



INSTRUMENT PROCESSING SHEET

Florida Department of
Law Enforcement

Agency Osceola County Sheriff's Office

S/N 80-000966

Date In 7/29/2021

DI Completion Date 7/30/21

Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

7/30/21 RAW 12/24/21

Intake By <u>RAW</u> ☒ Annual ☐ Registration ☐ Return from CMI / EE Visual Inspection: ☒ Case ☒ Handle ☒ Keyboard ☒ Dry Gas Shelf ☒ Feet ☒ Breath Tube ☒ Ports ☒ Screws Tight Other Equipment/ Accessories: ☐ Power cord ☐ Printer Cable ☒ Static Bag ☐ 12V DC Cable Notes:	Quality Checks By <u>RAW</u> Date <u>07/30/21</u> ☒ Breath Tube Screen ☒ Replace External O-Rings ☒ Instrument Set Up Verified ☒ R-Value <u>160</u> ☒ Flow Verification (L/s) Flow Column # <u>ATP105</u> 32 mm <u>.156</u> (.139 - .169) 36 mm <u>.175</u> (.156 - .190) 53 mm <u>.242</u> (.228 - .278) 103 mm <u>.531</u> (.447 - .547) ☒ Barometric Pressure Check Gauge ID # <u>26932</u> ☒ Stability Checks	Flow Calibration By <u>RAW</u> Date <u>07/30/21</u> Flow Column # <u>ATP105</u> ☐ 5L/min - 17mm ☐ 15L/min - 53mm ☐ 30L/min - 103mm ☐ R-Value <u>160</u> ☐ Post Calibration Verification (L/s) Flow Column # <u>ATP105</u> 32 mm <u>.156</u> (.139 - .169) 36 mm <u>.175</u> (.156 - .190) 53 mm <u>.242</u> (.228 - .278) 103 mm <u>.531</u> (.447 - .547)
	Maintenance By <u>RAW</u> ☐ Battery Replacement ☐ Dry Gas Regulator Replacement ☐ Breath Tube Replacement ☐ Other	DI Temp. Checks By <u>RAW</u> ☒ Lab Temp °C <u>22.13</u> <u>21.19</u> RAW External Digital Therm. ID#: <u>569598</u> ☒ 34°C +/- .2 Serial #: <u>MP5088</u> ☒ 34°C +/- .2 Serial #: <u>MP5089</u> ☒ 34°C +/- .2 Serial #: <u>MP5090</u>

Calibration Adjustment By <u>RAW</u> Barometric Pressure Gauge ID # <u>26932</u> <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td></td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>0.040</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.100</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.200</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.300</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table> ☐ Post Calibration Adjustment Stability Checks <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.080</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.200</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table>	Simulator	Serial #	Lot #	Expiration	0.000		N/A	N/A	0.040				0.100				0.200				0.300				0.080 DGS	N/A			Simulator	Serial #	Lot #	Expiration	0.050				0.080				0.200				0.080 DGS	N/A			Department Inspection By <u>RAW</u> Barometric Pressure ID# <u>26932</u> Gauge <u>1014</u> Instrument <u>1014</u> Mouth Alcohol Solution Lot # <u>2021-B</u> Acetone Stock Solution Lot # <u>2021-C</u> <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td>MP5086</td> </tr> <tr> <td>Interferent</td> <td>MP5087</td> </tr> <tr> <td>0.050</td> <td>MP5088</td> </tr> <tr> <td>0.080</td> <td>MP5089</td> </tr> <tr> <td>0.200</td> <td>MP5090</td> </tr> </tbody> </table>	Simulator	Serial Number	0.000	MP5086	Interferent	MP5087	0.050	MP5088	0.080	MP5089	0.200	MP5090
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Notes/Suggested Service: Instrument's modem port broken. <u>-7/30/21, RAW</u> <u>Tech Review: Added Lab Temp from thermometer log from lab at time of inspection. -RAW, 12/29/21</u>	Attachments ☒ Form 41 ☒ Stability Checks ☒ Calibration Certificate ☐ Calibration Adjustment ☐ Post-Stability Checks ☐ Flow Calibration ☐ Form 40 ☐ Other																																																												
☒ 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																																																													
Israel Soto Tech Review / Date	2022.01.10 14:50:37 Admin. Review / Date																																																												

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: OSCEOLA COUNTY SO
Time of Inspection: 11:34

Date of Inspection: 07/30/2021

Serial Number: 80-000966
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	0.152 / 0.198	0.078
0.000	0.050	0.080	0.151 / 0.198	0.078
0.000	0.050	0.080	0.151 / 0.198	0.078
0.000	0.050	0.080	0.151 / 0.198	0.077
0.000	0.050	0.080	0.150 / 0.198	0.078
0.000	0.050	0.080	0.149 / 0.198	0.078
0.000	0.050	0.080	0.149 / 0.197	0.078
0.000	0.050	0.080	0.149 / 0.198	0.078
0.000	0.050	0.081	0.198 / 0.198	0.078
0.000	0.050	0.080	0.198 / 0.197	0.078
Standard Deviations	0.0000	0.0003	0.0201 / 0.0004	0.0003

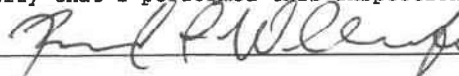
Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0002 Number of Simulators Used: 5

Remarks:

20: Control Outside Tolerance, ADJUSTED SIMULATOR & RETESTED

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.

 RICHARD A WILLIAMS
Signature and Printed Name

07/30/2021
Date

OSCEOLA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000966
07/30/2021
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:09
Control Test	0.049	09:09
Air Blank	0.000	09:10
Control Test	0.049	09:11
Air Blank	0.000	09:11
Control Test	0.049	09:12
Air Blank	0.000	09:13
Control Test Stats		
Average	0.0490	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

05

RAW

Operator's Signature

OSCEOLA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000966
07/30/2021
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:21
Control Test	0.080	09:22
Air Blank	0.000	09:23
Control Test	0.080	09:23
Air Blank	0.000	09:24
Control Test	0.079	09:25
Air Blank	0.000	09:25
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

08
wet

RAW

Operator's Signature

OSCEOLA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000966
07/30/2021
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:26
Control Test	0.198	09:27
Air Blank	0.000	09:28
Control Test	0.197	09:28
Air Blank	0.000	09:29
Control Test	0.197	09:30
Air Blank	0.000	09:30
Control Test Stats		
Average	0.1973	
Std Dev	0.0006	
Rel Std Dev(%)	0.2926	

020

RAW

Operator's Signature

OSCEOLA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000966
07/30/2021
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:32
Control Test	0.078	09:32
Air Blank	0.000	09:32
Control Test	0.078	09:33
Air Blank	0.000	09:33
Control Test	0.080	09:34
Air Blank	0.000	09:34
Control Test Stats		
Average	0.0787	
Std Dev	0.0012	
Rel Std Dev(%)	1.4678	

08
DGS

RAW

Operator's Signature

Stability Checks
80-000966
07/30/21

RAW



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 80-000966, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000966</u>	UNCERTAINTY* $\pm$
Owning Agency:	<u>OSCEOLA COUNTY SO</u>	0.050 g/ 210 L 0.005
Calibration Date:	<u>07/30/2021</u>	0.080 g/ 210 L 0.004
Calibration Time:	<u>11:34</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. Simulator temperatures are checked with NIST traceable digital thermometers calibrated by Precision Metrology in accordance with ISO/ IEC 17025 standards.

Dry gas control measurements are traceable to NIST through the use 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.

Richard A
Williams
Digitally signed by Richard A
Williams
Date: 2021.12.29 15:08:10
+05'00'

07/30/2021

Date

RICHARD A WILLIAMS,
Department Inspector

FDLE/ATP Form 69 December 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: Osceola Co. SO on 8/2/21

Items Returned: Instrument ☒ Supplies ☐ Other ☐ Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000966

Bill To Address:

Osceola County Sheriff's Office

Ship to Address:

FDLE Alcohol Testing Program

Tallahassee, Florida

Reason for Return:

Modem port displaced in instrument.

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: Owen Gayle

Phone #: 407-269-1884

Email: ogay@osceola.org

ATP Contact Name: Richard Williams ATP Email: RichardWilliams@fdle.state.fl.us