

**Return Material Authorization**

**Ship to:**  CMI, Inc.  
 Enforcement Electronics

Shipment to repair facility authorized by: John Gadson on 12/4/18

**Items Returned:** Instrument  Supplies  Other  Describe: \_\_\_\_\_  
Instrument Model: Intoxilyzer 8000 Serial Number: 80-000948

<b>Bill To Address:</b> <u>Glades County SO</u> _____ _____ _____	<b>Ship to Address:</b> <u>FDLE Off-Site Mail Facility</u> <u>c/o Florida Dept of Law Enforcement</u> <u>Alcohol Testing Program</u> <u>813-B Lake Bradford Road</u> <u>Tallahassee, FL 32304</u>
---	--

**Reason for Return:**  
Flow sensor replacement. R-Value @ 97  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: John Gadson  
Phone #: 863-227-3001 Email: jgadson@gladessheriff.org  
ATP Contact Name: Shayla Platt ATP Email: shaylaplatt@fdle.state.fl.us

*12/5/18*  
*JO*



INSTRUMENT PROCESSING SHEET

Agency Glades County SO

S/N 80-000948

Florida Department of Law Enforcement

Date In 12/04/18

DI Completion Date 12/4/18

Ship  P/U  H/D  CMI  EE

<b>Intake</b> Performed By <u>SGC</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 type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: _____ _____ _____		<b>Quality Checks</b> Performed By <u>SP</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>97</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP105</u> 32 mm <u>.140</u> (.139 - .169) 36 mm <u>.156</u> (.156 - .190) 53 mm <u>.226</u> (.228 - .278) 103 mm <u>.464</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28421</u> <input checked="" type="checkbox"/> Stability Checks		<b>Flow Calibration</b> Performed By <u>SP</u> Flow Column # <u>ATP105</u> <del>ATP102</del> <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>102</u> <input checked="" type="checkbox"/> Post Calibration Verification (L/s) Flow Column # <u>ATP105</u> 32 mm <u>.156</u> (.139 - .169) 36 mm <u>.175</u> (.156 - .190) 53 mm <u>.246</u> (.228 - .278) 103 mm <u>.527</u> (.447 - .547)																																							
<b>Final Release Date</b> <p style="text-align: center;"><b>FDLE</b></p> <p style="text-align: center;">DEC 05 2018</p> <p style="text-align: center;">Alcohol Testing Program</p>		<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td>SD1012</td> <td>2017070 7-25-19</td> </tr> <tr> <td>0.080</td> <td>DR1279</td> <td>201707E 7-25-19</td> </tr> <tr> <td>0.200</td> <td>DR3856</td> <td>201707C 7-24-19</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG805701 2-26-20</td> </tr> </tbody> </table>		Simulator	Serial #	Lot #/Exp	0.050	SD1012	2017070 7-25-19	0.080	DR1279	201707E 7-25-19	0.200	DR3856	201707C 7-24-19	0.080 DGS	N/A	AG805701 2-26-20	<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 _____																								
Simulator	Serial #	Lot #/Exp																																									
0.050	SD1012	2017070 7-25-19																																									
0.080	DR1279	201707E 7-25-19																																									
0.200	DR3856	201707C 7-24-19																																									
0.080 DGS	N/A	AG805701 2-26-20																																									
<b>Calibration Adjustment</b> Performed By _____ Barometric Pressure Gauge _____ ID # _____		<b>Department Inspection</b> Performed By <u>SP</u> Barometric Pressure ID# <u>28421</u> Gauge <u>1018</u> Instrument <u>1016</u> Mouth Alcohol Solution Lot # <u>2018-B</u> Acetone Stock Solution Lot # <u>2018-A</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			<table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td>G2408</td> </tr> <tr> <td>Interferent</td> <td>G2882</td> </tr> <tr> <td>0.050</td> <td>SD1012</td> </tr> <tr> <td>0.080</td> <td>DR1279</td> </tr> <tr> <td>0.200</td> <td>DR3856</td> </tr> </tbody> </table>		Simulator	Serial Number	0.000	G2408	Interferent	G2882	0.050	SD1012	0.080	DR1279	0.200	DR3856
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																																										
0.000	G2408																																										
Interferent	G2882																																										
0.050	SD1012																																										
0.080	DR1279																																										
0.200	DR3856																																										
<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>0.050</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			<b>Attachments</b> <input checked="" type="checkbox"/> Form 41 <input type="checkbox"/> Post-Stability Checks <input checked="" type="checkbox"/> Stability Checks <input checked="" type="checkbox"/> Flow Calibration <input checked="" type="checkbox"/> Calibration Certificate <input 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>Sending to repair for flow sensor replacement. SP</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 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																																									
		<u>SPM 12/5/18</u> <u>J. Duke 12/5/18</u> Tech Review / Date Admin Review / Date																																									

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O.  
Time of Inspection: 14:38

Date of Inspection: 12/04/2018

Serial Number: 80-000948  
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	0.049	0.080	0.196	0.080
0.000	0.051	0.081	0.199	0.080
0.000	0.050	0.082	0.201	0.079
0.000	0.051	0.082	0.201	0.079
0.000	0.050	0.081	0.201	0.079
0.000	0.050	0.081	0.201	0.079
0.000	0.050	0.081	0.201	0.079
0.000	0.050	0.081	0.201	0.079
0.000	0.050	0.081	0.202	0.079
0.000	0.050	0.081	0.201	0.080

Standard Deviations	0.0005	0.0005	0.0017	0.0004
---------------------	--------	--------	--------	--------

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0007 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

12/04/2018  
Date

*12/5/18  
22*

CHECKS# 80-000948  
STABILITY

GLADES COUNTY S.O.  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000948  
12/04/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:30
Control Test	0.050	11:31
Air Blank	0.000	11:32
Control Test	0.050	11:32
Air Blank	0.000	11:33
Control Test	0.051	11:33
Air Blank	0.000	11:34
Control Test Stats		
Average	0.0503	
Std Dev	0.0006	
Rel Std Dev(%)	1.1471	

SP  
Operator's Signature

RAM  
12/5/18  
22

GLADES COUNTY S.O.  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000948  
12/04/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:44
Control Test	0.081	11:45
Air Blank	0.000	11:45
Control Test	0.081	11:46
Air Blank	0.000	11:47
Control Test	0.081	11:47
Air Blank	0.000	11:48
Control Test Stats		
Average	0.0810	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

SP  
Operator's Signature

GLADES COUNTY S.O.  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000948  
12/04/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:58
Control Test	0.201	11:58
Air Blank	0.000	11:59
Control Test	0.199	12:00
Air Blank	0.000	12:00
Control Test	0.199	12:01
Air Blank	0.000	12:01
Control Test Stats		
Average	0.1997	
Std Dev	0.0012	
Rel Std Dev(%)	0.5783	

SP  
Operator's Signature

GLADES COUNTY S.O.  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000948  
12/04/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:39
Control Test	0.080	11:39
Air Blank	0.000	11:40
Control Test	0.081	11:40
Air Blank	0.000	11:41
Control Test	0.080	11:41
Air Blank	0.000	11:42
Control Test Stats		
Average	0.0803	
Std Dev	0.0006	
Rel Std Dev(%)	0.7187	

DGS

SP  
Operator's Signature

FLOW CAL.

GLADES COUNTY S.O.  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000948  
12/04/2018  
Software: 8100.27

Flow Rate Calibration\*\*\*\*\*  
1: Rate (Liters/min) = 5  
SQR(Diff) = 5.000  
2: Rate (Liters/min) = 15  
SQR(Diff) = 10.391  
3: Rate (Liters/min) = 30  
SQR(Diff) = 20.121

Dependent Data Scale Factor = 100000 L/min  
Independent Data Scale Factor = 256  
Rounded Slope = 641  
Rounded Intercept = -274551  
Correlation = 0.99879

SP



# 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 80-000948, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000948</u>	UNCERTAINTY * ±	
Owning Agency:	<u>GLADES COUNTY S.O.</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>12/04/2018</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>14:38</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.

12/04/2018

Date

*Shayla Platt*

SHAYLA D PLATT,  
Department Inspector

FDLE/ATP Form 69 July 2018

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

*12/5/18*  
*[Signature]*  
*ADM*