



INSTRUMENT PROCESSING SHEET

Agency Okaloosa County Sheriff's Office S/N 80-000763Florida Department of Law Enforcement Date In 06/03/2020 DI Completion Date 6/5/2020 Ship P/U H/D CMI EE

Intake Performed By <u>RAW</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 type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: _____ _____ _____	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>211</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-102</u> 32 mm <u>0.164</u> (.139 - .169) 36 mm <u>0.183</u> (.156 - .190) 53 mm <u>0.250</u> (.228 - .278) 103 mm <u>0.523</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</u> <input checked="" type="checkbox"/> Stability Checks	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)																																																											
Final Release Date FDLE Alcohol Testing Program Digitally signed by FDLE Alcohol Testing Program Date: 2020.06.11 12:53:00 -04'00'	<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><u>MP5088</u></td> <td><u>201905A</u> <u>05-14-2021</u></td> </tr> <tr> <td>0.080</td> <td><u>MP5089</u></td> <td><u>201905B</u> <u>05-14-2021</u></td> </tr> <tr> <td>0.200</td> <td><u>MP5090</u></td> <td><u>201909D</u> <u>04-30-2021</u></td> </tr> <tr> <td>0.080 DGS</td> <td><u>N/A</u></td> <td><u>AG931603</u> <u>11-12-2021</u></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	<u>MP5088</u>	<u>201905A</u> <u>05-14-2021</u>	0.080	<u>MP5089</u>	<u>201905B</u> <u>05-14-2021</u>	0.200	<u>MP5090</u>	<u>201909D</u> <u>04-30-2021</u>	0.080 DGS	<u>N/A</u>	<u>AG931603</u> <u>11-12-2021</u>	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>SP</u> <input checked="" type="checkbox"/> Lab Temp °C <u>21.9</u> External Digital Therm. ID#: <u>300502</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>MP5088</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>MP5089</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>MP5090</u>																																												
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Notes/Suggested Service: _____ _____ _____ _____ _____	Attachments <input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input checked="" type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Form 40 <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																																																													
2020.06.10 <u>Michael D. Haughey</u> 11:45:52 -04'00'	2020.06.11 12:46:00 <u>Brett Kirkland</u> -04'00'	Tech Review / Date 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 80-000763, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000763</u>	UNCERTAINTY* ±	
Owning Agency:	<u>OKALOOSA COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>06/05/2020</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>18:36</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).

The instrument results before and after any adjustment are found in the associated pre and post stability checks.

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.

MH

06/05/2020

Date

Shayla Platt

SHAYLA D PLATT,

Department Inspector

FDLE/ATP Form 69 April 2020

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

BK

2020.06.
11
12:47:10
-04'00"

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: OKALOOSA COUNTY SO
Time of Inspection: 18:36

Date of Inspection: 06/05/2020

Serial Number: 80-000763
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#:AG931603 Exp: 11/12/2021
0.000	0.048	0.079	0.200	0.079
0.000	0.049	0.079	0.199	0.080
0.000	0.048	0.080	0.198	0.080
0.000	0.049	0.079	0.200	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.048	0.080	0.199	0.079
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0.000	0.049	0.080	0.200	0.079
0.000	0.049	0.080	0.200	0.079
0.000	0.049	0.080	0.200	0.079

Standard Deviations	0.0004	0.0005	0.0006	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

Remarks:

MH

2020.06.
BK¹¹
12:47:34
-04'00'

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.

Shayla Platt

SHAYLA D PLATT

Signature and Printed Name

06/05/2020
Date

Stability Checks

OKALOOSA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000763
06/04/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:31
Control Test	0.049	07:32
Air Blank	0.000	07:32
Control Test	0.048	07:33
Air Blank	0.000	07:34
Control Test	0.048	07:34
Air Blank	0.000	07:35
Control Test Stats		
Average	0.0483	
Std Dev	0.0006	
Rel Std Dev(%)	1.1945	

OKALOOSA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000763
06/04/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:37
Control Test	0.079	07:38
Air Blank	0.000	07:38
Control Test	0.079	07:39
Air Blank	0.000	07:39
Control Test	0.079	07:40
Air Blank	0.000	07:41
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

OKALOOSA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000763
06/04/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:45
Control Test	0.200	07:46
Air Blank	0.000	07:46
Control Test	0.201	07:47
Air Blank	0.000	07:48
Control Test	0.200	07:48
Air Blank	0.000	07:49
Control Test Stats		
Average	0.2003	
Std Dev	0.0006	
Rel Std Dev(%)	0.2882	

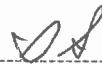
Wet



Operator's Signature



Operator's Signature



Operator's Signature

OKALOOSA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000763
06/04/2020
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:50
Control Test	0.079	07:51
Air Blank	0.000	07:51
Control Test	0.079	07:52
Air Blank	0.000	07:52
Control Test	0.079	07:52
Air Blank	0.000	07:53
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Dry



Operator's Signature

MH

2020.0
6.11
12:47:5
7
-04'00'