FDLE
Florida Department of Law Enforcement

INSTRUMENT PROCESSING SHEET

Agency Hardee County S/N 80-001002

Date In 8/8/2019 DI Completion Date 8/13/19 ☒Ship ☐P/U ☐H/D ☐CMI ☐EE

Intake Performed By DP

- ☒ Annual
- ☐ Registration
- ☒ Return from CMI / EE

Visual Inspection:

- ☒ Case ☒ Handle
- ☒ Keyboard ☒ Dry Gas Shelf
- ☒ Feet ☒ Breath Tube
- ☒ Ports ☒ Screws Tight

Other Equipment/ Accessories:

- ☐ Power cord ☐ Printer Cable
- ☐ Static Bag ☐ 12V DC Cable

Notes: _____

Final Release Date

FDLE

AUG 15 2019

Alcohol Testing Program

Quality Checks Performed By SP

- ☒ Breath Tube Screen
- ☒ Replace External O-Rings
- ☒ Instrument Set Up Verified
- ☒ R-Value 242
- ☒ Flow Verification (L/s)

Flow Column # ATP103

32 mm	.144	(.139 - .169)
36 mm	.160	(.156 - .190)
53 mm	.234	(.228 - .278)
103 mm	.496	(.447 - .547)

- ☒ Barometric Pressure Check

Gauge ID # 26932

- ☒ Stability Checks

Simulator	Serial #	Lot #/Exp
0.050	SD1012	201905A 5-14-21
0.080	DR1279	201905B 5-14-21
0.200	SD1013	201904D 4-30-21
0.080 DGS	N/A	AG916501 6-14-21

Flow Calibration Performed By _____

Flow Column # _____

- ☐ 5L/min – 17mm
- ☐ 15L/min – 53mm
- ☐ 30L/min – 103mm
- ☐ R-Value _____
- ☐ 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 _____

- ☐ Battery Replacement
- ☐ Dry Gas Regulator Replacement
- ☐ Breath Tube Replacement
- ☐ Other _____

Temperature Checks Performed By SP

- ☒ Lab Temp °C 22.2

External Digital Therm. ID#: 300505

- ☒ 34°C +-.2 Serial #: SD1012
- ☒ 34°C +-.2 Serial #: DR1279
- ☒ 34°C +-.2 Serial #: SD1013

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 SP

Barometric Pressure ID# 26932

Gauge 1011 Instrument 1009

Mouth Alcohol Solution Lot # 2018-B

Acetone Stock Solution Lot # 2019-A

Simulator	Serial Number
0.000	G2408
Interferent	G2882
0.050	SD1012
0.080	DR1279
0.200	SD1013

Attachments

- ☒ Form 41
- ☒ Stability Checks
- ☒ Calibration Certificate
- ☐ Calibration Adjustment
- ☐ Post-Stability Checks
- ☐ Flow Calibration
- ☐ Form 40
- ☐ Other _____

Notes/Suggested Service: _____

- ☒ **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**

QSM 8/14/19 Tech Review / Date

Brett Kirkland 8/14/19 Admin Review / Date

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 80-001002 , manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	80-001002
Owning Agency:	HARDEE COUNTY SO
Calibration Date:	08/13/2019
Calibration Time:	12:49

	UNCERTAINTY* ±
0.050 g/ 210 L	0.004
0.080 g/ 210 L	0.004
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.

08/13/2019
Date

Shayla Platt
SHAYLA D PLATT,
Department Inspector

PDM
15K
8/14/19

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: HARDEE COUNTY SO
Time of Inspection: 12:49
Date of Inspection: 08/13/2019
Serial Number: 80-001002
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#:201905A Exp: 05/14/2021	0.08g/210L Test (g/210L) Lot#:201905B Exp: 05/14/2021	0.20g/210L Test (g/210L) Lot#:201904D Exp: 04/30/2021	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG831804 Exp: 11/14/2020
0.000	0.049	0.079	0.198	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.200	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.050	0.079	0.199	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.199	0.080
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.199	0.080
Standard Deviations	0.0003	0.0000	0.0004	0.0004

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

Remarks:

@gom
BK
8/14/19

The above instrument complies (X) 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
Signature and Printed Name

SHAYLA D PLATT

08/13/2019
Date

FDLE/ATP Form 41 –Revised August 2005

Stability Checks # 80-001002

HARDEE COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001002
08/13/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:06
Control Test	0.048	10:06
Air Blank	0.000	10:07
Control Test	0.049	10:08
Air Blank	0.000	10:08
Control Test	0.048	10:09
Air Blank	0.000	10:09
Control Test Stats		
Average	0.0483	
Std Dev	0.0006	
Rel Std Dev(%)	1.1945	

SP
Operator's Signature

HARDEE COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001002
08/13/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:12
Control Test	0.078	10:12
Air Blank	0.000	10:13
Control Test	0.078	10:14
Air Blank	0.000	10:14
Control Test	0.079	10:15
Air Blank	0.000	10:15
Control Test Stats		
Average	0.0783	
Std Dev	0.0006	
Rel Std Dev(%)	0.7370	

SP
Operator's Signature

HARDEE COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001002
08/13/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:01
Control Test	0.198	10:02
Air Blank	0.000	10:03
Control Test	0.197	10:03
Air Blank	0.000	10:04
Control Test	0.198	10:04
Air Blank	0.000	10:05
Control Test Stats		
Average	0.1977	
Std Dev	0.0006	
Rel Std Dev(%)	0.2921	

SP
Operator's Signature

HARDEE COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001002
08/13/2019
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:17
Control Test	0.079	10:17
Air Blank	0.000	10:17
Control Test	0.080	10:18
Air Blank	0.000	10:18
Control Test	0.080	10:18
Air Blank	0.000	10:19
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

DGS

SP
Operator's Signature

RDM
RSK
8/14/19

Return Material Authorization

Ship to: ☐ CMI, Inc.

☒ Enforcement Electronics

Shipment to repair facility authorized by: Will Cartwright on 3/6/2019

Items Returned: Instrument ☑ Supplies ☐ Other ☐ Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001002

Bill To Address:	Ship to Address:
Hardee County SO	FL. Dept of Law Enforcement
	Alcohol Testing Program
	813 B Lake Bradford Road
	Tallahassee, FL 32304

Reason for Return:

PLEASE UPLOAD DATA PRIOR TO REPAIR if possible. Instrument will not power on.

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: Will Cartwright

Phone #: 863-767-0873 ext. 265 Email: wcartwright@hardeeso.com

ATP Contact Name: Shayla Platt ATP Email: shaylaplatt@fdle.state.fl.us

FDLE
Florida Department of Law Enforcement

INSTRUMENT PROCESSING SHEET

Agency Hardee County SO S/N 80-001002

Date In 02/28/2019 DI Completion Date _____ ☐Ship ☐P/U ☐H/D ☐CMI ☒EE

Intake Performed By JO

- ☑ Annual
- ☐ Registration
- ☐ Return from CMI / EE

Visual Inspection:

- ☑ Case ☑ Handle
- ☑ Keyboard ☑ Dry Gas Shelf
- ☑ Feet ☑ Breath Tube
- ☑ Ports ☑ Screws Tight

Other Equipment/ Accessories:

- ☐ Power cord ☐ Printer Cable
- ☐ Static Bag ☐ 12V DC Cable

Notes: See note sent with instrument.

Final Release Date

Quality Checks Performed By _____

- ☐ Breath Tube Screen
- ☐ Replace External O-Rings
- ☐ Instrument Set Up Verified
- ☐ R-Value _____
- ☐ Flow Verification (L/s)

Flow Column # _____

32 mm _____ (.139 - .169)
36 mm _____ (.156 - .190)
53 mm _____ (.228 - .278)
103 mm _____ (.447 - .547)

- ☐ Barometric Pressure Check

Gauge ID # _____

- ☐ Stability Checks

Simulator	Serial #	Lot #/Exp
0.050		
0.080		
0.200		
0.080 DGS	N/A	

Flow Calibration Performed By _____

Flow Column # _____

- ☐ 5L/min – 17mm
- ☐ 15L/min – 53mm
- ☐ 30L/min – 103mm
- ☐ R-Value _____
- ☐ 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 _____

- ☐ 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
- ☐ Stability Checks
- ☐ Calibration Certificate
- ☐ Calibration Adjustment
- ☐ Post-Stability Checks
- ☐ Flow Calibration
- ☐ Form 40
- ☐ Other _____

Notes/Suggested Service: Sending to repair due to power supply issue. Unable to upload. DSP

- ☐ **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 _____

80-001002

Rec'd
2/28/19
JD

If you are able to upload the information please contact me before you send it to be repaired.

Power Supply issue

Need to upload Data