



# INSTRUMENT PROCESSING SHEET

Agency Marion County SOS/N 80-000827

Florida Department of Law Enforcement

Date In 02/26/2019 DI Completion Date 3/1/19 Ship  P/U  H/D  CMI  EE

<b>Intake</b> Performed By <u>JB</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>Quality Checks</b> Performed By <u>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>164</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</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>.519</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>30793</u> <input checked="" type="checkbox"/> Stability Checks		<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>Final Release Date</b> <p style="text-align: center;"><b>FDLE</b></p> <p style="text-align: center;"><b>MAR 01 2019</b></p> <p style="text-align: center;"><b>Alcohol Testing Program</b></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><u>SD1021</u></td> <td>201707D 07/25/2019</td> </tr> <tr> <td>0.080</td> <td><u>DR1275</u></td> <td>201707E 07/25/2019</td> </tr> <tr> <td>0.200</td> <td><u>SD1013</u></td> <td>201707C 07/24/2019</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td><u>AG805701</u> <u>2/26/20</u></td> </tr> </tbody> </table>		Simulator	Serial #	Lot #/Exp	0.050	<u>SD1021</u>	201707D 07/25/2019	0.080	<u>DR1275</u>	201707E 07/25/2019	0.200	<u>SD1013</u>	201707C 07/24/2019	0.080 DGS	N/A	<u>AG805701</u> <u>2/26/20</u>	<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 _____	
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		<b>Temperature Checks</b> Performed By <u>BK</u> <input checked="" type="checkbox"/> Lab Temp °C <u>21.7</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>SD1013</u>																		

<b>Calibration Adjustment</b> Performed By _____ Barometric Pressure Gauge _____ ID # _____				<b>Department Inspection</b> Performed By <u>BK</u> Barometric Pressure ID# <u>26932</u> Gauge <u>1017</u> Instrument <u>1017</u> Mouth Alcohol Solution Lot # <u>2018-B</u> Acetone Stock Solution Lot # <u>2018-A</u>																																											
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Notes/Suggested Service: <u>Change level password to something unique. BK</u> _____ _____ _____		<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>SP 3/1/19</u>		<u>J. Duh 3/1/19</u>	
Tech Review / Date		Admin Review / Date	

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: MARION COUNTY SO  
Time of Inspection: 12:21

Date of Inspection: 03/01/2019

Serial Number: 80-000827  
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	0.080	0.199	0.077
0.000	0.047	0.080	0.199	0.077
0.000	0.048	0.080	0.200	0.077
0.000	0.048	0.080	0.199	0.077
0.000	0.048	0.080	0.198	0.077
0.000	0.048	0.080	0.198	0.077
0.000	0.048	0.080	0.198	0.077
0.000	0.048	0.080	0.198	0.077
0.000	0.048	0.080	0.199	0.077
0.000	0.048	0.080	0.199	0.077

Standard Deviations	0.0004	0.0000	0.0006	0.0000
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0002 Number of Simulators Used: 5

Remarks:

*SP*

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

03/01/2019  
Date

*3/1/19  
JB*



MARION COUNTY SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-000827  
 03/01/2019  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:01
Control Test	0.048	09:02
Air Blank	0.000	09:02
Control Test	0.047	09:03
Air Blank	0.000	09:03
Control Test	0.047	09:04
Air Blank	0.000	09:05
Control Test Stats		
Average	0.0473	
Std Dev	0.0006	
Rel Std Dev(%)	1.2198	

*BSK*  
 Operator's Signature

*3/1/19*  
*BSK*

MARION COUNTY SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-000827  
 03/01/2019  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:06
Control Test	0.079	09:06
Air Blank	0.000	09:07
Control Test	0.080	09:08
Air Blank	0.000	09:08
Control Test	0.079	09:09
Air Blank	0.000	09:09
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	

*BSK*  
 Operator's Signature

MARION COUNTY SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-000827  
 03/01/2019  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:11
Control Test	0.197	09:11
Air Blank	0.000	09:12
Control Test	0.198	09:13
Air Blank	0.000	09:13
Control Test	0.197	09:14
Air Blank	0.000	09:14
Control Test Stats		
Average	0.1973	
Std Dev	0.0006	
Rel Std Dev(%)	0.2926	

*BSK*  
 Operator's Signature

MARION COUNTY SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-000827  
 03/01/2019  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:18
Control Test	0.078	09:18
Air Blank	0.000	09:18
Control Test	0.077	09:19
Air Blank	0.000	09:19
Control Test	0.078	09:19
Air Blank	0.000	09:20
Control Test Stats		
Average	0.0777	
Std Dev	0.0006	
Rel Std Dev(%)	0.7434	

*507*

*BSK*  
 Operator's Signature

*SR*

*20-000827*  
*Check*  
*Stability*  
*BSK*  
*3/1/19*



# 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 80-000827, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000827</u>	UNCERTAINTY * ±	
Owning Agency:	<u>MARION COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>03/01/2019</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>12:21</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.

03/01/2019 Brett Kirkland 

Date  
**BRETT H KIRKLAND,**  
Department Inspector

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

Service • Integrity • Respect • Quality

3/1/19  


**Return Material Authorization**

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

Shipment to repair facility authorized by: Lt. Jeffery Raker on 1/22/2019

**Items Returned:** Instrument  Supplies  Other  Describe: \_\_\_\_\_

Instrument Model: 8000 Serial Number: 80-000827

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 of Law Enforcement  
Alcohol Testing Program  
813 B Lake Bradford Road  
Tallahassee, FL 32304

**Reason for Return:**

Internal pressure guage reads 0psi when a full tank is attached. External regulator is working.

**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

3/1/19  
JR





INSTRUMENT PROCESSING SHEET

Agency Marion County SO

S/N 80-000827

Florida Department of Law Enforcement

Date In 01/18/19

DI Completion Date

Ship P/U H/D CMI EE

<b>Intake</b> 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> _____ _____	<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)
Simulator	Serial #	Lot #/Exp															
0.050																	
0.080																	
0.200																	
0.080 DGS	N/A																

**Final Release Date**

\_\_\_\_\_

\_\_\_\_\_

**Maintenance** Performed By \_\_\_\_\_

Battery Replacement  
 Dry Gas Regulator Replacement  
 Breath Tube Replacement  
 Other \_\_\_\_\_

**Temperature Checks** Performed By \_\_\_\_\_

Lab Temp °C \_\_\_\_\_  
 External Digital Therm. ID#: \_\_\_\_\_  
 34°C +/- .2 Serial #: \_\_\_\_\_  
 34°C +/- .2 Serial #: \_\_\_\_\_  
 34°C +/- .2 Serial #: \_\_\_\_\_

**Calibration Adjustment** 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		

Post Calibration Adjustment Stability Checks

Simulator	Serial Number	Lot Number	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		

**Department Inspection** Performed By \_\_\_\_\_

Barometric Pressure ID# \_\_\_\_\_  
 Gauge \_\_\_\_\_ Instrument \_\_\_\_\_  
 Mouth Alcohol Solution Lot # \_\_\_\_\_  
 Acetone Stock Solution Lot # \_\_\_\_\_

Simulator	Serial Number
0.000	
Interferent	
0.050	
0.080	
0.200	

**Attachments**

Form 41       Post-Stability Checks  
 Stability Checks     Flow Calibration  
 Calibration Certificate     Form 40  
 Calibration Adjustment     Other \_\_\_\_\_

Notes/Suggested Service: \_\_\_\_\_  
Instrument going to CMI. Internal pressure gauge reading 0psi when full tank attached. External regulator working properly. BK  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_

Tech Review / Date      Admin Review / Date

3/1/19

827

80-000827  
SLL 1/18/19

- PASSES MONTHLY INSPECTION
- INSTRUMENT SHOWS O PSI ON SCREEN FOR DRY GAS STANDARD, THE GAUGE SHOWS THE PROPER PSI.

LT. JEFFERY RAKER  
*Jeffery Raker*

(352) 843-4215

3/1/19  
JER