



# INSTRUMENT PROCESSING SHEET

Agency Polk CSOS/N 80-001237

Florida Department of Law Enforcement

Date In 6/30/2021DI Completion Date 7/2/2021 Ship  P/U  H/D  CMI  EE

<b>Intake</b> <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: _____ _____ _____ _____ _____ _____ _____ _____	<b>Quality Checks</b> By TDG Date <u>7/2/2021</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>107</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP101</u> 32 mm <u>0.144</u> (.139 - .169) 36 mm <u>0.160</u> (.156 - .190) 53 mm <u>0.230</u> (.228 - .278) 103 mm <u>0.488</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>68639</u> <input checked="" type="checkbox"/> Stability Checks	<b>Flow Calibration</b> 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)																					
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<b>Calibration Adjustment</b> By _____ Barometric Pressure Gauge _____ ID # _____ <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> <input type="checkbox"/> 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> Notes/Suggested Service: _____ _____ _____ _____ _____ _____ _____	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			<b>Department Inspection</b> By TDG _____ Barometric Pressure ID# <u>28199</u> Gauge <u>1016</u> Instrument <u>1016</u> Mouth Alcohol Solution Lot # <u>2020-A</u> Acetone Stock Solution Lot # <u>2020-A</u> <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td>SD3963</td> </tr> <tr> <td>Interferent</td> <td>SD1017</td> </tr> <tr> <td>0.050</td> <td>MP5092</td> </tr> <tr> <td>0.080</td> <td>MP5093</td> </tr> <tr> <td>0.200</td> <td>MP5094</td> </tr> </tbody> </table> <b>Attachments</b> <input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input checked="" 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 _____ <input checked="" type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input checked="" type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use <input checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use 2021.07. Richard A Williams <small>Digitally signed by Richard A Williams, Date: 2021.07.02 15:00:00 -0400</small> Tech Review / Date _____ Admin Review / Date <u>07 12:16:27</u>	Simulator	Serial Number	0.000	SD3963	Interferent	SD1017	0.050	MP5092	0.080	MP5093	0.200	MP5094
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# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: POLK COUNTY SO  
Time of Inspection: 13:12

Date of Inspection: 07/02/2021

Serial Number: 80-001237  
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	0.201	0.079
0.000	0.049	0.079	0.201	0.079
0.000	0.049	0.079	0.201	0.078
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0.000	0.049	0.080	0.201	0.078
0.000	0.049	0.079	0.201	0.078
0.000	0.049	0.079	0.201	0.078
0.000	0.049	0.079	0.200	0.078
0.000	0.048	0.079	0.201	0.077

Standard Deviations	0.0003	0.0004	0.0003	0.0005
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0003 Number of Simulators Used: 5

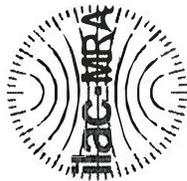
Remarks:

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.

Taylor D Gutschow TAYLOR D GUTSCHOW  
Signature and Printed Name

07/02/2021  
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 Intoxilyzer 8000 serial number 80-001237, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001237</u>	UNCERTAINTY* ±
Owning Agency:	<u>POLK COUNTY SO</u>	0.050 g/ 210 L      0.005
Calibration Date:	<u>07/02/2021</u>	0.080 g/ 210 L      0.004
Calibration Time:	<u>13:12</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.

07/02/2021

Date

TAYLOR D GUTSCHOW,

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: Thomas Graham on 12/8/2021

**Items Returned:** Instrument  Supplies  Other  Describe: \_\_\_\_\_

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001237

**Bill To Address:**  
FDLE FMROC  
4700 Terminal Drive  
Fort Myers, FL 33991

**Ship to Address:**  
FDLE FMROC  
4700 Terminal Drive Suite 1  
Ft. Myers, FL 33907

**Reason for Return:**

Clear Err 012 **ONLY** Send the repair estimate to FDLE  
Instrument does not have any records.

**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 Reyes-Rivera

Phone #: 239-335-7563 Email: \_\_\_\_\_

ATP Contact Name: David Reyes ATP Email: davidreyes@fdle.state.fl.us