



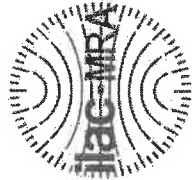
INSTRUMENT PROCESSING SHEET

Agency Orange County Sheriff's Office S/N 80-000964

Florida Department of Law Enforcement

Date In 04/21/2020 DI Completion Date 5/5/2020  Ship  P/U  H/D  CMI  EE

<b>Intake</b> 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 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>DA</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>206</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-105</u> 32 mm <u>0.160</u> (.139 - .169) 36 mm <u>0.171</u> (.156 - .190) 53 mm <u>0.238</u> (.228 - .278) 103 mm <u>0.503</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>26932</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>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 _____ <b>Temperature Checks</b> Performed By <u>SP</u> <input checked="" type="checkbox"/> Lab Temp °C <u>21.1</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>																																																												
<b>Calibration Adjustment</b> Performed By _____ Barometric Pressure Gauge _____ ID # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr><td>0.000</td><td></td><td>N/A</td><td>N/A</td></tr> <tr><td>0.040</td><td></td><td></td><td></td></tr> <tr><td>0.100</td><td></td><td></td><td></td></tr> <tr><td>0.200</td><td></td><td></td><td></td></tr> <tr><td>0.300</td><td></td><td></td><td></td></tr> <tr><td>0.080 DGS</td><td>N/A</td><td></td><td></td></tr> </tbody> </table> <input type="checkbox"/> Post Calibration Adjustment Stability Checks <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</th> <th>Expiration</th> </tr> </thead> <tbody> <tr><td>0.050</td><td></td><td></td><td></td></tr> <tr><td>0.080</td><td></td><td></td><td></td></tr> <tr><td>0.200</td><td></td><td></td><td></td></tr> <tr><td>0.080 DGS</td><td>N/A</td><td></td><td></td></tr> </tbody> </table>	Simulator	Serial Number	Lot Number	Expiration	0.000		N/A	N/A	0.040				0.100				0.200				0.300				0.080 DGS	N/A			Simulator	Serial Number	Lot Number	Expiration	0.050				0.080				0.200				0.080 DGS	N/A			<b>Department Inspection</b> Performed By <u>SP</u> Barometric Pressure ID# <u>28427</u> Gauge <u>1013</u> Instrument <u>1012</u> Mouth Alcohol Solution Lot # <u>2019-B</u> Acetone Stock Solution Lot # <u>2019-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><u>MP5086</u></td></tr> <tr><td>Interferent</td><td><u>MP5087</u></td></tr> <tr><td>0.050</td><td><u>MP5088</u></td></tr> <tr><td>0.080</td><td><u>MP5089</u></td></tr> <tr><td>0.200</td><td><u>MP5090</u></td></tr> </tbody> </table>		Simulator	Serial Number	0.000	<u>MP5086</u>	Interferent	<u>MP5087</u>	0.050	<u>MP5088</u>	0.080	<u>MP5089</u>	0.200	<u>MP5090</u>
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Notes/Suggested Service: _____ _____ _____ _____ _____	<b>Attachments</b> <input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Calibration <input checked="" type="checkbox"/> Form 40 <input type="checkbox"/> Other _____																																																													
<input checked="" type="checkbox"/> <b>Instrument Complies with Chapter 11D-8, FAC</b> <input type="checkbox"/> <b>Instrument Does Not Comply with Chapter 11D-8, FAC</b> <input checked="" type="checkbox"/> <b>Return to/Place into Evidentiary Use</b> <input type="checkbox"/> <b>Remain Out of Evidentiary Use</b> <input checked="" type="checkbox"/> <b>Conduct an Agency Inspection Before Evidentiary Use</b>																																																														
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 80-000964, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000964</u>	UNCERTAINTY* $\pm$	
Owning Agency:	<u>ORANGE COUNTY SO</u>	0.050 g/210 L	0.004
Calibration Date:	<u>05/05/2020</u>	0.080 g/210 L	0.005
Calibration Time:	<u>10:22</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  $\pm 0.005$  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.

05/05/2020 \_\_\_\_\_  
Date

*Shayla Platt*

SHAYLA D PLATT,  
Department Inspector

FDLE/ATP Form 69 April 2020  
Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: ORANGE COUNTY SO  
Time of Inspection: 10:22

Date of Inspection: 05/05/2020

Serial Number: 80-000964  
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	0.078	0.200	0.079
0.000	0.048	0.079	0.200	0.080
0.000	0.048	0.079	0.200	0.080
0.000	0.048	0.079	0.200	0.081
0.000	0.049	0.079	0.200	0.081
0.000	0.049	0.079	0.200	0.080
0.000	0.049	0.079	0.200	0.080
0.000	0.049	0.079	0.200	0.080
0.000	0.049	0.079	0.201	0.080
0.000	0.049	0.079	0.201	0.080

Standard Deviations	0.0005	0.0003	0.0004	0.0005
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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.

*Shayla Platt*

SHAYLA D PLATT

Signature and Printed Name

05/05/2020  
Date

# stability Checks

ORANGE COUNTY SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-000964  
 04/27/2020  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:13
Control Test	0.047	08:13
Air Blank	0.000	08:14
Control Test	0.047	08:15
Air Blank	0.000	08:15
Control Test	0.047	08:16
Air Blank	0.000	08:16
Control Test Stats		
Average	0.0470	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

*JA*

Operator's Signature

ORANGE COUNTY SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-000964  
 04/27/2020  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:20
Control Test	0.079	08:21
Air Blank	0.000	08:21
Control Test	0.080	08:22
Air Blank	0.000	08:22
Control Test	0.079	08:23
Air Blank	0.000	08:24
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	

wet

*JA*

Operator's Signature

ORANGE COUNTY SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-000964  
 04/27/2020  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:33
Control Test	0.200	08:34
Air Blank	0.000	08:34
Control Test	0.200	08:35
Air Blank	0.000	08:35
Control Test	0.200	08:36
Air Blank	0.000	08:37
Control Test Stats		
Average	0.2000	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

*JA*

Operator's Signature

ORANGE COUNTY SO  
 Intoxilyzer - Alcohol Analyzer  
 Model 8000 SN 80-000964  
 04/27/2020  
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:42
Control Test	0.079	08:43
Air Blank	0.000	08:43
Control Test	0.080	08:44
Air Blank	0.000	08:44
Control Test	0.080	08:44
Air Blank	0.000	08:45
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

Dry

*JA*

Operator's Signature

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: ORANGE COUNTY SO  
Time of Inspection: 08:42

Date of Inspection: 05/05/2020

Serial Number: 80-000964  
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

N/A Compliance  
NOT DETERMINED<sub>SP</sub>

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.

Shayla Platt

SHAYLA D PLATT

Signature and Printed Name

05/05/2020  
Date