



INSTRUMENT PROCESSING SHEET

875 IS 10-7-2021

Agency Calhoun County Sheriff's Office

S/N 80-000845

Florida Department of Law Enforcement

Date In 6/30/2021 DI Completion Date 6/30/2021

Ship P/U H/D CMI EE

Intake, Quality Checks, Flow Calibration, Maintenance, DI Temp. Checks, Notes, and a table for Simulator/Serial #/Lot #/Exp.

Calibration Adjustment, Department Inspection, and Attachments sections.

Notes/Suggested Service, Admin Review, and Tech Review / Date sections.

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: CALHOUN COUNTY SO
Time of Inspection: 10:52

Date of Inspection: 06/30/2021

Serial Number: 80-000875
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	

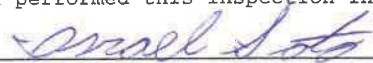
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:202010A Exp: 10/05/2022	0.08g/210L Test (g/210L) Lot#:202010B Exp: 10/05/2022	0.20g/210L Test (g/210L) Lot#:202010D Exp: 10/06/2022	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG011102 Exp: 04/20/2022
0.000	0.050	0.080	0.201	0.079
0.000	0.050	0.080	0.201	0.079
0.000	0.050	0.080	0.202	0.078
0.000	0.050	0.080	0.202	0.078
0.000	0.050	0.080	0.201	0.078
0.000	0.050	0.080	0.201	0.079
0.000	0.050	0.079	0.201	0.078
0.000	0.049	0.079	0.201	0.078
0.000	0.050	0.080	0.201	0.078
0.000	0.050	0.079	0.201	0.078
Standard Deviations	0.0003	0.0004	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:

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.



ISRAEL SOTO

Signature and Printed Name

06/30/2021
Date

Stability Checks

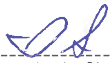
CALHOUN COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000875
 06/30/2021
 Software: 8100.27

CALHOUN COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000875
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 Software: 8100.27

CALHOUN COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000875
 06/30/2021
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:39
Control Test	0.042	08:40
Air Blank	0.000	08:40
Control Test	0.022	08:41
Air Blank	0.000	08:41
Control Test	0.028	08:42
Air Blank	0.000	08:43
Control Test Stats		
Average	0.0307	
Std Dev	0.0103	
Rel Std Dev(%)	33.4670	

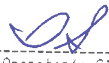
0.050
#1



Operator's Signature

Test	g/210L	Time
Air Blank	0.000	08:43
Control Test	0.051	08:44
Air Blank	0.000	08:45
Control Test	0.049	08:45
Air Blank	0.000	08:46
Control Test	0.049	08:47
Air Blank	0.000	08:47
Control Test Stats		
Average	0.0497	
Std Dev	0.0012	
Rel Std Dev(%)	2.3249	


0.050
#2



Operator's Signature

Test	g/210L	Time
Air Blank	0.000	08:48
Control Test	0.080	08:49
Air Blank	0.000	08:49
Control Test	0.079	08:50
Air Blank	0.000	08:51
Control Test	0.079	08:51
Air Blank	0.000	08:52
Control Test Stats		
Average	0.0793	
Std Dev	0.0016	
Rel Std Dev(%)	0.7277	

wet



Operator's Signature

CALHOUN COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000875
 06/30/2021
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:53
Control Test	0.202	08:54
Air Blank	0.000	08:55
Control Test	0.201	08:55
Air Blank	0.000	08:56
Control Test	0.200	08:57
Air Blank	0.000	08:57
Control Test Stats		
Average	0.2010	
Std Dev	0.0010	
Rel Std Dev(%)	0.4975	



Operator's Signature

CALHOUN COUNTY SO
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-000875
 06/30/2021
 Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:01
Control Test	0.078	09:01
Air Blank	0.000	09:01
Control Test	0.079	09:02
Air Blank	0.000	09:02
Control Test	0.079	09:03
Air Blank	0.000	09:03
Control Test Stats		
Average	0.0787	
Std Dev	0.0016	
Rel Std Dev(%)	0.7339	

Dry



Operator's Signature



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 80-000875, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000875</u>	UNCERTAINTY* ±	
Owning Agency:	<u>CALHOUN COUNTY SO</u>	0.050 g/ 210 L	0.005
Calibration Date:	<u>06/30/2021</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>10:52</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).

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.

Israel Soto
Digitally signed by Israel Soto
Date: 2021.06.30 12:38:01
-04'00'

06/30/2021

Date

ISRAEL SOTO,

Department Inspector

FDLE/ATP Form 69 January 2021

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Sue Barge on 10/7/2021

Items Returned: Instrument Supplies Other Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000875

Bill To Address:
Calhoun County SO

Ship to Address:
FDLE/ATP
813B Lake Bradford Road
Tallahassee, FL 32304

Reason for Return:

Modem jack is pushed into the unit. Data was cleared at FDLE prior to shipping.

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: Sue Barge
Phone #: 352-620-4701 Email: SusanBarge@flhsmv.gov

ATP Contact Name: Israel Soto ATP Email: IsraelSoto@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

Agency Calhoun County Sheriff's Office

S/N 80-000875

Florida Department of
Law Enforcement

Date In 10/7/2021

DI Completion Date _____

Ship P/U H/D CMI EE

Intake	By	IS	Quality Checks	By	Date	Flow Calibration	By	Date																	
<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: <u>Modem port is pushed into case, cannot connect phone line cable for uploads.</u>			<input type="checkbox"/> Breath Tube Screen <input type="checkbox"/> Replace External O-Rings <input type="checkbox"/> Instrument Set Up Verified <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Flow Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # _____ <input type="checkbox"/> Stability Checks			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)																			
			<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></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					Maintenance By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____			
Simulator	Serial #	Lot #/Exp																							
0.050																									
0.080																									
0.200																									
0.080 DGS	N/A																								
						DI Temp. Checks 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 #: _____																			

Calibration Adjustment By _____

Barometric Pressure Gauge _____ ID # _____

Simulator	Serial #	Lot #	Expiration
0.000		N/A	N/A
0.040			
0.100			
0.200			
0.300			
0.080 DGS	N/A		

Post Calibration Adjustment Stability Checks

Simulator	Serial #	Lot #	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		

Department Inspection By _____

Barometric Pressure ID# _____

Gauge _____ Instrument _____

Mouth Alcohol Solution Lot # _____

Acetone Stock Solution Lot # _____

Simulator	Serial Number
0.000	
Interferent	
0.050	
0.080	
0.200	

Attachments

<input type="checkbox"/> Form 41 <input 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 type="checkbox"/> Form 40 <input type="checkbox"/> Other _____
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Notes/Suggested Service:

Shipping instrument to fix the pushed in modem port.

Instrument uploaded through direct connect prior to shipping.

Compliance with 11D-8 FAC was not checked on this day. IS 10-07-2021

Instrument Complies with Chapter 11D-8, FAC
 Instrument Does Not Comply with Chapter 11D-8, FAC
 Return to/Place into Evidentiary Use
 Remain Out of Evidentiary Use
 Conduct an Agency Inspection Before Evidentiary Use

Tech Review / Date _____ Admin Review / Date _____