.200	0.077
0.000	0.050	0.082	0.201	0.077
0.000	0.051	0.082	0.201	0.077
0.000	0.050	0.082	0.201	0.077
0.000	0.050	0.082	0.201	0.077
Standard Deviations	0.0005	0.0003	0.0003	0.0000

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0002 Number of Simulators Used: 5

JL

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

09/20/2018
Date

9/20/18 JL

80-000752
 9/20/18
 Stability checks

INTOXILYZER 8000
 Instrument Initialization
 07:00 09/20/2018

MARION COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000752
 09/20/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:30
Control Test	0.049	07:31
Air Blank	0.000	07:32
Control Test	0.048	07:32
Air Blank	0.000	07:33
Control Test	0.048	07:34
Air Blank	0.000	07:34
Control Test Stats		
Average	0.0483	
Std Dev	0.0006	
Rel Std Dev(%)	1.1945	

Operator's Signature

MARION COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000752
 09/20/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:27
Control Test	0.078	07:27
Air Blank	0.000	07:27
Control Test	0.078	07:28
Air Blank	0.000	07:28
Control Test	0.078	07:29
Air Blank	0.000	07:29
Control Test Stats		
Average	0.0780	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

DGS

Operator's Signature

9/20/18
 JH

MARION COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000752
 09/20/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:37
Control Test	0.198	07:38
Air Blank	0.000	07:38
Control Test	0.199	07:39
Air Blank	0.000	07:40
Control Test	0.199	07:40
Air Blank	0.000	07:41
Control Test Stats		
Average	0.1987	
Std Dev	0.0006	
Rel Std Dev(%)	0.2906	

Operator's Signature

MARION COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000752
 09/20/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:42
Control Test	0.080	07:43
Air Blank	0.000	07:44
Control Test	0.080	07:44
Air Blank	0.000	07:45
Control Test	0.080	07:45
Air Blank	0.000	07:46
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature



Calibration Certificate

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

This is to certify the calibration of Intoxilyzer 8000 serial number 80-000752 manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000752</u>	UNCERTAINTY* ±	
Owning Agency:	<u>MARION COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>09/20/2018</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>09:33</u>	0.200 g/ 210 L	0.008
		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).

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.

09/20/2018

Date


JAKE L SHANAHAN,
Department Inspector

FDLE/ATP Form 69 July 2018

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

9/20/18
JS

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MARION COUNTY SO
Time of Inspection: 07:25

Date of Inspection: 09/20/2018

Serial Number: 80-000752
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: _____

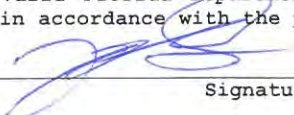
Remarks:
BYPASS TO OPERATE

Adam

QNT a compliance check

The above instrument complies () 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.



JAKE L SHANAHAN

Signature and Printed Name

09/20/2018
Date

9/20/18
JL

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Jeff Raker on 3/8/18

Items Returned: Instrument Supplies Other Describe: _____
Instrument Model: CMI Intoxilyzer 8000 Serial Number: 80-000752

<u>Bill To Address:</u> Lt. Jeff Raker Marion County Sheriff's Office 700 NW 30th Ave Ocala FL 34475	<u>Ship to Address:</u> Jake Shanahan FDLE ATP 2331 Phillips Rd Tallahassee, FL 32308
--	---

Reason for Return:
Low R value and will not come into spec on flow calibration

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: _____
Phone #: _____ Email: _____

ATP Contact Name: _____ ATP Email: _____

Handwritten initials/signature in blue ink, possibly "JRS" and "9/20/18 JS".



INSTRUMENT PROCESSING SHEET

Agency Marion County S.O.S/N 80-000752

Florida Department of Law Enforcement

Date In 02/28/2018 DI Completion Date _____ 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>+20 101 @</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>A7P102</u> 32 mm <u>0</u> (.139 - .169) 36 mm <u>0</u> (.156 - .190) 53 mm <u>101</u> (.228 - .278) 103 mm <u>421</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 # <u>A7P103</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>106</u> <input checked="" type="checkbox"/> Post Calibration Verification (L/s) Flow Column # <u>A7P102</u> 32 mm <u>128</u> (.139 - .169) 36 mm <u>152</u> (.156 - .190) 53 mm <u>218</u> (.228 - .278) 103 mm <u>472</u> (.447 - .547)															
Final Release Date <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FDLE</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">SEP 20 2018</div> <div style="text-align: center; font-weight: bold;">Alcohol Testing Program</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><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></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		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 type="checkbox"/> Lab Temp °C External Digital Therm. ID#: <u>300502</u> <input type="checkbox"/> 34°C +/- .2 Serial #: <u>G2835</u> <input type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3933</u> <input type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1025</u>
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																

Calibration Adjustment Performed By _____ 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>0.050</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.080</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.200</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>	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	0.050				0.080				0.200				0.080 DGS	N/A			Department Inspection Performed By <u>[Signature]</u> Barometric Pressure ID# <u>28427</u> Gauge _____ Instrument _____ Mouth Alcohol Solution Lot # <u>2016-C</u> Acetone Stock Solution Lot # <u>2018-A</u> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td><u>G2880</u></td> </tr> <tr> <td>Interferent</td> <td><u>G3144</u></td> </tr> <tr> <td>0.050</td> <td><u>G2835</u></td> </tr> <tr> <td>0.080</td> <td><u>SD3933</u></td> </tr> <tr> <td>0.200</td> <td><u>SD1025</u></td> </tr> </tbody> </table> Attachments <input type="checkbox"/> Form 41 <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Stability Checks <input checked="" type="checkbox"/> Flow Calibration <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Form 40 <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Other _____	Simulator	Serial Number	0.000	<u>G2880</u>	Interferent	<u>G3144</u>	0.050	<u>G2835</u>	0.080	<u>SD3933</u>	0.200	<u>SD1025</u>
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																																																										
0.050																																																													
0.080																																																													
0.200																																																													
0.080 DGS	N/A																																																												
Simulator	Serial Number																																																												
0.000	<u>G2880</u>																																																												
Interferent	<u>G3144</u>																																																												
0.050	<u>G2835</u>																																																												
0.080	<u>SD3933</u>																																																												
0.200	<u>SD1025</u>																																																												

Notes/Suggested Service: <u>Flow Cal did not help. R Value continuously dropping and fluctuating between 99-120. Recommend sending to repair w/ AZ approval. [Signature]</u> <u>Sent to EE. 3/8/18 [Signature]</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 checked="" type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <u>[Signature]</u> 9/20/18 Tech Review / Date </div> <div style="text-align: center;"> <u>[Signature]</u> 9/20/18 Admin Review / Date </div> </div>
--	---

80-000752

Flow Cal

3/8/18

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

MARTON COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000752
03/08/2018
Software: 8100.27

Flow Rate Calibration*****

- 1: Rate (Liters/min) = 5
SORT(Diff)) = 5.098
- 2: Rate (Liters/min) = 15
SORT(Diff)) = 9.848
- 3: Rate (Liters/min) = 30
SORT(Diff)) = 20.492

Dependent Data Scale Factor = 100000 L/min
Independent Data Scale Factor = 256
Rounded Slope = 620
Rounded Intercept = -218934
Correlation = 0.99474

[Handwritten signature]

8/20/18
[Handwritten signature]