



INSTRUMENT PROCESSING SHEET

Agency Okeechobee County SOS/N 80-001321

Florida Department of Law Enforcement

Date In 03/16/2018DI Completion Date 3/21/18 Ship P/U H/D CMI EE

Intake Performed By <u>JA</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>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>205</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP103</u> 32 mm <u>1164</u> (.139 - .169) 36 mm <u>179</u> (.156 - .190) 53 mm <u>246</u> (.228 - .278) 103 mm <u>496</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28662</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 <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;">MAR 21 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>G2840</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>AG805702</u> <u>2/26/20</u></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	<u>G2835</u>	201707D 07/25/2019	0.080	<u>G2840</u>	201707E 07/25/2019	0.200	<u>SD1025</u>	201707C 07/24/2019	0.080 DGS	N/A	<u>AG805702</u> <u>2/26/20</u>	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>SP</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>G2840</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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <u>Pogm 3/21/18</u> <u>JJ Dahn 3/21/18</u> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Tech Review / Date Admin Review / Date </div>																																																													

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: OKEECHOBEE COUNTY SO
Time of Inspection: 11:30

Date of Inspection: 03/21/2018

Serial Number: 80-001321
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#:AG805702 Exp: 02/26/2020
0.000	0.049	0.081	0.198	0.078
0.000	0.049	0.081	0.199	0.078
0.000	0.050	0.081	0.200	0.078
0.000	0.050	0.081	0.199	0.078
0.000	0.050	0.081	0.200	0.078
0.000	0.050	0.081	0.200	0.078
0.000	0.049	0.081	0.200	0.077
0.000	0.051	0.081	0.200	0.078
0.000	0.050	0.081	0.200	0.078
0.000	0.051	0.081	0.199	0.078

Standard Deviations	0.0007	0.0000	0.0007	0.0003
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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

Remarks:

Pgm

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

03/21/2018
Date

3/21/18
[Signature]

STABILITY CHECKS # 80-001321

OKEECHOBEE COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001321
03/21/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:34
Control Test	0.049	09:34
Air Blank	0.000	09:35
Control Test	0.049	09:36
Air Blank	0.000	09:36
Control Test	0.050	09:37
Air Blank	0.000	09:37
Control Test Stats		
Average	0.0493	
Std Dev	0.0006	
Rel Std Dev(%)	1.1703	

SP

Operator's Signature

3/21/18
[Signature]

OKEECHOBEE COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001321
03/21/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:48
Control Test	0.080	09:48
Air Blank	0.000	09:49
Control Test	0.080	09:50
Air Blank	0.000	09:50
Control Test	0.080	09:51
Air Blank	0.000	09:51
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

SP

Operator's Signature

OKEECHOBEE COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001321
03/21/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:42
Control Test	0.199	09:43
Air Blank	0.000	09:43
Control Test	0.199	09:44
Air Blank	0.000	09:44
Control Test	0.199	09:45
Air Blank	0.000	09:45
Control Test Stats		
Average	0.1990	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

SP

Operator's Signature

OKEECHOBEE COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001321
03/21/2018
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:38
Control Test	0.079	09:38
Air Blank	0.000	09:39
Control Test	0.078	09:39
Air Blank	0.000	09:40
Control Test	0.078	09:40
Air Blank	0.000	09:41
Control Test Stats		
Average	0.0783	
Std Dev	0.0006	
Rel Std Dev(%)	0.7370	

DAS

SP

Operator's Signature

[Signature]



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 80-001321, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001321</u>	UNCERTAINTY* ±	
Owning Agency:	<u>OKEECHOBEE COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>03/21/2018</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>11:30</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% 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.

03/21/2018 Shayla Platt
 Date SHAYLA D PLATT,
 Department Inspector

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

Service • Integrity • Respect • Quality

3/21/18
[Signature]

[Handwritten mark]