



# INSTRUMENT PROCESSING SHEET

Agency Broward County Sheriff's Office

S/N 80-007373

Florida Department of  
Law Enforcement

Date In 06/26/2020 DI Completion Date 07/02/2020

☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

<b>Intake</b> Performed By <u>TDG</u> <input checked="" type="checkbox"/> Annual <input checked="" 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 checked="" type="checkbox"/> Static Bag <input checked="" type="checkbox"/> 12V DC Cable  Notes: <u>Plastic baggy holding calibration inlet and simulator return. Two power cords.</u>  <b>Final Release Date</b>  <div style="display: flex; justify-content: space-between;"> <div>FDLE Alcohol Testing Program</div> <div>Digitally signed by FDLE Alcohol Testing Program Date: 2020.07.06 15:00:00 -04'00'</div> </div>	<b>Quality Checks</b> Performed By <u>TDG</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>232</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP101</u> 32 mm <u>0.164</u> (.139 - .169) 36 mm <u>0.175</u> (.156 - .190) 53 mm <u>0.242</u> (.228 - .278) 103 mm <u>0.503</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>68639</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>MP5092</td> <td>201905A 05/14/2021</td> </tr> <tr> <td>0.080</td> <td>MP5093</td> <td>201905B 05/14/2021</td> </tr> <tr> <td>0.200</td> <td>MP5094</td> <td>201904D 04/30/2021</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG003005 01/30/2022</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	MP5092	201905A 05/14/2021	0.080	MP5093	201905B 05/14/2021	0.200	MP5094	201904D 04/30/2021	0.080 DGS	N/A	AG003005 01/30/2022	<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>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>DERR</u> <input checked="" type="checkbox"/> Lab Temp °C <u>22.30C</u> External Digital Therm. ID#: <u>300918</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3967</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3968</u> <input checked="" type="checkbox"/> 34°C +/- .2 Serial #: <u>SD3969</u>																																												
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# Florida Department of Law Enforcement

## Alcohol Testing Program

### DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO  
Time of Inspection: 10:50

Date of Inspection: 07/02/2020

Serial Number: 80-007373  
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#:AG003005 Exp: 01/30/2022
0.000	0.048	0.079	0.199	0.081
0.000	0.049	0.079	0.199	0.081
0.000	0.048	0.079	0.200	0.080
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0.000	0.049	0.079	0.201	0.080
0.000	0.049	0.079	0.201	0.080
0.000	0.049	0.079	0.200	0.080

Standard Deviations	0.0004	0.0000	0.0007	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:

MH  
BK 2020.07.0  
6 14:57:43  
-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.

David E Reyes-Rivera DAVID E REYES-RIVERA  
Signature and Printed Name

07/02/2020  
Date



TYPE OF TEST	SERIAL NUMBER	AGENCY	DATE	PERFORMED BY
Stabilities	80-007373	Brand CSO	06/29/2020	ML

0.05g/210L	0.08g/210L	0.20g/210L	DGS 0.08g/210L																																																																																																																																																
0.047 to 0.053 <input checked="" type="checkbox"/>	0.077 to 0.083 <input checked="" type="checkbox"/>	0.194 to 0.206 <input checked="" type="checkbox"/>	0.077 to 0.083 <input checked="" type="checkbox"/>																																																																																																																																																
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ML  
BK 2020.07.0  
6 14:58:14  
0400



# 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 80-007373, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-007373</u>	UNCERTAINTY* $\pm$
Owning Agency:	<u>BROWARD COUNTY SO</u>	0.050 g/ 210 L
Calibration Date:	<u>07/02/2020</u>	0.080 g/ 210 L
Calibration Time:	<u>10:50</u>	0.200 g/ 210 L
		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.

07/02/2020  
Date

David E Reyes-Rivera  
DAVID E REYES-RIVERA,  
Department Inspector

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

Service • Integrity • Respect • Quality

M4  
BK 2020.07.0  
6 145844  
04/02





Florida Department of  
Law Enforcement

## REQUEST FOR REGISTRATION

MAKE AND MODEL OF INSTRUMENT: Intoxilyzer 8000

SERIAL NUMBER: 80-007373

OWNING AGENCY: Broward County Sheriff's Office

DATE OF DEPARTMENT INSPECTION: 07/02/2020

AGENCY INSPECTOR: Joshua Sapp

ADDRESS: 200 NW 27th Avenue

CITY, STATE, ZIP: Fort Lauderdale, FL. 33311.

TELEPHONE NUMBER: 954-321-4849

FAX NUMBER: n/a

EMAIL ADDRESS (if available): Joshua\_Sapp@sheriff.org

**For Program Office Use Only:**

- ☒ Registration Issued BK 2020.07.06 14:55:39 -0400
- ☒ Instrument Added to Evidentiary Instrument Database
- ☒ Instrument Added to Monthly Statistics Database
- ☒ Contact Information Added to Instrument Database

MY  
BK 2020.07.06 14:59:10 -0400