



INSTRUMENT PROCESSING SHEET

Agency Homestead Police Department

S/N 80-006199

Florida Department of Law Enforcement

Date In 01/14/2019 DI Completion Date 01/14/2019

Ship P/U H/D CMI EE

<b>Intake</b> Performed By <u>Dee</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: _____ _____ _____		<b>Quality Checks</b> Performed By <u>Dee</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>192</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP 106</u> 32 mm <u>.152</u> (.139 - .169) 36 mm <u>.167</u> (.156 - .190) 53 mm <u>.234</u> (.228 - .278) 103 mm <u>.488</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28663</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;">JAN 23 2019</p> <p style="text-align: center;">Alcohol Testing Program</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>SD3967</td> <td>201707D 07/25/2019</td> </tr> <tr> <td>0.080</td> <td>SD3968</td> <td>201707E 07/25/2019</td> </tr> <tr> <td>0.200</td> <td>SD3969</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	SD3967	201707D 07/25/2019	0.080	SD3968	201707E 07/25/2019	0.200	SD3969	201707C 07/24/2019	0.080 DGS	N/A	AG805701 02/26/2020	<b>Maintenance</b> Performed By <u>Dee</u> <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input checked="" type="checkbox"/> Other <u>Form Load/Changed pass</u>																																												
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Notes/Suggested Service: <u>E-mailed</u> <input checked="" type="checkbox"/> <b>APPROVED</b> _____ _____ _____ _____		<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>PPM 1/23/19</u> <u>J. Deh</u> <u>1/23/19</u> Tech Review / Date      Admin Review / Date																																																													

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: HOMESTEAD PD  
Time of Inspection: 11:49

Date of Inspection: 01/14/2019

Serial Number: 80-006199  
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	0.080	0.197	0.079
0.000	0.049	0.080	0.197	0.079
0.000	0.050	0.080	0.198	0.079
0.000	0.050	0.080	0.198	0.079
0.000	0.050	0.081	0.199	0.079
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0.000	0.050	0.081	0.198	0.079

Standard Deviations	0.0003	0.0005	0.0007	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

*pgm*

Remarks:

The above instrument complies (  ) does not comply (  ) with Chapter 11D-8, FAC.

I certify that David Reyes RIVERA performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

*David Reyes RIVERA*

DAVID E REYES-RIVERA

Signature and Printed Name

01/14/2019  
Date

*1/23/19  
JD*



4600

<b>TYPE OF TEST</b>	<b>SERIAL NUMBER</b>	<b>AGENCY</b>	<b>DATE</b>	<b>PERFORMED BY</b>
Stabilities	80-006199	Homestead Police Department	01/14/2019	DELL

0.05g/210L	0.08g/210L	0.20g/210L	DGS 0.08g/210L																																																																																																																																																
<b>SN: SD3967 Temp: 34.10c</b> <b>0.047 to 0.053</b> <input checked="" type="checkbox"/>	<b>SN: SD3968 Temp: 34.09c</b> <b>0.077 to 0.083</b> <input checked="" type="checkbox"/>	<b>SN: SD3969 Temp: 34.10c</b> <b>0.194 to 0.206</b> <input checked="" type="checkbox"/>	<b>Lot AG805701</b> <b>0.077 to 0.083</b> <input checked="" type="checkbox"/>																																																																																																																																																
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1/23/19



**ANAB**  
ACCREDITED  
FORENSIC CALIBRATION  
LABORATORY

# Calibration Certificate

Florida Department of Law Enforcement  
Alcohol Testing Program  
4700 Terminal Drive, Suite 1  
Ft. Myers, FL 33907

This is to certify the calibration of Intoxilyzer 8000 serial number 80-006199, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-006199</u>	UNCERTAINTY* ±	
Owning Agency:	<u>HOMESTEAD PD</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>01/14/2019</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>11:49</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.

01/14/2019

Date

**DAVID E REYES-RIVERA,**  
Department Inspector

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

Service • Integrity • Respect • Quality

1/23/19  
JA

WBR