



INSTRUMENT PROCESSING SHEET

Agency Brevard County SOS/N 80-000940

Florida Department of Law Enforcement

Date In 03/19/2019DI Completion Date 3/27/19 Ship P/U H/D CMI EE

Intake Performed By <u>JA</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 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 checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>Keyboard was not shipped with the instrument.</u>	Quality Checks 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>187 143 SP</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP103</u> 32 mm <u>.144</u> (.139 - .169) 36 mm <u>.160</u> (.156 - .190) 53 mm <u>.230</u> (.228 - .278) 103 mm <u>.484</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28421</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 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FDLE</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">MAR 28 2019</div> <div style="text-align: center; font-weight: bold;">Alcohol Testing Program</div>	<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>G2835</u></td> <td>201707D 07/25/2019</td> </tr> <tr> <td>0.080</td> <td><u>G2840</u></td> <td>201707E 07/25/2019</td> </tr> <tr> <td>0.200</td> <td><u>DR3856</u></td> <td>201707C 07/24/2019</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td><u>AG831804</u> 11-14-20</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	<u>G2835</u>	201707D 07/25/2019	0.080	<u>G2840</u>	201707E 07/25/2019	0.200	<u>DR3856</u>	201707C 07/24/2019	0.080 DGS	N/A	<u>AG831804</u> 11-14-20	Maintenance Performed By <u>SP</u> <input checked="" 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>SP</u> <input checked="" type="checkbox"/> Lab Temp °C <u>23.0</u> External Digital Therm. ID#: <u>300503</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>G2835</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>G2840</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>DR3856</u>																																												
Simulator	Serial #	Lot #/Exp																																																											
0.050	<u>G2835</u>	201707D 07/25/2019																																																											
0.080	<u>G2840</u>	201707E 07/25/2019																																																											
0.200	<u>DR3856</u>	201707C 07/24/2019																																																											
0.080 DGS	N/A	<u>AG831804</u> 11-14-20																																																											
Calibration Adjustment Performed By _____ Barometric Pressure Gauge _____ ID # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td></td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>0.040</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.100</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.200</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.300</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Post Calibration Adjustment Stability Checks <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.080</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.200</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table>	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			Simulator	Serial Number	Lot Number	Expiration	0.050				0.080				0.200				0.080 DGS	N/A			Department Inspection Performed By <u>SP</u> Barometric Pressure ID# <u>28421</u> Gauge <u>1021</u> Instrument <u>1023</u> Mouth Alcohol Solution Lot # <u>2018-B</u> Acetone Stock Solution Lot # <u>2018-A</u> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td><u>G2880</u></td> </tr> <tr> <td>Interferent</td> <td><u>G2407</u></td> </tr> <tr> <td>0.050</td> <td><u>G2835</u></td> </tr> <tr> <td>0.080</td> <td><u>G2840</u></td> </tr> <tr> <td>0.200</td> <td><u>DR3856</u></td> </tr> </tbody> </table>	Simulator	Serial Number	0.000	<u>G2880</u>	Interferent	<u>G2407</u>	0.050	<u>G2835</u>	0.080	<u>G2840</u>	0.200	<u>DR3856</u>
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																																																												
Simulator	Serial Number	Lot Number	Expiration																																																										
0.050																																																													
0.080																																																													
0.200																																																													
0.080 DGS	N/A																																																												
Simulator	Serial Number																																																												
0.000	<u>G2880</u>																																																												
Interferent	<u>G2407</u>																																																												
0.050	<u>G2835</u>																																																												
0.080	<u>G2840</u>																																																												
0.200	<u>DR3856</u>																																																												
Notes/Suggested Service: _____ _____ _____ _____ _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> <input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input checked="" type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment </td> <td> <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Calibration <input checked="" type="checkbox"/> Form 40 <input type="checkbox"/> Other _____ </td> </tr> <tr> <td colspan="2"> <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 </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <u>SPM 3/27/19</u> <u>YJ</u> <u>3/28/19</u> Tech Review / Date Admin Review / Date </td> </tr> </table>		<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 _____	<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>SPM 3/27/19</u> <u>YJ</u> <u>3/28/19</u> Tech Review / Date Admin Review / Date																																																						
<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 _____																																																												
<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>SPM 3/27/19</u> <u>YJ</u> <u>3/28/19</u> Tech Review / Date Admin Review / Date																																																													

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: BREVARD COUNTY S.O.
Time of Inspection: 11:29

Date of Inspection: 03/27/2019

Serial Number: 80-000940
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#:AG831804 Exp: 11/14/2020
0.000	0.050	0.080	0.197	0.079
0.000	0.050	0.081	0.199	0.078
0.000	0.051	0.081	0.200	0.078
0.000	0.050	0.081	0.200	0.078
0.000	0.050	0.082	0.200	0.078
0.000	0.050	0.081	0.200	0.077
0.000	0.050	0.081	0.200	0.077
0.000	0.050	0.081	0.200	0.078
0.000	0.051	0.081	0.200	0.077
0.000	0.051	0.081	0.200	0.077

Standard Deviations	0.0004	0.0004	0.0009	0.0006
---------------------	--------	--------	--------	--------

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0005 Number of Simulators Used: 5

Remarks:

B99M

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

03/27/2019
Date

3/28/19
JP

BREVARD COUNTY S.O.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000940
03/27/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:27
Control Test	0.051	09:28
Air Blank	0.000	09:28
Control Test	0.050	09:29
Air Blank	0.000	09:29
Control Test	0.051	09:30
Air Blank	0.000	09:31
Control Test Stats		
Average	0.0507	
Std Dev	0.0006	
Rel Std Dev(%)	1.1395	

SP

Operator's Signature

COAM

3/28/19
JD

BREVARD COUNTY S.O.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000940
03/27/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:32
Control Test	0.082	09:33
Air Blank	0.000	09:33
Control Test	0.081	09:34
Air Blank	0.000	09:34
Control Test	0.081	09:35
Air Blank	0.000	09:36
Control Test Stats		
Average	0.0813	
Std Dev	0.0006	
Rel Std Dev(%)	0.7099	

SP

Operator's Signature

BREVARD COUNTY S.O.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000940
03/27/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:36
Control Test	0.199	09:37
Air Blank	0.000	09:38
Control Test	0.200	09:38
Air Blank	0.000	09:39
Control Test	0.200	09:40
Air Blank	0.000	09:40
Control Test Stats		
Average	0.1997	
Std Dev	0.0006	
Rel Std Dev(%)	0.2892	

SP

Operator's Signature

BREVARD COUNTY S.O.
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000940
03/27/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:42
Control Test	0.079	09:43
Air Blank	0.000	09:43
Control Test	0.079	09:43
Air Blank	0.000	09:44
Control Test	0.079	09:44
Air Blank	0.000	09:45
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

DGS

SP

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 80-000940, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000940</u>	UNCERTAINTY * ±	
Owning Agency:	<u>BREVARD COUNTY S.O.</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>03/27/2019</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>11:29</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.

03/27/2019 _____ Date
Shayla Platt _____
SHAYLA D PLATT,
Department Inspector

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

Service • Integrity • Respect • Quality

3/27/19
[Signature]

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BREVARD COUNTY S.O.
Time of Inspection: 09:25

Date of Inspection: 03/27/2019

Serial Number: 80-000940
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

Open

N/A COMPLIANCE NOT DETERMINED.

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

03/27/2019
Date

*3/28/19
JP*