

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Trooper Alain Hernandez on 3/7/2019

Items Returned: Instrument Supplies Other Describe: _____
Instrument Model: Intoxilyzer 8000 Serial Number: 80-006638

Bill To Address: <u>Florida Highway Patrol</u> <u>Attn: Trooper Alain Hernandez</u> <u>11305 N. McKinley Drive</u> <u>Tampa, FL 33612</u>	Ship to Address: <u>FDLE - Offsite Mail Facility</u> <u>Alcohol Testing Program</u> <u>813-B Lake Bradford Road</u> <u>Tallahassee, FL 32304</u>
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Reason for Return:
Please examine the instrument for Interferent Detect and Ambient Fail messages that have been obtained during alcohol reference solution testing.

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: Trooper Hernandez
Phone #: (813) 735-2304 Email: AlainHernandez-Ginarte@flhsmv.gov
ATP Contact Name: TJ Graham ATP Email: thomasgraham@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

Agency Florida Highway PatrolS/N 80-006638

Florida Department of Law Enforcement

Date In 03/04/2019 DI Completion Date _____ Ship P/U H/D CMI EE

Intake Performed By <u>JD</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 checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>AI reported "Ambient Fail" issue during his last Agency Inspection.</u>	Quality Checks Performed By <u>JD</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>198</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-103</u> 32 mm <u>.152</u> (.139 - .169) 36 mm <u>.167</u> (.156 - .190) 53 mm <u>.246</u> (.228 - .278) 103 mm <u>.500</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; margin-top: 5px;"> <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)																																													
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Final Release Date 	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 _____ <input type="checkbox"/> Lab Temp °C _____ External Digital Therm. ID#: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____ <input type="checkbox"/> 34°C +/- .2 Serial #: _____																																																												
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Notes/Suggested Service: <u>I ran stability checks as described in our SOP. I received interferent detect and/ or ambient fail while analyzing the 0.08 ARS on two separate occasions. I uploaded the instrument data and contacted the AI. I suggested this instrument be sent to a repair facility for further evaluation.</u> <u>JD</u>	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input type="checkbox"/> Return to/Place into Evidentiary Use <input checked="" type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use																																																													
	<u>SP 3/7/19</u> Tech Review / Date	<u>BSK 3/8/19</u> Admin Review / Date																																																												

80-006638

3/7/19

JD

FL HIGHWAY PATROL
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-006638
 03/07/2019
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	06:54
Control Test	0.048	06:54
Air Blank	0.000	06:55
Control Test	0.049	06:56
Air Blank	0.000	06:56
Control Test	0.049	06:57
Air Blank	0.000	06:57
Control Test Stats		
Average	0.0487	
Std Dev	0.0006	
Rel. Std Dev(%)	1.1863	

JD

Operator's Signature

FL HIGHWAY PATROL
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-006638
 03/07/2019
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	06:49
Control Test	INT*	06:50
Air Blank	0.000	06:50
Control Test	0.080	06:51
Air Blank	0.000	06:51
Control Test	0.080	06:52
Air Blank	0.000	06:53
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel. Std Dev(%)	0.0000	

Cleared
 room air
 with fan
 and repeated
 test. JD
 3/7/19

JD

Operator's Signature

Time	g/210L	Test
07:08	0.000	Air Blank
07:09	0.078	Control Test
07:09	0.000	Air Blank
07:10	0.080	Control Test
07:10	0.000	Air Blank
07:10	0.079	Control Test
07:11	0.000	Air Blank
Control Test Stats		
Average	0.0790	
Std Dev	0.0010	
Rel. Std Dev(%)	1.2658	

DGS

JD

Operator's Signature

FL HIGHWAY PATROL
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-006638
 03/07/2019
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:03
Control Test	0.198	07:04
Air Blank	0.000	07:05
Control Test	0.197	07:05
Air Blank	0.000	07:06
Control Test	0.198	07:07
Air Blank	0.000	07:07
Control Test Stats		
Average	0.1977	
Std Dev	0.0006	
Rel. Std Dev(%)	0.2921	

JD

Operator's Signature

SP
 BSK
 3/8/19

FL HIGHWAY PATROL
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-006638
 03/07/2019
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	06:58
Control Test	0.079	06:59
Air Blank	0.000	06:59
Control Test	0.079	07:00
Air Blank	0.000	07:01
Control Test	INT*	07:01
Air Blank	AMB**	07:02
Air Blank	0.000	07:02

*Interferent Detect
 **Ambient Fail

JD

Operator's Signature

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL
Time of Inspection: 06:46

Date of Inspection: 03/07/2019

Serial Number: 80-006638
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:

NOT A COMPLIANCE CHECK. BYPASSED AI TO OPERATE INSTRUMENT.

SP
B BK
3/8/19

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.

TJ Graham

Signature and Printed Name THOMAS J GRAHAM

03/07/2019
Date