

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Clearwater PD
Time of Inspection: n/a

Date of Inspection: n/a

Serial Number: 80-001068
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK			Date and/or Time Adjusted		
Minimum Sample Volume Check: OK			Barometric Pressure Sensor Check: OK		
Alcohol Free Subject Test: 0.000			Mouth Alcohol Test: Slope Not Met		
Interferent Detect Test: Interferent Detect			Diagnostic Check (Post-Inspection): OK		

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:

Standard Deviations				
---------------------	--	--	--	--

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

Remarks:

Instrument submitted for annual inspection on 7/16/2021. Was unable to conduct the Department Inspection because the instrument would not power on. Instrument was sent to repair and did not return within the calendar year.

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.

Taylor D. Gutschow Signature and Printed Name

1/18/2022
Date

INSTRUMENT PROCESSING SHEET

Agency Clearwater PD

S/N 80-001068

Florida Department of
Law Enforcement

Date In 7/16/2021

DI Completion Date

☐ Ship☐ P/U☐ H/D

Intake	By TDG	Quality Checks	By TDG Date 7/19/2021																																																											
<input type="checkbox"/> Annual <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE Visual Inspection: <input type="checkbox"/> Case <input type="checkbox"/> Handle <input type="checkbox"/> Keyboard <input type="checkbox"/> Dry Gas Shelf <input type="checkbox"/> Feet <input type="checkbox"/> Breath Tube <input type="checkbox"/> Ports <input 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 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 <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		Flow Calibration By _____ Date _____ 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) Maintenance By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ 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 #: _____																																													
Simulator	Serial #	Lot #/Exp																																																												
0.050																																																														
0.080																																																														
0.200																																																														
0.080 DGS	N/A																																																													
Calibration Adjustment By _____ Barometric Pressure Gauge _____ ID # _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <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> <input type="checkbox"/> Post Calibration Adjustment Stability Checks <table border="1" style="width: 100%; border-collapse: collapse;"> <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 _____ Barometric Pressure ID# _____ Gauge _____ Instrument _____ Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td></td> </tr> <tr> <td>Interferent</td> <td></td> </tr> <tr> <td>0.050</td> <td></td> </tr> <tr> <td>0.080</td> <td></td> </tr> <tr> <td>0.200</td> <td></td> </tr> </tbody> </table> Attachments <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Form 41 <input type="checkbox"/> Stability Checks <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment </div> <div> <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Form 40 <input type="checkbox"/> Other _____ </div> </div>	Simulator	Serial Number	0.000		Interferent		0.050		0.080		0.200	
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																																																													
Simulator	Serial Number																																																													
0.000																																																														
Interferent																																																														
0.050																																																														
0.080																																																														
0.200																																																														
Notes/Suggested Service: <u>Sending to repair. Instrument will not power on. (TDG)</u> _____ _____ _____ _____ _____ _____		<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use <div style="display: flex; justify-content: space-between;"> <div>Tech Review / Date _____</div> <div>Admin Review / Date _____</div> </div>																																																												

Return Material Authorization

Ship to:

☐ CMI, Inc.

☒ Enforcement Electronics

Shipment to repair facility authorized by: Dave Nugent on 7/19/2021

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001068

Bill To Address:

Clearwater Police Department

Attn: Dave Nugent

645 Pierce Street

Clearwater, FL 33756

Ship to Address:

Florida Department of Law Enforcement

Fort Myers Regional Operations Center

Attn: Taylor Gutschow

4700 Terminal Drive, Suite 1

Fort Myers, FL 33907

Reason for Return:

Instrument will not power on. After pressing the green Start Test button, there is a long pause
before the light turns from red to orange, then there is a clicking sound and the light blinks off.
After another clicking sound, the red light turns back on.

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: Dave Nugent

Phone #: 727-492-0058

Email: Dave.Nugent@MyClearwater.com

ATP Contact Name: Taylor Gutschow

ATP Email: TaylorGutschow@fdle.state.fl.us