



INSTRUMENT PROCESSING SHEET

Agency Bay County S.O

S/N 80-006937

Florida Department of Law Enforcement

Date In 7/11/18

DI Completion Date 7/13/2018

Ship P/U H/D CMI EE

<b>Intake</b> Performed By <u>SJC</u> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" 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: _____ _____ <b>Final Release Date</b> <p style="text-align: center;"><b>FDLE</b></p> <p style="text-align: center;">JUL 17 2018</p> <p style="text-align: center;">Alcohol Testing Program</p>	<b>Quality Checks</b> Performed By <u>PGM</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>174</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32 mm <u>:148</u> (.139 - .169) 36 mm <u>:167</u> (.156 - .190) 53 mm <u>:246</u> (.228 - .278) 103 mm <u>:492</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</u> <input checked="" type="checkbox"/> Stability Checks <table border="1"> <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>SD1019</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	SD1021	201707D 7/25/19	0.080	DR1275	201707E 7/25/19	0.200	SD1019	201707C 7/24/19	0.080 DGS	N/A	AG805701 2/26/20	<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) <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 _____ <b>Temperature Checks</b> Performed By <u>PGM</u> <input checked="" type="checkbox"/> Lab Temp °C <u>21.6</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>SD1019</u>
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Notes/Suggested Service: _____ _____ _____ _____ _____ _____	<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>PGM 7/17/18</u> <u>J. Johnson 7/17/18</u> Tech Review / Date      Admin Review / Date
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# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: BAY COUNTY SO  
Time of Inspection: 10:53

Date of Inspection: 07/13/2018

Serial Number: 80-006937  
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	0.200	0.080
0.000	0.049	0.080	0.201	0.080
0.000	0.049	0.081	0.201	0.079
0.000	0.049	0.080	0.200	0.080
0.000	0.049	0.081	0.201	0.079
0.000	0.049	0.080	0.200	0.079
0.000	0.050	0.081	0.200	0.079
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0.000	0.049	0.081	0.200	0.079
0.000	0.049	0.081	0.200	0.079
Standard Deviations	0.0005	0.0005	0.0004	0.0004

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 Number of Simulators Used: 5

**Remarks:**

A F / M A: RFI DetectCELL PHONE.

*PM*

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.

*Patrick J Murphy*

PATRICK J MURPHY

Signature and Printed Name

07/13/2018  
Date

*7/13/18*  
*JD*



BAY COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-006937  
07/13/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:52
Control Test	0.047	07:53
Air Blank	0.000	07:53
Control Test	0.049	07:54
Air Blank	0.000	07:55
Control Test	0.048	07:55
Air Blank	0.000	07:56
Control Test Stats		
Average	0.0480	
Std Dev	0.0010	
Rel Std Dev(%)	2.0833	

*P. Murphy*  
Operator's Signature

BAY COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-006937  
07/13/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:22
Control Test	0.080	08:23
Air Blank	0.000	08:23
Control Test	0.080	08:24
Air Blank	0.000	08:24
Control Test	0.080	08:24
Air Blank	0.000	08:25
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

DGS

*P. Murphy*  
Operator's Signature

BAY COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-006937  
07/13/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:16
Control Test	0.079	08:17
Air Blank	0.000	08:18
Control Test	0.080	08:18
Air Blank	0.000	08:19
Control Test	0.080	08:20
Air Blank	0.000	08:20
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

*P. Murphy*  
Operator's Signature

BAY COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-006937  
07/13/2018  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:11
Control Test	0.198	08:12
Air Blank	0.000	08:12
Control Test	0.198	08:13
Air Blank	0.000	08:14
Control Test	0.198	08:14
Air Blank	0.000	08:15
Control Test Stats		
Average	0.1980	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

*P. Murphy*  
Operator's Signature

*FWB*

7/17/18  
SO



# 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 80-006937, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-006937</u>	UNCERTAINTY * ±	
Owning Agency:	<u>BAY COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>07/13/2018</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>10:53</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.

07/13/2018

Date

*Patrick J Murphy*

**PATRICK J MURPHY,**  
Department Inspector

FDLE/ATP Form 69 July 2018

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

*7/17/18*

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BAY COUNTY SO  
Time of Inspection: 12:14

Date of Inspection: 07/12/2018

Serial Number: 80-006937  
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:  
SKIPPED AI TO OPERATE INSTRUMENT

*RMS*

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.

*Patrick J Murphy*

PATRICK J MURPHY

Signature and Printed Name

07/12/2018  
Date

*7/17/18  
22*



**Return Material Authorization**

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

Shipment to repair facility authorized by: Brian Miller on 5/29/2018

**Items Returned:** Instrument  Supplies  Other  Describe: \_\_\_\_\_  
Instrument Model: 8000 Serial Number: 80-006937

**Bill To Address:**  
Brian Miller  
Bay County Sheriff's Office  
3421 North Highway 77  
Panama City, FL 32405-5009

**Ship to Address:**  
FDLE ATP  
2331 Phillips Rd  
Tallahassee, FL 32308

**Reason for Return:**

Will not go past the yellow light when the instrument is turned on. Display never lights up.  
Repair should be warrenty repair.

**Please choose one of the following options:**

- 1. I \_\_\_\_\_, authorize all repairs. *ms*
- 2. I \_\_\_\_\_, authorize repairs up to \$\_\_\_\_\_.
- 3. I require an estimate **BEFORE** any repairs will be authorized and/ or conducted.

Please contact: Name: Brian Miller  
Phone #: 850-541-2829 Email: bmillier@bayso.org

ATP Contact Name: Patrick Murphy ATP Email: patrickmurphy@fdle.st.fl.us

*7/17/18*  
*js*



INSTRUMENT PROCESSING SHEET

Agency Bay County S.O.

S/N 80-006937

7/17/18

Florida Department of Law Enforcement

Date In 05/02/2018 DI Completion Date

Ship P/U H/D CMI EE

<b>Intake</b> Performed By <u>JLS</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: _____ _____ _____	<b>Quality Checks</b> Performed By _____ <input type="checkbox"/> Breath Tube Screen <input type="checkbox"/> Replace External O-Rings <input type="checkbox"/> Instrument Set Up Verified <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Flow Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # _____ <input type="checkbox"/> Stability Checks <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr><td>0.050</td><td></td><td></td></tr> <tr><td>0.080</td><td></td><td></td></tr> <tr><td>0.200</td><td></td><td></td></tr> <tr><td>0.080 DGS</td><td>N/A</td><td></td></tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050			0.080			0.200			0.080 DGS	N/A		<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) <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 _____ <b>Temperature Checks</b> Performed By _____ <input type="checkbox"/> Lab Temp °C _____ External Digital Therm. ID#: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____
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