



INSTRUMENT PROCESSING SHEET

Agency Gilchrist County SOS/N 80-001285

Florida Department of Law Enforcement

Date In 8/24/18DI Completion Date 8/29/18 Ship P/U H/D CMI EE

Intake Performed By <u>SQC</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 checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input 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>166</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP103</u> 32 mm <u>160</u> (.139 - .169) 36 mm <u>181</u> (.156 - .190) 53 mm <u>249</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 <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <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>AG-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	AG-805701 2/26/20	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)																																												
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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;">AUG 29 2018</div> <div style="text-align: center;">Alcohol Testing Program</div>	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>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>																																																											
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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		<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>[Signature]</u> 8/29/18 Tech Review / Date </div> <div style="text-align: center;"> <u>[Signature]</u> 8/29/18 Admin Review / Date </div> </div>																																																											

I HEREBY CERTIFY THE AUTHENTICITY OF THE SEAL AFFIXED HERETO.

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: GILCHRIST COUNTY SO
Time of Inspection: 07:32

Date of Inspection: 08/29/2018

Serial Number: 80-001285
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	0.048	0.080	0.199	0.077
0.000	0.049	0.080	0.200	0.077
0.000	0.049	0.080	0.201	0.077
0.000	0.048	0.080	0.200	0.076
0.000	0.048	0.080	0.200	0.076
0.000	0.049	0.080	0.200	0.076
0.000	0.049	0.080	0.200	0.075
0.000	0.049	0.079	0.200	0.076
0.000	0.049	0.080	0.199	0.076
0.000	0.048	0.080	0.200	0.076

Standard Deviations	0.0005	0.0003	0.0005	0.0006
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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

JSM

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.

JAKE L SHANAHAN

Signature and Printed Name

08/29/2018
Date

I HEREBY CERTIFY THE AUTHENTICITY
OF THE SEAL APPLIED HERETO.

8/29/18
JSM

80-001285
 Sta. b. h. ty Clerk
 8/29/18

INTOXILYZER 8000
 Instrument Initialization
 04:46 08/29/2018

GILCHRIST COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001285
 08/29/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	05:29
Control Test	0.047	05:30
Air Blank	0.000	05:31
Control Test	0.047	05:31
Air Blank	0.000	05:32
Control Test	0.049	05:33
Air Blank	0.000	05:33
Control Test Stats		
Average	0.0477	
Std Dev	0.0012	
Rel Std Dev(%)	2.4224	

GILCHRIST COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001285
 08/29/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	05:29
Control Test	0.047	05:30
Air Blank	0.000	05:31
Control Test	0.047	05:31
Air Blank	0.000	05:32
Control Test	0.049	05:33
Air Blank	0.000	05:33
Control Test Stats		
Average	0.0477	
Std Dev	0.0012	
Rel Std Dev(%)	2.4224	

GILCHRIST COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001285
 08/29/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	05:25
Control Test	0.197	05:25
Air Blank	0.000	05:26
Control Test	0.195	05:27
Air Blank	0.000	05:27
Control Test	0.196	05:28
Air Blank	0.000	05:28
Control Test Stats		
Average	0.1960	
Std Dev	0.0010	
Rel Std Dev(%)	0.5102	


GILCHRIST COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001285
 08/29/2018
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	05:15
Control Test	0.078	05:15
Air Blank	0.000	05:16
Control Test	0.078	05:16
Air Blank	0.000	05:17
Control Test	0.079	05:17
Air Blank	0.000	05:17
Control Test Stats		
Average	0.0783	
Std Dev	0.0006	
Rel Std Dev(%)	0.7370	

DGS

Operator's Signature _____

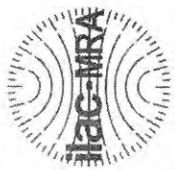

Operator's Signature _____


Operator's Signature _____


Operator's Signature _____


ROOM
 8/29/18
 JH

I HEREBY CERTIFY THE AUTHENTICITY
 OF THE SEAL APPLIED HEREON.



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 80-001285, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001285</u>	UNCERTAINTY* ±
Owning Agency:	<u>GILCHRIST COUNTY SO</u>	0.050 g/ 210 L
Calibration Date:	<u>08/29/2018</u>	0.080 g/ 210 L
Calibration Time:	<u>07:32</u>	0.200 g/ 210 L
		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.

08/29/2018

Date

JAKE L SHANAHAN,
Department Inspector

FDLE/ATP Form 69 July 2018

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

08/29/18
JL

ASOM

I HEREBY CERTIFY THE AUTHENTICITY OF THE SEAL AFFIXED HERETO.