



INSTRUMENT PROCESSING SHEET

Agency Collier County Sheriff's Office

S/N 80-007077

Florida Department of Law Enforcement

Date In 05/15/2018 DI Completion Date 05/16/2018

Ship P/U H/D CMI EE

Intake Performed By <u>bell</u> <input checked="" type="checkbox"/> Annual <input checked="" 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>bell</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>175</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP 101</u> 32 mm <u>.164</u> (.139 - .169) 36 mm <u>.187</u> (.156 - .190) 53 mm <u>.261</u> (.228 - .278) 103 mm <u>.527</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 MAY 24 2018 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 _____																																												
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Notes/Suggested Service: <u>E-mailed</u> <input checked="" type="checkbox"/> APPROVED _____ _____ _____ _____		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 checked="" type="checkbox"/> Other <u>Form 47</u>																																																													
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		<u>Dom 5/24/18</u> <u>J. [Signature]</u> <u>5/24/18</u> Tech Review / Date Admin Review / Date																																																													

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: COLLIER COUNTY SO
Time of Inspection: 11:49

Date of Inspection: 05/16/2018

Serial Number: 80-007077
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	0.047	0.079	0.196	0.079
0.000	0.048	0.079	0.197	0.079
0.000	0.048	0.079	0.197	0.080
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0.000	0.048	0.079	0.196	0.079
0.000	0.048	0.079	0.196	0.080
0.000	0.048	0.079	0.196	0.080

Standard Deviations	0.0003	0.0003	0.0005	0.0005
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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:

RYM

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

05/16/2018
Date

*5/16/18
00*

TYPE OF TEST	SERIAL NUMBER	AGENCY	DATE	PERFORMED BY
Stabilities	80-007077	Collier County Sheriff's Office	05/16/2018	<i>Dell</i>

0.05g/210L	0.08g/210L	0.20g/210L	DGS 0.08g/210L																																																																																																																																																
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DM



Calibration Certificate

This is to certify the calibration of Intoxilyzer 8000 serial number 80-007077, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-007077</u>	UNCERTAINTY* ±	
Owning Agency:	<u>COLLIER COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>05/16/2018</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>11:49</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.

05/16/2018

Date

DAVID E REYES-RIVERA,
 Department Inspector

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

Service • Integrity • Respect • Quality

5/24/18

Florida Department of Law Enforcement Alcohol Testing Program

REGISTRATION OF EVIDENTIARY BREATH TEST INSTRUMENT

MANUFACTURER: CMI, Inc.
MODEL: Intoxilyzer 8000
SERIAL NUMBER: 80-007077
OWNER: Collier County Sheriff's Office
DATE OF REGISTRATION: May 29, 2018

The above instrument is hereby approved for evidentiary breath alcohol testing in the State of Florida pursuant to Chapter 11D-8, Florida Administrative Code. This instrument and related records are subject to inspection at any time by the Florida Department of Law Enforcement.



Authorized Representative
Alcohol Testing Program
Florida Department of Law Enforcement



Florida Department of
Law Enforcement

REQUEST FOR REGISTRATION

MAKE AND MODEL OF INSTRUMENT: Intoxilyzer 8000

SERIAL NUMBER: 80-007077

OWNING AGENCY: Collier County Sheriff's Office

DATE OF DEPARTMENT INSPECTION: 5/16/2018

AGENCY INSPECTOR: Kelly Bradley

ADDRESS: 250 Patriots Way

CITY, STATE, ZIP: Naples, Florida 34104

TELEPHONE NUMBER: (239) 252-0322

FAX NUMBER: (239) 261-0415

EMAIL ADDRESS (if available): kelly.bradley@colliersheriff.org

For Program Office Use Only:

- Registration Issued *RBK*
- Instrument Added to Evidentiary Instrument Spreadsheet *RBK*
- Instrument Added to Evidentiary Instrument Database *SP*
- Instrument Added to Monthly Statistics Database *SP*
- Contact Information Added to Contact Spreadsheet *SP*

5/24/18
JO