



### INSTRUMENT PROCESSING SHEET

Agency PALM BEACH County SO S/N 80-006477  
 Date In 5/21/18 DI Completion Date 7/5/18  Ship  P/U  H/D  CMI  EE

Florida Department of Law Enforcement

<b>Intake</b> Performed By <u>SP</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>189</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP105</u> 32 mm <u>.152</u> (.139 - .169) 36 mm <u>.167</u> (.156 - .190) 53 mm <u>.238</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 <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>SD1018</u></td> <td><u>201707D</u> <u>7-25-19</u></td> </tr> <tr> <td>0.080</td> <td><u>SD3962</u></td> <td><u>201707E</u> <u>7-25-19</u></td> </tr> <tr> <td>0.200</td> <td><u>G2078</u></td> <td><u>201707C</u> <u>7-24-19</u></td> </tr> <tr> <td>0.080 DGS</td> <td><u>N/A</u></td> <td><u>AG805702</u> <u>2-24-20</u></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	<u>SD1018</u>	<u>201707D</u> <u>7-25-19</u>	0.080	<u>SD3962</u>	<u>201707E</u> <u>7-25-19</u>	0.200	<u>G2078</u>	<u>201707C</u> <u>7-24-19</u>	0.080 DGS	<u>N/A</u>	<u>AG805702</u> <u>2-24-20</u>	<b>Flow Calibration</b> 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)
Simulator	Serial #	Lot #/Exp															
0.050	<u>SD1018</u>	<u>201707D</u> <u>7-25-19</u>															
0.080	<u>SD3962</u>	<u>201707E</u> <u>7-25-19</u>															
0.200	<u>G2078</u>	<u>201707C</u> <u>7-24-19</u>															
0.080 DGS	<u>N/A</u>	<u>AG805702</u> <u>2-24-20</u>															
<b>Maintenance</b> Performed By <u>SP</u> <input type="checkbox"/> Battery Replacement <input checked="" type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____																	

**Final Release Date**  
**FDLE**  
 JUL 05 2018  
 Alcohol Testing Program

<b>Temperature Checks</b> Performed By <u>SP</u> <input checked="" type="checkbox"/> Lab Temp °C <u>21.6</u> External Digital Therm. ID#: <u>300505</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>SD1018</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>SD3962</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>G2078</u>
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<b>Calibration Adjustment</b> Performed By _____ Barometric Pressure Gauge ID # _____			
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			
Simulator	Serial Number	Lot Number	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		

<b>Department Inspection</b> Performed By <u>SP</u> Barometric Pressure ID# <u>28662</u> Gauge <u>1019</u> Instrument <u>1017</u> Mouth Alcohol Solution Lot # <u>2016-C</u> Acetone Stock Solution Lot # <u>2018-A</u>	
Simulator	Serial Number
0.000	<u>G4444</u>
Interferent	<u>G6621</u>
0.050	<u>SD1018</u>
0.080	<u>SD3962</u>
0.200	<u>G2078</u>

<input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input checked="" type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment	<input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Calibration <input checked="" type="checkbox"/> Form 40 <input type="checkbox"/> Other _____
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Notes/Suggested Service: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Instrument Complies with Chapter 11D-8, FAC  
 Instrument Does Not Comply with Chapter 11D-8, FAC  
 Return to/Place into Evidentiary Use  
 Remain Out of Evidentiary Use  
 Conduct an Agency Inspection Before Evidentiary Use

7/5/18 Tech Review / Date      7/5/18 Admin Review / Date

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: PALM BEACH CO SO  
Time of Inspection: 11:05

Date of Inspection: 07/05/2018

Serial Number: 80-006477  
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	0.080	0.199	0.080
0.000	0.049	0.081	0.200	0.079
0.000	0.050	0.081	0.200	0.079
0.000	0.050	0.081	0.200	0.079
0.000	0.050	0.080	0.199	0.079
0.000	0.050	0.081	0.200	0.080
0.000	0.050	0.081	0.200	0.079
0.000	0.050	0.082	0.200	0.079
0.000	0.050	0.081	0.199	0.079
0.000	0.050	0.081	0.200	0.079

Standard Deviations	0.0004	0.0005	0.0004	0.0004
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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:

*DP*

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

07/05/2018  
Date

*7/5/18  
JTB*

# STABILITY CHECKS # 80-006477

PALM BEACH CO SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-006477  
 07/05/2018  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:04
Control Test	0.079	09:05
Air Blank	0.000	09:05
Control Test	0.079	09:06
Air Blank	0.000	09:06
Control Test	0.080	09:06
Air Blank	0.000	09:07
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	

DGS

ANS

SP

Operator's Signature

PALM BEACH CO SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-006477  
 07/05/2018  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:55
Control Test	0.198	08:56
Air Blank	0.000	08:56
Control Test	0.198	08:57
Air Blank	0.000	08:58
Control Test	0.198	08:58
Air Blank	0.000	08:59
Control Test Stats		
Average	0.1980	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

SP

Operator's Signature

PALM BEACH CO SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-006477  
 07/05/2018  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:00
Control Test	0.080	09:01
Air Blank	0.000	09:01
Control Test	0.079	09:02
Air Blank	0.000	09:02
Control Test	0.080	09:03
Air Blank	0.000	09:04
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

SP

Operator's Signature

PALM BEACH CO SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-006477  
 07/05/2018  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:50
Control Test	0.048	08:50
Air Blank	0.000	08:51
Control Test	0.049	08:52
Air Blank	0.000	08:52
Control Test	0.049	08:53
Air Blank	0.000	08:53
Control Test Stats		
Average	0.0467	
Std Dev	0.0006	
Rel Std Dev(%)	1.1863	

SP

Operator's Signature

7/5/18  
 SP



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 80-006477, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-006477</u>	UNCERTAINTY* ±	
Owning Agency:	<u>PALM BEACH CO SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>07/05/2018</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>11:05</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.

07/05/2018

Date

*Shayla Platt*

SHAYLA D PLATT,

Department Inspector

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

Service • Integrity • Respect • Quality

*7/5/18*

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: PALM BEACH CO SO  
Time of Inspection: 08:33

Date of Inspection: 07/05/2018

Serial Number: 80-006477  
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:  
BYPASSED AI TO OPERATE INSTRUMENT

N/A COMPLIANCE  
NOT DETERMINED.

RMB

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.

Shayla Platt

SHAYLA D PLATT  
Signature and Printed Name

07/05/2018  
Date

7/5/18  
JF

**Return Material Authorization**

Ship to:  CMI, Inc.  
 Enforcement Electronics

Shipment to repair facility authorized by: JASON KARLECKE on 5/21/18

Items Returned: Instrument  Supplies  Other  Describe: ~~CP~~  
Instrument Model: Intoxilyzer 8000 Serial Number: 80-006477

Bill To Address:  
Palm Beach County SO

Ship to Address:  
FDLE off site mail facility  
40 FDLE ATP  
813-B Lake Bradford Rd.  
Tallahassee, FL 32304

Reason for Return:  
Dry Gas Regulator Gauge is Bent agency  
Requests repair or replacement if  
Necessary.

**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: JASON KARLECKE  
Phone #: 561-660-1862 Email: KarleckeJ@pbs0.org  
ATP Contact Name: Shayla Platt ATP Email: shaylaplatt@fdle.state.fl.us

*Handwritten:* 7/5/18  
JD