



DERR  
4/22/21

# INSTRUMENT PROCESSING SHEET

Agency Collier Broward County Sheriff's Office

S/N 80-000942

Florida Department of  
Law Enforcement

Date In 4/15/2021

DI Completion Date 4/15/2021

☐ Ship ☒ P/U ☐ H/D ☐ CMI ☐ EE

<b>Intake</b> By <u>DERR</u>		<b>Quality Checks</b> By <u>DER</u> Date <u>04/15/2021</u>		<b>Flow Calibration</b> 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: _____		<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>188</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # ATP104 32 mm <u>0.152</u> (.139 - .169) 36 mm <u>0.167</u> (.156 - .190) 53 mm <u>0.230</u> (.228 - .278) 103 mm <u>0.484</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>68639</u> <input checked="" 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)																
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0.080 DGS	N/A	AG026705 09/23/2022																		

<b>Calibration Adjustment</b> By _____				<b>Department Inspection</b> By <u>DERR</u>																															
Barometric Pressure Gauge ID # _____				Barometric Pressure ID# <u>28199</u>																															
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Notes/Suggested Service: IPS had wrong NAME  
Made corrections for the record.  
DERR 4/22/21

☒ 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

Michael D. Hughes 2021.04.15  
 12:36:05 -04'00'

Tech Review / Date

SR 15  
 13:07:51

Admin Review / Date



# 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 Inoxlyzer 8000 serial number 80-000942, manufactured by CML, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Inoxlyzer 8000.

Serial Number:	80-000942	UNCERTAINTY* $\pm$
Owning Agency:	COLLIER COUNTY SO	0.050 g/ 210 L
Calibration Date:	04/15/2021	0.080 g/ 210 L
Calibration Time:	11:21	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.

04/15/2021  
Date

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

# Florida Department of Law Enforcement

## Alcohol Testing Program

### DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: COLLIER COUNTY SO  
Time of Inspection: 11:21

Date of Inspection: 04/15/2021

Serial Number: 80-000942  
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#: AG026705 Exp: 09/23/2022
0.000	0.049	0.079	0.197	0.081
0.000	0.049	0.080	0.198	0.081
0.000	0.049	0.080	0.198	0.081
0.000	0.050	0.080	0.198	0.080
0.000	0.049	0.080	0.198	0.080
0.000	0.049	0.080	0.199	0.080
0.000	0.049	0.080	0.198	0.080
0.000	0.049	0.081	0.198	0.080
0.000	0.049	0.080	0.198	0.079
0.000	0.049	0.080	0.198	0.080

Standard Deviations	0.0003	0.0004	0.0004	0.0006
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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:

The above instrument complies ( X ) 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

04/15/2021  
Date

Type of Test	Serial Number	Agency	Date	Performed By
Stabilities	80-000942	Collier County Sheriff's Office	4/15/2021	DERR

0.05g/210L	0.08g/210L	0.20g/210L	DGS 0.08g/210L																																																																																																																																																
<input checked="" type="checkbox"/> <b>0.047 to 0.053</b>	<input checked="" type="checkbox"/> <b>0.077 to 0.083</b>	<input checked="" type="checkbox"/> <b>0.194 to 0.206</b>	<input checked="" type="checkbox"/> <b>0.077 to 0.083</b>																																																																																																																																																
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<p>Operator's Signature</p> <p>_____</p>	<p>Operator's Signature</p> <p>_____</p>	<p>Operator's Signature</p> <p>_____</p>	<p>Operator's Signature</p> <p>_____</p>																																																																																																																																																

## Return Material Authorization

Ship to:



CMI, Inc.



Enforcement Electronics

Shipment to repair facility authorized by: Thomas Graham \_\_\_\_\_ on 6/15/2021\_

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

Instrument Model: Intoxilyzer 8000\_\_    Serial Number: 80-000942\_\_\_\_\_

Bill To Address:

FDLE \_\_\_\_\_

4700 Terminal Drive \_\_\_\_\_

FT. Myers, FL 33907 \_\_\_\_\_

Apply any service credits towards this instrument from the FDLE account.

Ship to Address:

FDLE \_\_\_\_\_

4700 Terminal Drive Suite 1 \_\_\_\_\_

Fort Myers, FL 33907 \_\_\_\_\_

Reason for Return:

Instrument displays ERR 012 Contact CMI Repairs will be handled by FDLE, please apply to service credit.

**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: David Whitt \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: David.Whitt@colliersheriff.org \_\_\_\_\_

ATP Contact Name: David Reyes-Rivera      Email: Davidreyes@fdle.state.fl.us