

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Barry Nixon on 1/22/2019

Items Returned: Instrument Supplies Other Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001117

Bill To Address:
Pasco County SO
Attn: Barry Nixon
8700 Citizens Drive
New Port Richey, FL 34654

Ship to Address:
FDLE- Alcohol Testing Program
813B Lake Bradford Road
Tallahassee, FL 32304

Reason for Return:

Please examine instrument for possible pump issue and interferent detect capability.

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: Barry Nixon

Phone #: 813-512-1570 Email: BNixon@pascosheriff.org

ATP Contact Name: TJ Graham ATP Email: thomasgraham@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

Agency Pasco County SO

S/N 80-001117

Florida Department of Law Enforcement

Date In 01/22/2019 DI Completion Date 01/22/2019

Ship P/U H/D CMI EE

Intake Performed By <u>JB</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 type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: _____ _____ _____	Quality Checks Performed By <u>JB</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>124</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-105</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>.507</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28421</u> <input checked="" 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>SD1012</td> <td>201707D 07/25/2019</td> </tr> <tr> <td>0.080</td> <td>DR1279</td> <td>201707E 07/25/2019</td> </tr> <tr> <td>0.200</td> <td>DR3856</td> <td>201707C 07/24/2019</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG805701 02/26/2020</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	SD1012	201707D 07/25/2019	0.080	DR1279	201707E 07/25/2019	0.200	DR3856	201707C 07/24/2019	0.080 DGS	N/A	AG805701 02/26/2020	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 <u>JB</u> <input checked="" type="checkbox"/> Lab Temp °C <u>22.0</u> External Digital Therm. ID#: <u>300504</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD1012</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>DR1279</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>DR3856</u>																																	
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Notes/Suggested Service: _____ _____ _____ _____ _____ _____	Department Inspection Performed By <u>JB</u> Barometric Pressure ID# <u>26932</u> Gauge <u>1028</u> Instrument <u>1024</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>G2408</td> </tr> <tr> <td>Interferent</td> <td>G2882</td> </tr> <tr> <td>0.050</td> <td>SD1012</td> </tr> <tr> <td>0.080</td> <td>DR1279</td> </tr> <tr> <td>0.200</td> <td>DR3856</td> </tr> </tbody> </table> Attachments <input checked="" type="checkbox"/> Form 41 <input type="checkbox"/> Post-Stability Checks <input checked="" type="checkbox"/> Stability Checks <input type="checkbox"/> Flow Calibration <input checked="" type="checkbox"/> Calibration Certificate <input type="checkbox"/> Form 40 <input type="checkbox"/> Calibration Adjustment <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>SP 1/22/19</u> <u>Butt Kirkland 1/22/19</u> Tech Review / Date Admin Review / Date		Simulator	Serial Number	0.000	G2408	Interferent	G2882	0.050	SD1012	0.080	DR1279	0.200	DR3856																																				
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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: PASCO COUNTY SO
Time of Inspection: 13:48

Date of Inspection: 01/22/2019

Serial Number: 80-001117
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	0.050	0.082	0.201	0.082
0.000	0.050	0.082	0.201	0.082
0.000	0.051	0.082	0.201	0.081
0.000	0.051	0.082	0.202	0.082
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Standard Deviations	0.0007	0.0000	0.0009	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:

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
Signature and Printed Name

01/22/2019
Date

SPB BK
1/22/19

11/22/19
88-0117

PASCO COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000
01/22/2019
SN 80-001117
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:41
Control Test	INT*	10:41
Air Blank	PUR**	10:42
Air Blank	PUR**	10:43

*Interferent Detect
**Purge Fail

DGS
Repeat Test
Cleared area with fan.
JD

Operator's Signature

PASCO COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000
01/22/2019
SN 80-001117
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:45
Control Test	0.082	10:45
Air Blank	0.000	10:46
Control Test	0.082	10:46
Air Blank	0.000	10:47
Control Test	0.082	10:47
Air Blank	0.000	10:47
Control Test Stats	Average 0.0820	
	Std Dev 0.0000	
	Rel Std Dev(%) 0.0000	

DGS

Operator's Signature

PASCO COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000
01/22/2019
SN 80-001117
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:58
Control Test	0.050	10:59
Air Blank	0.000	10:59
Control Test	0.051	11:00
Air Blank	0.000	11:00
Control Test	0.051	11:01
Air Blank	0.000	11:01
Control Test Stats	Average 0.0507	
	Std Dev 0.0006	
	Rel Std Dev(%) 1.1395	

JD

Operator's Signature

PASCO COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000
01/22/2019
SN 80-001117
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:08
Control Test	0.081	11:08
Air Blank	0.000	11:09
Control Test	0.080	11:10
Air Blank	0.000	11:10
Control Test	0.084	11:11
Air Blank	0.000	11:11
Control Test Stats	Average 0.0817	
	Std Dev 0.0021	
	Rel Std Dev(%) 2.5490	

Blew out of tubing and repeated the test.

JD

Operator's Signature

PASCO COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000
01/22/2019
SN 80-001117
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:15
Control Test	0.081	11:16
Air Blank	0.000	11:16
Control Test	0.081	11:17
Air Blank	0.000	11:17
Control Test	0.081	11:18
Air Blank	0.000	11:19
Control Test Stats	Average 0.0810	
	Std Dev 0.0000	
	Rel Std Dev(%) 0.0000	

JD

Operator's Signature

PASCO COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000
01/22/2019
SN 80-001117
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:52
Control Test	0.197	10:53
Air Blank	0.000	10:53
Control Test	0.199	10:54
Air Blank	0.000	10:54
Control Test	0.201	10:55
Air Blank	0.000	10:55
Control Test Stats	Average 0.1990	
	Std Dev 0.0020	
	Rel Std Dev(%) 1.0050	

SP BK 1/22/19

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 80-001117, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001117</u>	UNCERTAINTY* ±	
Owning Agency:	<u>PASCO COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>01/22/2019</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>13:48</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.

FDLE/ATP Form 69 July 2018

Issuing Authority: Alcohol Testing Program

SR 13K
1/22/19



THOMAS J GRAHAM,
Department Inspector

01/22/2019

Date

Service • Integrity • Respect • Quality