



INSTRUMENT PROCESSING SHEET

Agency Marion CountyS/N 80-000752Florida Department of
Law EnforcementDate In 7/2/2019DI Completion Date 7/9/19 Ship P/U H/D CMI EE

Intake Performed By <u>DP</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: _____ _____ _____	Quality Checks Performed By <u>BK BK</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>239</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32 mm <u>.164</u> (.139 - .169) 36 mm <u>.175</u> (.156 - .190) 53 mm <u>.242</u> (.228 - .278) 103 mm <u>.507</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</u> <input checked="" type="checkbox"/> Stability Checks <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td>SD1018</td> <td>201707D 7/25/19</td> </tr> <tr> <td>0.080</td> <td>SD3962</td> <td>201707E 7/25/19</td> </tr> <tr> <td>0.200</td> <td>G2078</td> <td>201707C 7/24/19</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG916501 6/14/21</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	SD1018	201707D 7/25/19	0.080	SD3962	201707E 7/25/19	0.200	G2078	201707C 7/24/19	0.080 DGS	N/A	AG916501 6/14/21	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">FDLE</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold; margin-top: 10px;">JUL 09 2019</div> <div style="text-align: center; font-weight: bold; margin-top: 5px;">Alcohol Testing Program</div>	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>BK BK</u> <input checked="" type="checkbox"/> Lab Temp °C <u>21.04</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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Notes/Suggested Service: Change level 2 password to something unique. _____ _____ _____ _____	<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="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>DP</u> 7/9/19 Tech Review / Date </div> <div style="text-align: center;"> <u>[Signature]</u> 7/9/19 Admin Review / Date </div> </div> </div>																																																												

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: MARION COUNTY SO
Time of Inspection: 12:49

Date of Inspection: 07/09/2019

Serial Number: 80-000752
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#:AG916501 Exp: 06/14/2021
0.000	0.049	0.079	0.196	0.079
0.000	0.049	0.080	0.198	0.079
0.000	0.049	0.079	0.198	0.079
0.000	0.049	0.080	0.198	0.079
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0.000	0.049	0.080	0.198	0.079
0.000	0.049	0.079	0.198	0.079
0.000	0.050	0.080	0.198	0.079
0.000	0.049	0.080	0.198	0.078
0.000	0.049	0.080	0.198	0.079

Standard Deviations	0.0003	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

Remarks:

Pgam

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.

Brett Kirkland

BRETT H KIRKLAND

Signature and Printed Name

07/09/2019
Date

*7/9/19
JD*

Stability Check
80-000-152
BK
7/9/19

WJW

MARION COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000752
07/09/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:57
Control Test	0.048	08:58
Air Blank	0.000	08:58
Control Test	0.048	08:59
Air Blank	0.000	08:59
Control Test	0.048	09:00
Air Blank	0.000	09:01
Control Test Stats		
Average	0.0480	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

BK

Operator's Signature

7/9/19
JW

MARION COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000752
07/09/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:04
Control Test	0.079	09:04
Air Blank	0.000	09:05
Control Test	0.079	09:06
Air Blank	0.000	09:06
Control Test	0.079	09:07
Air Blank	0.000	09:07
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

BK

Operator's Signature

MARION COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000752
07/09/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:14
Control Test	0.197	09:15
Air Blank	0.000	09:15
Control Test	0.197	09:16
Air Blank	0.000	09:17
Control Test	0.197	09:17
Air Blank	0.000	09:18
Control Test Stats		
Average	0.1970	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

BK

Operator's Signature

MARION COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000752
07/09/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:10
Control Test	0.080	09:10
Air Blank	0.000	09:10
Control Test	0.080	09:11
Air Blank	0.000	09:11
Control Test	0.080	09:12
Air Blank	0.000	09:12
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

065

BK

Operator's Signature



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 80-000752, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000752</u>	UNCERTAINTY* ±	
Owning Agency:	<u>MARION COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>07/09/2019</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>12:49</u>	0.200 g/ 210 L	0.007
		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.

07/09/2019

Date

Brett Kirkland

BRETT H KIRKLAND,
Department Inspector

FDLE/ATP Form 69 July 2018

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

7/9/19
JD

WSD

Return Material Authorization

Ship to: CMI, Inc.

Enforcement Electronics

Shipment to repair facility authorized by: Lt. Jeffery Raker on 1/26/19

Items Returned: Instrument Supplies Other Describe: _____

Instrument Model: 8000 Serial Number: 80-000752

Bill To Address:
Marion County Sheriff's Office
700 NW 30th Ave
Ocala, FL 34475

Ship to Address:
FDLE Off-site Mail Facility
c/o Florida Department Law Enforcement
Alcohol Testing Program
813 B Lake Bradford Road
Tallahassee, FL 32304

Reason for Return:

Breath hose won't heat up even when new hose is attached.

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: Jeffery Raker

Phone #: 352-843-4215 Email: jraker@marionso.com

ATP Contact Name: Brett Kirkland ATP Email: brettkirkland@fdle.state.fl.us

7/9/19
JD
PJM

752

80-000752
SOL 1/18/19

- BREATH TUBE NOT HEATING UP. Temp REG FAIL DURING DIAGNOSTIC CHECK.
- UPLOAD THE SUBJECT BLOW REPORTS STORED. UNABLE TO CONDUCT MONTHLY INSPECTION.

LT. JEFFERY RAKER
(352) 843-4215

7/9/19
JER
JRM

Kirkland, Brett

From: Raker, Jeff <jraker@marionso.com>
Sent: Saturday, January 26, 2019 5:44 AM
To: Kirkland, Brett
Subject: RE: Alcohol Testing Program

Ok, you can send it to CMI, Inc. for repair. I already ordered a breath tube for it. I'll see if I can cancel the order. If you need me the best way to get me is to call my cell phone. 352-843-4215. We work alternating shifts and days; however, I am always available by cell phone, call me anytime. Thanks

From: Kirkland, Brett <BrettKirkland@fdle.state.fl.us>
Sent: Wednesday, January 23, 2019 11:59 AM
To: Raker, Jeff <jraker@marionso.com>
Subject: Alcohol Testing Program

Lt. Raker,

Would you please give me a call. I have an update about instrument 80-000752. It will also need to be sent to repair. The breath tube seems to be fine but still not heating up. 850-617-1275

Regards

Brett Kirkland, Ph.D.

Program Manager
Alcohol Testing Program
Florida Department of Law Enforcement
Office: (850) 617-1275
Cell: (850) 631-1351

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Under Florida Law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing. CONFIDENTIALITY NOTICE: This message and any attachments are for the sole use of the intended recipient(s) and may contain confidential and privileged information that is exempt from public disclosure. Any unauthorized review, use, disclosure, or distribution is prohibited. If you have received this message in error please contact the sender (by phone or reply electronic mail).

Pym
7/9/19
[Signature]



INSTRUMENT PROCESSING SHEET

Agency Marion County SO

S/N 80-000752

Florida Department of Law Enforcement

Date In 01/18/19

DI Completion Date _____

Ship P/U H/D CMI EE

Intake Performed By <u>SQC</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: <u>see note</u> _____ _____	Quality Checks 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	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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0.200												

Attachments <input type="checkbox"/> Form 41 <input type="checkbox"/> Stability Checks <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Form 40 <input checked="" type="checkbox"/> Other <u>Diagnostic</u>
--

Notes/Suggested Service: _____
Sending for repair. Breath hose
won't heat up even when new hose
is attached. BK
1/23/19

<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input 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 _____ Tech Review / Date _____ Admin Review / Date _____
--

7/9/19
[Signature]

MARION COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000752
01/23/2019
Software: 8100.27

: DIAGNOSTICS :

Voltage/Current Test	OK
RAM Test	OK
EEPROM Checksum Test	OK
Real Time Clock Test	OK
DSP Test	OK
Analytical Stability Test	OK
Internal Printer Test	OK
Modem Test	OK
Temperature Regulation Test	Fail

Ran diagnostic to
check breath hose.
BK

7/19/19 PDM
22

Return Material Authorization

Ship to: CMI, Inc.

Enforcement Electronics

Shipment to repair facility authorized by: Lt. Jeffery Raker on 1/26/19

Items Returned: Instrument Supplies Other Describe: _____

Instrument Model: 8000 Serial Number: 80-000752

Bill To Address:
Marion County Sheriff's Office
700 NW 30th Ave
Ocala, FL 34475

Ship to Address:
FDLE Off-site Mail Facility
c/o Florida Department Law Enforcement
Alcohol Testing Program
813 B Lake Bradford Road
Tallahassee, FL 32304

Reason for Return:

Breath hose won't heat up even when new hose is attached.

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: Jeffery Raker

Phone #: 352-843-4215 Email: jraker@marionso.com

ATP Contact Name: Brett Kirkland ATP Email: brettkirkland@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

Agency Marion County SOS/N 80-000752Florida Department of
Law EnforcementDate In 01/18/19

DI Completion Date _____

 Ship P/U H/D CMI EE

Intake Performed By <u>SQC</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: <u>see note</u> _____ _____ Final Release Date _____ _____	Quality Checks 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" 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></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		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) 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 _____ <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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Notes/Suggested Service: <u>Sending for repair. Breath hose</u> <u>won't heat up even when new hose</u> <u>is attached. BK</u> <u>1/23/19</u> _____ _____	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input 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 Tech Review / Date _____ Admin Review / Date _____																																																												

MARTIN COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000752
01/23/2019
Software: 8100.27

DIAGNOSTICS

Voltage/Current Test	OK
RAM Test	OK
EEPROM Checksum Test	OK
Real Time Clock Test	OK
DSP Test	OK
Analytical Stability Test	OK
Internal Printer Test	OK
Modem Test	OK
Temperature Regulation Test	Fail

Ran diagnostic to
check breath hose.
BK