



INSTRUMENT PROCESSING SHEET

Agency Lake Alfred Police Department S/N 80-001048Florida Department of Law Enforcement Date In 06/29/2020 DI Completion Date 7/8/2020 Ship P/U H/D CMI EE

Intake Performed By <u>RAW</u> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" 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: _____	Quality Checks Performed By <u>SP</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>242</u> <input type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP105</u> 32 mm <u>.156</u> (.139 - .169) 36 mm <u>.179</u> (.156 - .190) 53 mm <u>.242</u> (.228 - .278) 103 mm <u>.507</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>210932</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)
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Final Release Date FDLE Alcohol Testing Program Digitally signed by FDLE Alcohol Testing Program Date: 2020.07.14 12:55:36 -04'00'
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Simulator	Serial #	Lot #/Exp
0.050	MP5058	201905A 5-14-21
0.080	MP5089	201905B 5-14-21
0.200	MP5090	201904D 4-30-21
0.080 DGS	N/A	AC9316003 11-12-21

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>22.8</u> External Digital Therm. ID#: <u>300505</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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Calibration Adjustment Performed By _____ Barometric Pressure Gauge ID # _____ <table border="1"> <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"> <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		
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Department Inspection Performed By <u>SP</u> Barometric Pressure ID# <u>210932</u> Gauge <u>1013</u> Instrument <u>1013</u> Mouth Alcohol Solution Lot # <u>2019-B</u> Acetone Stock Solution Lot # <u>2019-A</u> <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td>MP5086</td> </tr> <tr> <td>Interferent</td> <td>MP5087</td> </tr> <tr> <td>0.050</td> <td>MP5088</td> </tr> <tr> <td>0.080</td> <td>MP5089</td> </tr> <tr> <td>0.200</td> <td>MP5090</td> </tr> </tbody> </table>	Simulator	Serial Number	0.000	MP5086	Interferent	MP5087	0.050	MP5088	0.080	MP5089	0.200	MP5090
Simulator	Serial Number											
0.000	MP5086											
Interferent	MP5087											
0.050	MP5088											
0.080	MP5089											
0.200	MP5090											

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 _____
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Notes/Suggested Service: _____

<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	David Eliezer Reyes Rivera <small>Digitally signed by David Eliezer Reyes Rivera Date: 2020.07.10 11:22:22 -04'00'</small> <u>Brett Kirkland</u> 2020.07.14 12:53:19 -04'00'
Tech Review / Date	Admin Review / Date



Florida Department of Law Enforcement
 Alcohol Testing Program
 2729 Fort Knox Blvd.
 Bldg. 2, Suite 1300
 Tallahassee, FL 32308

Calibration Certificate

This is to certify the calibration of Intoxilyzer 8000 serial number 80-001048, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001048</u>	UNCERTAINTY* \pm	
Owning Agency:	<u>LAKE ALFRED PD</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>07/08/2020</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>11:41</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.

Shayla Platt

07/08/2020

Date

SHAYLA D PLATT,

Department Inspector

FDLE/ATP Form 69 April 2020

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

DERR

Digitally signed by
 DERR
 Date: 2020.07.10
 11:21:21 -0400

BK

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: LAKE ALFRED PD
Time of Inspection: 11:41

Date of Inspection: 07/08/2020

Serial Number: 80-001048
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	0.050	0.080	0.202	0.078
0.000	0.050	0.080	0.202	0.078
0.000	0.050	0.081	0.202	0.077
0.000	0.051	0.080	0.203	0.078
0.000	0.050	0.080	0.202	0.077
0.000	0.050	0.080	0.202	0.078
0.000	0.051	0.080	0.202	0.078
0.000	0.050	0.080	0.203	0.078
0.000	0.051	0.080	0.202	0.078
0.000	0.051	0.081	0.202	0.077
Standard Deviations	0.0005	0.0004	0.0004	0.0004

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 Number of Simulators Used: 5

Remarks:

DERR Digitally signed
by DERR
Date: 2020.07.10
11:20:36 -04'00'

2020.07.
14
BK 12:53:57
-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

07/08/2020
Date

Stability Checks #80-001048

LAKE ALFRED PD
Intoxilyzer - Alcohol Analyzer
Model 8000
07/08/2020
Software: 8100.27
SN 80-001048

LAKE ALFRED PD
Intoxilyzer - Alcohol Analyzer
Model 8000
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LAKE ALFRED PD
Intoxilyzer - Alcohol Analyzer
Model 8000
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Software: 8100.27
SN 80-001048

LAKE ALFRED PD
Intoxilyzer - Alcohol Analyzer
Model 8000
07/08/2020
Software: 8100.27
SN 80-001048

Test	g/210L	Time
Air Blank	0.000	10:00
Control Test	0.078	10:01
Air Blank	0.000	10:01
Control Test	0.078	10:02
Air Blank	0.000	10:02
Control Test	0.078	10:02
Air Blank	0.000	10:02
Control Test	0.000	10:03
Air Blank	0.000	
Control Test Stats		
Average	0.0780	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Test	g/210L	Time
Air Blank	0.000	09:54
Control Test	0.201	09:54
Air Blank	0.000	09:55
Control Test	0.202	09:56
Air Blank	0.000	09:56
Control Test	0.202	09:57
Air Blank	0.000	09:57
Control Test Stats		
Average	0.2017	
Std Dev	0.0006	
Rel Std Dev(%)	0.2863	

Test	g/210L	Time
Air Blank	0.000	09:49
Control Test	0.081	09:49
Air Blank	0.000	09:50
Control Test	0.081	09:50
Air Blank	0.000	09:51
Control Test	0.081	09:52
Air Blank	0.000	09:52
Control Test Stats		
Average	0.0810	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Test	g/210L	Time
Air Blank	0.000	09:44
Control Test	0.050	09:45
Air Blank	0.000	09:45
Control Test	0.049	09:46
Air Blank	0.000	09:46
Control Test	0.049	09:47
Air Blank	0.000	09:47
Control Test Stats		
Average	0.0493	
Std Dev	0.0005	
Rel Std Dev(%)	1.1703	

SP

Operator's Signature

SP

Operator's Signature

SP

Operator's Signature

SP

Operator's Signature

Deb

Digitally signed by
DERR
Date: 2020.07.10
11:19:52 -0400

DERR

2020.07.14
12:54:21
-0400
BK

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Anthony Gettle on 2/21/2020

Items Returned: Instrument Supplies Other Describe: _____
Instrument Model: Intoxilyzer 8000 Serial Number: 80-001048

Bill To Address: <u>Lake Alfred PD</u> _____ _____ _____ _____	Ship to Address: <u>FDLE ATP Tallahassee</u> _____ _____ _____ _____
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Reason for Return:
Flow Sensor Replacement

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: Anthony Gettle
 Phone #: _____ Email: agettle@mylakealfred.com
ATP Contact Name: Shayla Platt ATP Email: shaylaplatt@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

Agency Lake Alfred Police Department S/N 80-001048

Florida Department of Law Enforcement Date In 02/04/2020 DI Completion Date _____ 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 type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: _____ _____ _____	Quality Checks 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>105</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-103</u> 32 mm <u>0.109</u> (.139 - .169) 36 mm <u>0.128</u> (.156 - .190) 53 mm <u>0.207</u> (.228 - .278) 103 mm <u>0.500</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28727</u> <input type="checkbox"/> Stability Checks <table border="1" style="width: 100%;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr><td>0.050</td><td></td><td></td></tr> <tr><td>0.080</td><td></td><td></td></tr> <tr><td>0.200</td><td></td><td></td></tr> <tr><td>0.080 DGS</td><td>N/A</td><td></td></tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050			0.080			0.200			0.080 DGS	N/A		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) 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>Sending to Repair for Flow Sensor Replacement. SP</u> _____ _____ _____ _____	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" 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 _____ Tech Review / Date _____ Admin Review / Date _____
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JANUARY 30, 2020

OFFICER ANTHONY GETTLE #25

LAKE ALFRED POLICE DEPARTMENT

190 N. SEMINOLE AVENUE

LAKE ALFRED, FLORIDA 33850

863-291-5200

TO: ISRAEL SOTO

IN REFERENCE TO OUR CONVERSATION ON JANUARY 30, 2020 I AM SENDING OUR INTOXILYZER 8000 FOR ITS ANNUAL, HOWEVER, IT IS POSSIBLE THAT THE MODEM IS NOT WORKING. IVE BEEN TRYING FOR MANY MONTHS TO UPLOAD AND HAVE HAD TO CONTACT FDLE TO RETRIEVE THE UPLOADS. YOU ADVISED IF THE MODEM IS NOT FUNCTIONAL THEN IT WOULD BE SENT FOR REPAIR. PLEASE ADVISE THE STATUS. ANY QUESTIONS YOU CAN CONTACT ME AT 863-291-5200 OR MY CELL 863-899-5327.

I AM ALSO SENDING THE LAST INSPECTION OF OUR INSTRUMENT THAT WAS COMPLETED AND PASSED ON 01/26/2020.



OFFICER ANTHONY GETTE #25

AGENCY INSPECTOR