



INSTRUMENT PROCESSING SHEET

Agency Pinellas CountyS/N 80-001274Florida Department of
Law EnforcementDate In 3/8/2020DI Completion Date 3/29/2020 Ship P/U H/D CMI EE

Intake Performed By <u>DP</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>DP</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>190</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-102</u> 32 mm <u>0.148</u> (.139 - .169) 36 mm <u>0.164</u> (.156 - .190) 53 mm <u>0.230</u> (.228 - .278) 103 mm <u>0.496</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>26932</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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		<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																																																													
		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 80-001274 , manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001274</u>	UNCERTAINTY* ±	
Owning Agency:	<u>PINELLAS COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>03/29/2020</u>	0.080 g/ 210 L	0.005
Calibration Time:	<u>14:41</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 ± 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.

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03/29/2020

Shayla Platt

Date

SHAYLAD PLATT,
Department Inspector

FDLE/ATP Form 69 January 2020

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO
Time of Inspection: 14:41

Date of Inspection: 03/29/2020

Serial Number: 80-001274
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	0.199	0.077
0.000	0.048	0.079	0.199	0.078
0.000	0.048	0.079	0.199	0.078
0.000	0.049	0.079	0.199	0.078
0.000	0.048	0.079	0.199	0.078
0.000	0.049	0.079	0.199	0.078
0.000	0.049	0.080	0.199	0.078
0.000	0.050	0.080	0.200	0.078
0.000	0.049	0.080	0.200	0.077
0.000	0.050	0.080	0.200	0.078

Standard Deviations	0.0007	0.0005	0.0004	0.0004
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0005 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

03/29/2020
Date

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: PINELLAS COUNTY SO
Time of Inspection: 13:39

Date of Inspection: 03/17/2020

Serial Number: 80-001274
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	0.044 / 0.046	0.072 / 0.075	0.197	0.080
0.000	0.046 / 0.046	0.074 / 0.076	0.197	0.080
0.000	0.046 / 0.046	0.073 / 0.076	0.196	0.080
0.000	0.046 / 0.047	0.074 / 0.076	0.196	0.079
0.000	0.046 / 0.047	0.074 / 0.076	0.196	0.080
0.000	0.046 / 0.046	0.074 / 0.076	0.196	0.080
0.000	0.045 / 0.046	0.074 / 0.076	0.196	0.080
0.000	0.045 / 0.046	0.074 / 0.076	0.196	0.080
0.000	0.046 / 0.046	0.075 / 0.076	0.196	0.080
0.000	0.045 / 0.047	0.075 / 0.076	0.197	0.079
Standard Deviations	0.0007 / 0.0004	0.0008 / 0.0003	0.0004	0.0004

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0003 Number of Simulators Used: 5

Remarks:

05: Control Outside Tolerance

Suspect issue w/sim.

08: Control Outside Tolerance.

Suspect issue w/sim

Although inspection is compliant I will repeat w/ different simulators to ensure accuracy and reliability. SP

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

03/17/2020
Date

Stability Checks

PINELLAS COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001274
 03/13/2020
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:38
Control Test	0.048	10:39
Air Blank	0.000	10:39
Control Test	0.048	10:40
Air Blank	0.000	10:40
Control Test	0.048	10:41
Air Blank	0.000	10:42
Control Test Stats		
Average	0.0480	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

PINELLAS COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001274
 03/13/2020
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:45
Control Test	0.079	10:46
Air Blank	0.000	10:46
Control Test	0.079	10:47
Air Blank	0.000	10:47
Control Test	0.079	10:48
Air Blank	0.000	10:49
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

PINELLAS COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001274
 03/13/2020
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:50
Control Test	0.200	10:50
Air Blank	0.000	10:51
Control Test	0.201	10:52
Air Blank	0.000	10:52
Control Test	0.201	10:53
Air Blank	0.000	10:53
Control Test Stats		
Average	0.2007	
Std Dev	0.0006	
Rel Std Dev(%)	0.2877	

wet



Operator's Signature



Operator's Signature



Operator's Signature

PINELLAS COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-001274
 03/13/2020
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	10:56
Control Test	0.078	10:56
Air Blank	0.000	10:56
Control Test	0.078	10:57
Air Blank	0.000	10:57
Control Test	0.078	10:58
Air Blank	0.000	10:58
Control Test Stats		
Average	0.0780	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Dry



Operator's Signature

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Malcolm Deane on 1/22/2020

Items Returned: Instrument Supplies Other Describe: _____
Instrument Model: Intoxilyzer 8000 Serial Number: 80-001274

Bill To Address: <u>Pinellas County SO</u> _____ _____ _____	Ship to Address: <u>FDLE ATP Tallahassee</u> _____ _____ _____
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Reason for Return:
Internal Printer not working properly

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: Malcolm Deane
Phone #: _____ Email: mdeane@pcsonet.com
ATP Contact Name: Shayla Platt ATP Email: shaylplatt@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

Agency Pinellas CountyS/N 80-001274Florida Department of
Law EnforcementDate In 1/16/2020 DI Completion Date _____ Ship P/U H/D CMI EE

Intake Performed By <u>DP</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: _____ _____ _____	Quality Checks Performed By <u>DP</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>181</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-103</u> 32 mm <u>0.144</u> (.139 - .169) 36 mm <u>0.160</u> (.156 - .190) 53 mm <u>0.230</u> (.228 - .278) 103 mm <u>0.492</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;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td><u>SD1012</u></td> <td><u>201905A</u> <u>05-17-2021</u></td> </tr> <tr> <td>0.080</td> <td><u>DR1279</u></td> <td><u>201905B</u> <u>05-17-2021</u></td> </tr> <tr> <td>0.200</td> <td><u>SD1013</u></td> <td><u>201904D</u> <u>07-30-2021</u></td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td><u>AG916501</u> <u>06-14-2021</u></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	<u>SD1012</u>	<u>201905A</u> <u>05-17-2021</u>	0.080	<u>DR1279</u>	<u>201905B</u> <u>05-17-2021</u>	0.200	<u>SD1013</u>	<u>201904D</u> <u>07-30-2021</u>	0.080 DGS	N/A	<u>AG916501</u> <u>06-14-2021</u>	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>Internal printer not working</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 type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use _____ Tech Review / Date _____ Admin Review / Date _____																																																												