



INSTRUMENT PROCESSING SHEET

Agency Glades County SOS/N 80-000948Florida Department of
Law EnforcementDate In 02/20/2019DI Completion Date 2/25/19 Ship P/U H/D CMI EE

Intake Performed By <u>JE</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>JE</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>237</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-105</u> 32 mm <u>.160</u> (.139 - .169) 36 mm <u>.175</u> (.156 - .190) 53 mm <u>.246</u> (.228 - .278) 103 mm <u>.527</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)																																																											
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Notes/Suggested Service: <u>Please change level 2 password to something unique. JE</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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <u>JE</u> <u>2/25/19</u> <u>Brett Kirkland</u> <u>2/25/19</u> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Tech Review / Date Admin Review / Date </div>																																																												

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: GLADES COUNTY S.O.
Time of Inspection: 09:34

Date of Inspection: 02/25/2019

Serial Number: 80-000948
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	0.079	0.195	0.079
0.000	0.048	0.079	0.194	0.079
0.000	0.048	0.079	0.195	0.079
0.000	0.048	0.079	0.195	0.080
0.000	0.048	0.079	0.196	0.080
0.000	0.048	0.079	0.195	0.079
0.000	0.048	0.078	0.197	0.079
0.000	0.048	0.079	0.197	0.080
0.000	0.048	0.079	0.196	0.079
0.000	0.048	0.078	0.196	0.079

Standard Deviations	0.0000	0.0004	0.0009	0.0004
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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:

AGM
BK
2/25/19

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.

Thomas J. Graham THOMAS J GRAHAM
Signature and Printed Name

02/25/2019
Date

80-000948

2/25/19
JD

GLADES COUNTY S.O.
Intoxilyzer - Alcohol Analyzer SN 80-000948
Model 8000
02/25/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:24
Control Test	0.048	07:24
Air Blank	0.000	07:25
Control Test	0.048	07:26
Air Blank	0.000	07:26
Control Test	0.048	07:27
Air Blank	0.000	07:27
Control Test Stats		
Average	0.0480	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

JD

Operator's Signature

JD
BK
2/25/19

GLADES COUNTY S.O.
Intoxilyzer - Alcohol Analyzer SN 80-000948
Model 8000
02/25/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:28
Control Test	0.078	07:29
Air Blank	0.000	07:29
Control Test	0.078	07:30
Air Blank	0.000	07:31
Control Test	0.078	07:31
Air Blank	0.000	07:32
Control Test Stats		
Average	0.0780	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

JD

Operator's Signature

GLADES COUNTY S.O.
Intoxilyzer - Alcohol Analyzer SN 80-000948
Model 8000
02/25/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:32
Control Test	0.195	07:33
Air Blank	0.000	07:34
Control Test	0.195	07:34
Air Blank	0.000	07:35
Control Test	0.195	07:36
Air Blank	0.000	07:36
Control Test Stats		
Average	0.1950	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

JD

Operator's Signature

GLADES COUNTY S.O.
Intoxilyzer - Alcohol Analyzer SN 80-000948
Model 8000
02/25/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:37
Control Test	0.079	07:37
Air Blank	0.000	07:37
Control Test	0.079	07:38
Air Blank	0.000	07:38
Control Test	0.079	07:39
Air Blank	0.000	07:39
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

DGS

JD

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 80-000948, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000948</u>	UNCERTAINTY* ±	
Owning Agency:	<u>GLADES COUNTY S.O.</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>02/25/2019</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>09:34</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.

02/25/2019 Date

THOMAS J GRAHAM,
Department Inspector

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

Service • Integrity • Respect • Quality

Handwritten notes:
PBM
BK 2/25/19

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: _____ on _____

Items Returned: Instrument Supplies Other Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000948

Bill To Address:
Glades County SO

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

Reason for Return:
Flow Sensor Inoperable- Returning for Repair (Agency previously billed)

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: _____
Phone #: _____ Email: _____
- ATP Contact Name: _____ ATP Email: _____



INSTRUMENT PROCESSING SHEET

Agency Glades County SO

S/N 80-000948

Florida Department of Law Enforcement

Date In 01/07/19

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 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>JA</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>241</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-105</u> 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28421</u> <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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Notes/Suggested Service: Please change level 2 password to something unique. JA

Flow sensor is inoperable. Sending back to repair facility. JA

Tech Review / Date _____ Admin Review / Date _____