



# INSTRUMENT PROCESSING SHEET

Agency Broward County SOS/N 80-007108Florida Department of  
Law EnforcementDate In 03/18/2020 DI Completion Date 03/24/2020 Ship  P/U  H/D  CMI  EE

<b>Intake</b> Performed By <u>MX</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: _____ _____ _____	<b>Quality Checks</b> Performed By <u>MX</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 checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP 101</u> 32 mm <u>0.167</u> (.139 - .169) 36 mm <u>0.183</u> (.156 - .190) 53 mm <u>0.250</u> (.228 - .278) 103 mm <u>0.507</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>68639</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> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FDLE</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">APR 09 2020</div> <div style="text-align: center;">Alcohol Testing Program</div>	<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>MP4863</td> <td>201905A 05/14/2021</td> </tr> <tr> <td>0.080</td> <td>MP4864</td> <td>201905B 05/14/2021</td> </tr> <tr> <td>0.200</td> <td>SD1017</td> <td>201904D 04/30/2021</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG931603 11/12/2020</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	MP4863	201905A 05/14/2021	0.080	MP4864	201905B 05/14/2021	0.200	SD1017	201904D 04/30/2021	0.080 DGS	N/A	AG931603 11/12/2020	<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>MX</u> <input checked="" type="checkbox"/> Lab Temp °C <u>22.66</u> External Digital Therm. ID#: <u>300504</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>MP4863</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>MP4864</u> <input checked="" type="checkbox"/> 34°C +/-2 Serial #: <u>SD1017</u>																																												
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Notes/Suggested Service: <u>E-mailed</u> _____ <div style="text-align: center; font-size: 1.5em; font-weight: bold; color: blue;"> <input checked="" type="checkbox"/> APPROVED 3/25/2020         </div>	<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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <u>SP 4/3/20</u>              Tech Review / Date           </div> <div style="text-align: center;"> <u>Brett Kirkland 4/7/2020</u>              Admin Review / Date           </div> </div>																																																												

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO  
Time of Inspection: 13:16

Date of Inspection: 03/24/2020

Serial Number: 80-007108  
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	0.049	0.080	0.197	0.079
0.000	0.049	0.080	0.201	0.079
0.000	0.049	0.080	0.201	0.078
0.000	0.049	0.080	0.201	0.079
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0.000	0.050	0.080	0.200	0.079
0.000	0.050	0.081	0.200	0.078

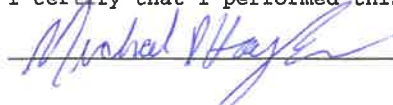
Standard Deviations	0.0004	0.0004	0.0011	0.0005
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0006 Number of Simulators Used: 5

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.



MICHAEL D HAUGHEY

Signature and Printed Name

03/24/2020  
Date

*SP*  
*13/1*  
*4/7/2020*

TYPE OF TEST	SERIAL NUMBER	AGENCY	DATE	PERFORMED BY
Stabilities	80-007108	Broward County SD	03/24/2020	MX

0.05g/210L  
0.047 to 0.053

0.08g/210L  
0.077 to 0.083

0.20g/210L  
0.194 to 0.206

DGS 0.08g/210L  
0.077 to 0.083

BROWARD COUNTY SD  
Intoxilizer - Alcohol Analyzer  
Model 8000  
03/24/2020  
SN 80-007108  
Software: 8100.27

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Test g/210L Time  
 Air Blank 0.000 09:34  
 Control Test 0.049 09:34  
 Air Blank 0.000 09:35  
 Control Test 0.049 09:35  
 Air Blank 0.000 09:36  
 Control Test 0.048 09:37  
 Air Blank 0.000 09:37  
 Control Test Stats  
 Average 0.0487  
 Std Dev 0.0006  
 Rel Std Dev(%) 1.1863

Test g/210L Time  
 Air Blank 0.000 09:40  
 Control Test 0.080 09:40  
 Air Blank 0.000 09:41  
 Control Test 0.080 09:41  
 Air Blank 0.000 09:42  
 Control Test 0.080 09:42  
 Air Blank 0.000 09:43  
 Control Test 0.080 09:43  
 Air Blank 0.000 09:43  
 Control Test Stats  
 Average 0.0810  
 Std Dev 0.0000  
 Rel Std Dev(%) 0.0000

Test g/210L Time  
 Air Blank 0.000 09:45  
 Control Test 0.200 09:45  
 Air Blank 0.000 09:46  
 Control Test 0.199 09:46  
 Air Blank 0.000 09:47  
 Control Test 0.200 09:47  
 Air Blank 0.000 09:48  
 Control Test 0.200 09:48  
 Air Blank 0.000 09:48  
 Control Test Stats  
 Average 0.1997  
 Std Dev 0.0006  
 Rel Std Dev(%) 0.2892

Test g/210L Time  
 Air Blank 0.000 09:51  
 Control Test 0.079 09:51  
 Air Blank 0.000 09:52  
 Control Test 0.079 09:52  
 Air Blank 0.000 09:53  
 Control Test 0.078 09:53  
 Air Blank 0.000 09:53  
 Control Test Stats  
 Average 0.0787  
 Std Dev 0.0006  
 Rel Std Dev(%) 0.7339

Operator's Signature *MX*

Operator's Signature *MX*

Operator's Signature *MX*

Operator's Signature *MX*

*80*  
*YBK 4/7/2020*



# Calibration Certificate

Florida Department of Law Enforcement  
Alcohol Testing Program  
4700 Terminal Drive, Suite 1  
Ft. Myers, FL 33907

This is to certify the calibration of Intoxilyzer 8000 serial number 80-007108, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-007108</u>	UNCERTAINTY* ±	
Owning Agency:	<u>BROWARD COUNTY SO</u>	0.050 g/210 L	0.004
Calibration Date:	<u>03/24/2020</u>	0.080 g/210 L	0.005
Calibration Time:	<u>13:16</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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03/24/2020 Date *Michael Haughey*  
**MICHAEL D HAUGHEY,**  
Department Inspector

*SP*  
*BK 4/7/2020*

**Return Material Authorization**

**Ship to:**  CMI, Inc.  
 Enforcement Electronics

Shipment to repair facility authorized by: Yvette Washington on 07/19/2019

Items Returned: Instrument  Supplies  Other  Describe: \_\_\_\_\_

Instrument Model: Intoxilyzer 8000 Serial Number: 80-007108

Bill To Address:  
Warranty Repair  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to Address:  
FDLE ATP  
ATTN: Michael Haughey  
4700 Terminal Drive Suite 1  
Fort Myers, FL 33907  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Return:**

Third digit on date sporadically changes. On 05/04/2019 date changed to 05/24/2019. Battery was replaced on 06/10/2019. Date then held true until 06/24/2019 and changed to 06/04/2019. Date corrected within instrument on 06/27/2019 and has held since.  
\_\_\_\_\_  
\_\_\_\_\_

**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: Yvette Washington

Phone #: 954-765-4404 Email: Yvette\_Washington@sheriff.org

ATP Contact Name: Michael Haughey ATP Email: michaelhaughey@fdle.state.fl.us