



INSTRUMENT PROCESSING SHEET

Agency Clay County SO

S/N 80-006237

Florida Department of Law Enforcement

Date In 1/14/19 DI Completion Date 1/14/19

Ship  P/U  H/D  CMI  EE

<b>Intake</b> Performed By <u>SR</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: _____ _____ _____		<b>Quality Checks</b> Performed By <u>SR</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>238</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>.503</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28421</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> <b>FDLE</b> JAN 15 2019 Alcohol Testing Program		<table border="1"> <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 7/25/19</td> </tr> <tr> <td>0.080</td> <td>DR1279</td> <td>201707E 7/25/19</td> </tr> <tr> <td>0.200</td> <td>DR3856</td> <td>201707C 7/24/19</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG805701 2/26/20</td> </tr> </tbody> </table>		Simulator	Serial #	Lot #/Exp	0.050	SD1012	201707D 7/25/19	0.080	DR1279	201707E 7/25/19	0.200	DR3856	201707C 7/24/19	0.080 DGS	N/A	AG805701 2/26/20	<b>Maintenance</b> Performed By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____																																												
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Notes/Suggested Service: _____ _____ _____ _____ _____		<b>Attachments</b> <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 checked="" 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>SR</u> 1/14/19 <u>Brett Kivikland</u> 1/14/19 Tech Review / Date Admin Review / Date																																																													



# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO  
Time of Inspection: 14:31

Date of Inspection: 01/14/2019

Serial Number: 80-006237  
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	0.198	0.079
0.000	0.050	0.079	0.198	0.078
0.000	0.050	0.080	0.198	0.079
0.000	0.049	0.080	0.199	0.078
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0.000	0.049	0.079	0.199	0.078
0.000	0.049	0.080	0.199	0.077

Standard Deviations	0.0005	0.0004	0.0004	0.0006
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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:

JGM  
BK  
1/14/19  
15  
BK

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

01/14/2019  
Date

CLAY COUNTY SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-006237  
 01/14/2019  
 Software: 8100.27

80-006237

1/14/19  
 JO

Test	g/210L	Time
Air Blank	0.000	12:39
Control Test	0.049	12:40
Air Blank	0.000	12:40
Control Test	0.048	12:41
Air Blank	0.000	12:42
Control Test	0.048	12:42
Air Blank	0.000	12:43
Control Test Stats		
Average	0.0483	
Std Dev	0.0006	
Rel Std Dev(%)	1.1945	

JO

Operator's Signature

CLAY COUNTY SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-006237  
 01/14/2019  
 Software: 8100.27

CLAY COUNTY SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-006237  
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CLAY COUNTY SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-006237  
 01/14/2019  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:44
Control Test	0.080	12:45
Air Blank	0.000	12:46
Control Test	0.079	12:46
Air Blank	0.000	12:47
Control Test	0.079	12:48
Air Blank	0.000	12:48
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	

Test	g/210L	Time
Air Blank	0.000	12:49
Control Test	0.198	12:50
Air Blank	0.000	12:51
Control Test	0.196	12:51
Air Blank	0.000	12:52
Control Test	0.195	12:53
Air Blank	0.000	12:53
Control Test Stats		
Average	0.1963	
Std Dev	0.0015	
Rel Std Dev(%)	0.7780	

Test	g/210L	Time
Air Blank	0.000	12:55
Control Test	0.079	12:55
Air Blank	0.000	12:55
Control Test	0.079	12:56
Air Blank	0.000	12:56
Control Test	0.079	12:57
Air Blank	0.000	12:57
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

DGS

PDM  
 BK  
 1/15/19  
 JK

JO

Operator's Signature

JO

Operator's Signature

JO

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 80-006237, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-006237</u>	UNCERTAINTY* ±	
Owning Agency:	<u>CLAY COUNTY SO</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>14:31</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

**THOMAS J GRAHAM,**  
Department Inspector

FDLE/ATP Form 69 July 2018

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

*Room  
23K  
1/14/19  
23K*

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO

Time of Inspection: 12:37

Date of Inspection: 01/14/2019

Serial Number: 80-006237

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. NOT A COMPLIANCE CHECK.

pgm  
BSK  
1/14/19  
15  
BSK

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.

*Thomas J. Graham*

THOMAS J GRAHAM  
\_\_\_\_\_  
Signature and Printed Name

01/14/2019  
\_\_\_\_\_  
Date