



INSTRUMENT PROCESSING SHEET

Agency Indian River County Sheriff's OfficeS/N 80-001329Florida Department of
Law EnforcementDate In 7/18/2018DI Completion Date 7/19/2018 Ship P/U H/D CMI EE

Intake Performed By <u>MDP</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>DELL</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>188</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP 101</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>28199</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 <p style="text-align: center;">FDLE</p> <p style="text-align: center;">JUL 27 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>SD3967</td> <td>201707D 07/25/2019</td> </tr> <tr> <td>0.080</td> <td>SD3968</td> <td>201707E 07/25/2019</td> </tr> <tr> <td>0.200</td> <td>SD3969</td> <td>201707C 07/24/2019</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG805701 02/26/2020</td> </tr> </tbody> </table>		Simulator	Serial #	Lot #/Exp	0.050	SD3967	201707D 07/25/2019	0.080	SD3968	201707E 07/25/2019	0.200	SD3969	201707C 07/24/2019	0.080 DGS	N/A	AG805701 02/26/2020	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>DELL</u> <input checked="" type="checkbox"/> Lab Temp °C <u>21.88C</u> External Digital Therm. ID#: <u>300949</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3967</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3968</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3969</u>																										
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Calibration Adjustment Performed By _____ Barometric Pressure Gauge _____ ID # _____		Department Inspection Performed By <u>DELL</u> Barometric Pressure ID# <u>68639</u> Gauge <u>1013</u> Instrument <u>1013</u> Mouth Alcohol Solution Lot # <u>2017-B</u> Acetone Stock Solution Lot # <u>2018-A</u>																																											
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Notes/Suggested Service: <u>E-mailed</u> <input checked="" type="checkbox"/> APPROVED _____ _____ _____ _____		<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>DELL 7/27/18</u> <u>J. Decker 7/27/18</u> Tech Review / Date Admin Review / Date																																											

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: INDIAN RIVER CO. SO
Time of Inspection: 07:42

Date of Inspection: 07/19/2018

Serial Number: 80-001329
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	0.079	0.197	0.080
0.000	0.048	0.079	0.196	0.080
0.000	0.049	0.080	0.197	0.080
0.000	0.049	0.080	0.198	0.080
0.000	0.049	0.080	0.197	0.081
0.000	0.049	0.080	0.196	0.080
0.000	0.049	0.080	0.197	0.080
0.000	0.049	0.080	0.197	0.080
0.000	0.049	0.080	0.197	0.080
0.000	0.049	0.080	0.196	0.080

Standard Deviations	0.0004	0.0004	0.0006	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

PDM

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.

David E Reyes-Rivera

DAVID E REYES-RIVERA

Signature and Printed Name

07/19/2018
Date

*7/27/18
JD*

TYPE OF TEST	SERIAL NUMBER	AGENCY	DATE	PERFORMED BY
Pest Stabilities	80-001329	Indian River County Sheriff's Office	07/19/2018	<i>DM</i>

0.05g/210L	0.08g/210L	0.20g/210L	DGS 0.08g/210L																																																																																																																																																
SN: SD3967 Temp: 34.07c 0.047 to 0.053 <input checked="" type="checkbox"/>	SN: SD3968 Temp: 34.07c 0.077 to 0.083 <input checked="" type="checkbox"/>	SN: SD3969 Temp: 34.09c 0.194 to 0.206 <input checked="" type="checkbox"/>	Lot AG805701 0.077 to 0.083 <input checked="" type="checkbox"/>																																																																																																																																																
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DM

DM
07/19/18



Calibration Certificate

Florida Department of Law Enforcement
Alcohol Testing Program
4700 Terminal Drive, Suite 1
Ft. Myers, FL 33907

This is to certify the calibration of Intoxilyzer 8000 serial number 80-001329, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001329</u>	UNCERTAINTY* ±	
Owning Agency:	<u>INDIAN RIVER CO. SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>07/19/2018</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>07:42</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.

07/19/2018 Date *David E Reyes-Rivera*
DAVID E REYES-RIVERA,
Department Inspector

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

Service • Integrity • Respect • Quality

7/27/18
[Signature]
DRM



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Agency Indian River Sheriff's OfficeS/N 80-001329

Florida Department of Law Enforcement

Date In 05/14/2018DI Completion Date 05/15/2018 Ship P/U H/D CMI EE

Intake Performed By <u>DELL</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>DELL</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>186</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP101</u> 32 mm <u>.144</u> (.139 - .169) 36 mm <u>.167</u> (.156 - .190) 53 mm <u>.238</u> (.228 - .278) 103 mm <u>.500</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28199</u> <input checked="" type="checkbox"/> Stability Checks <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>SD1014</td> <td>201707D 07/25/2019</td> </tr> <tr> <td>0.080</td> <td>SD1015</td> <td>201707E 07/25/2019</td> </tr> <tr> <td>0.200</td> <td>SD1017</td> <td>201707C 07/24/2019</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG715202 06/01/2019</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	SD1014	201707D 07/25/2019	0.080	SD1015	201707E 07/25/2019	0.200	SD1017	201707C 07/24/2019	0.080 DGS	N/A	AG715202 06/01/2019	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 _____ _____	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>DELL</u> <input checked="" type="checkbox"/> Lab Temp °C <u>22.91C</u> External Digital Therm. ID#: <u>300949</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1014</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1015</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1017</u>																																																											
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Notes/Suggested Service: <u>E-Mailed</u> <input checked="" type="checkbox"/> APPROVED <u>Instrument failed to read all wet alcohol reference solutions; it read the dry gas standard.</u> _____ _____ _____	Attachments <input type="checkbox"/> Form 41 <input type="checkbox"/> Post-Stability Checks <input checked="" type="checkbox"/> Stability Checks <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Form 40 <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Other _____																																																												
<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" 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>MS 5/30/18</u> <u>J. Deane 5/30/18</u> Tech Review / Date Admin Review / Date																																																											

TYPE OF TEST	SERIAL NUMBER	AGENCY	DATE	PERFORMED BY
Stabilities	80-001329	Indian River County Sheriff's Office	05/15/2018	<i>Bell</i>

0.05g/210L	0.08g/210L	0.20g/210L	0.077 to 0.083	0.194 to 0.206	0.077 to 0.083																																																																																																																																																
SN: SD1014 Temp: 34.05c <input checked="" type="checkbox"/>	SN: SD1015 Temp: 34.07c <input checked="" type="checkbox"/>	SN: SD1017 Temp: 34.03c <input checked="" type="checkbox"/>			Lot AG715202 <input checked="" type="checkbox"/>																																																																																																																																																
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