

Florida Department of Law Enforcement

Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: SARASOTA COUNTY SO
Time of Inspection: 14:35

Date of Inspection: 04/08/2021

Serial Number: 80-001347
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	0.000 / 0.199	0.080
0.000	0.050	0.079	0.199 / 0.199	0.080
0.000	0.051	0.079	0.200 / 0.199	0.079
0.000	0.050	0.079	0.199 / 0.199	0.080
0.000	0.051	0.079	0.200 / 0.199	0.079
0.000	0.051	0.079	0.201 / 0.199	0.079
0.000	0.050	0.079	0.201 / 0.199	0.080
0.000	0.051	0.079	0.201 / 0.199	0.080
0.000	0.051	0.079	0.201 / 0.198	0.080
0.000	0.051	0.079	0.202 / 0.199	0.079

Standard Deviations	0.0007	0.0000	0.0633 / 0.0003	0.0005
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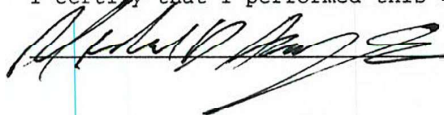
Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0003 Number of Simulators Used: 5

Remarks:

20: Control Outside Tolerance SIM NOT CONNECTED.

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.



MICHAEL D HAUGHEY
Signature and Printed Name

04/08/2021
Date

TYPE OF TEST	SERIAL NUMBER	AGENCY	DATE	PERFORMED BY
Stabilities	80-001347	Sarasota County SO	4/8/21	MX

0.05g/210L	0.08g/210L	0.20g/210L	DGS 0.08g/210L
0.047 to 0.053	0.077 to 0.083	0.194 to 0.206	0.077 to 0.083

SARASOTA COUNTY SO
Intoxilyzer - Alconol Analyzer
Model 8000 SN 80-001347
04/08/2021
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:00
Control Test	0.049	11:01
Air Blank	0.000	11:01
Control Test	0.049	11:02
Air Blank	0.000	11:02
Control Test	0.049	11:03
Air Blank	0.000	11:04
Control Test Stats		
Average	0.0490	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

MX
Operator's Signature

SARASOTA COUNTY SO
Intoxilyzer - Alconol Analyzer
Model 8000 SN 80-001347
04/08/2021
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:06
Control Test	0.079	11:07
Air Blank	0.000	11:07
Control Test	0.080	11:08
Air Blank	0.000	11:09
Control Test	0.080	11:09
Air Blank	0.000	11:10
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

MX
Operator's Signature

SARASOTA COUNTY SO
Intoxilyzer - Alconol Analyzer
Model 8000 SN 80-001347
04/08/2021
Software: 8100.27

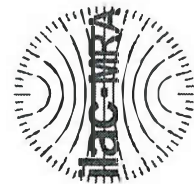
Test	g/210L	Time
Air Blank	0.000	11:12
Control Test	0.200	11:13
Air Blank	0.000	11:13
Control Test	0.199	11:14
Air Blank	0.000	11:15
Control Test	0.200	11:15
Air Blank	0.000	11:16
Control Test Stats		
Average	0.1997	
Std Dev	0.0006	
Rel Std Dev(%)	0.2892	

MX
Operator's Signature

SARASOTA COUNTY SO
Intoxilyzer - Alconol Analyzer
Model 8000 SN 80-001347
04/08/2021
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:17
Control Test	0.081	11:18
Air Blank	0.000	11:18
Control Test	0.081	11:19
Air Blank	0.000	11:19
Control Test	0.081	11:19
Air Blank	0.000	11:20
Control Test Stats		
Average	0.0810	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

MX
Operator's Signature



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 80-001347, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001347</u>	UNCERTAINTY* $\pm$	
Owning Agency:	<u>SARASOTA COUNTY SO</u>	0.050 g/ 210 L	0.005
Calibration Date:	<u>04/08/2021</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>14:35</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.

04/08/2021

Date


MICHAEL D HAUGHEY,
Department Inspector

FDLE/ATP Form 69 January 2021

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

Page 1 of 1



INSTRUMENT PROCESSING SHEET

Agency Sarasota CSO

S/N 80-001347

Florida Department of
Law Enforcement

Date In 12/22/2020 DI Completion Date 01/12/2021

☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake Performed By <u>TDG</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 Performed By <u>TDG</u> ☒ Breath Tube Screen ☒ Replace External O-Rings ☒ Instrument Set Up Verified ☒ R-Value <u>117</u> ☒ Flow Verification (L/s) Flow Column # <u>ATP106</u> 32 mm <u>0.152</u> (.139 - .169) 36 mm <u>0.167</u> (.156 - .190) 53 mm <u>0.242</u> (.228 - .278) 103 mm <u>0.503</u> (.447 - .547) ☒ Barometric Pressure Check Gauge ID # <u>68639</u> ☒ 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>MP4863</td> <td>202010A 10/05/2022</td> </tr> <tr> <td>0.080</td> <td>MP4864</td> <td>202010B 10/05/2022</td> </tr> <tr> <td>0.200</td> <td>MP5097</td> <td>202010D 10/06/2022</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG003005 01/30/2022</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	MP4863	202010A 10/05/2022	0.080	MP4864	202010B 10/05/2022	0.200	MP5097	202010D 10/06/2022	0.080 DGS	N/A	AG003005 01/30/2022	Flow Calibration Performed By _____ Flow Column # _____ ☐ 5L/min - 17mm ☐ 15L/min - 53mm ☐ 30L/min - 103mm ☐ R-Value _____ ☐ Post Calibration Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) Maintenance Performed By _____ ☐ Battery Replacement ☐ Dry Gas Regulator Replacement ☐ Breath Tube Replacement ☐ Other _____ Temperature Checks Performed By <u>TDC</u> ☒ Lab Temp °C <u>21.56</u> External Digital Therm. ID#: <u>300504</u> ☒ 34°C +/-2 Serial #: <u>MP4863</u> ☒ 34°C +/-2 Serial #: <u>MP4864</u> ☒ 34°C +/-2 Serial #: <u>MP5097</u>																																													
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Calibration Adjustment Performed By _____ Barometric Pressure Gauge _____ ID # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> <th>Lot Number</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 Number	Lot Number	Expiration	0.000		N/A	N/A	0.040				0.100				0.200				0.300				0.080 DGS	N/A			Simulator	Serial Number	Lot Number	Expiration	0.050				0.080				0.200				0.080 DGS	N/A			Department Inspection Performed By <u>MH</u> Barometric Pressure ID# <u>28663</u> Gauge <u>1023</u> Instrument <u>1023</u> Mouth Alcohol Solution Lot # <u>2020-A</u> Acetone Stock Solution Lot # <u>2019-A</u> <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>SD1014</td> </tr> <tr> <td>Interferent</td> <td>SD1015</td> </tr> <tr> <td>0.050</td> <td>MP4863</td> </tr> <tr> <td>0.080</td> <td>MP4864</td> </tr> <tr> <td>0.200</td> <td>MP5097</td> </tr> </tbody> </table> Attachments ☒ Form 41 ☐ Post-Stability Checks ☒ Stability Checks ☐ Flow Calibration ☒ Calibration Certificate ☐ Form 40 ☐ Calibration Adjustment ☐ 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 <u>Israel Soto</u> 01-12-2021 Tech Review / Date <u>SR</u> 12 23:48:15 Admin Review / Date		Simulator	Serial Number	0.000	SD1014	Interferent	SD1015	0.050	MP4863	0.080	MP4864	0.200	MP5097
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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: SARASOTA COUNTY SO
Time of Inspection: 11:48

Date of Inspection: 01/12/2021

Serial Number: 80-001347
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#:AG003005 Exp: 01/30/2022
0.000	0.049	0.078 / 0.077	0.199	0.080
0.000	0.049	0.079 / 0.077	0.199	0.080
0.000	0.049	0.079 / 0.077	0.199	0.079
0.000	0.049	0.079 / 0.078	0.200	0.079
0.000	0.050	0.080 / 0.078	0.199	0.079
0.000	0.050	0.079 / 0.078	0.200	0.079
0.000	0.049	0.080 / 0.078	0.200	0.078
0.000	0.049	0.079 / 0.078	0.200	0.079
0.000	0.049	/ 0.078	0.200	0.079
0.000	0.049	/ 0.077	0.199	0.079

Standard Deviations	0.0004	/ 0.0005	0.0005	0.0005
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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:

08: Ambient Fail. UNK. CLEARED ROOM.

15

2021.01
.12
23:47:4
3-05'00

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.

MICHAEL D HAUGHEY

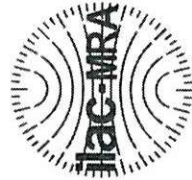
Signature and Printed Name

01/12/2021
Date

Type of Test	Serial Number	Agency	Date	Performed By
Stabilities	80-001347	Sarasota CSO	01/12/2021	TDG <i>MG</i>

0.05g/210L	0.08g/210L	0.20g/210L	DGS 0.08g/210L
0.047 to 0.053	0.077 to 0.083	0.194 to 0.206	0.077 to 0.083
✓	✓	✓	✓
SARASOTA COUNTY SO Intoxilyzer - Alcohol Analyzer Model 8000 01/12/2021 Software: 8100.27 Test g/210L Time Air Blank 0.000 09:38 Control Test 0.049 09:39 Air Blank 0.000 09:39 Control Test 0.049 09:40 Air Blank 0.000 09:40 Control Test 0.050 09:41 Air Blank 0.000 09:42 Control Test Stats Average 0.0493 Std Dev 0.0006 Rel Std Dev(%) 1.1703 <i>MG</i> Operator's Signature	SARASOTA COUNTY SO Intoxilyzer - Alcohol Analyzer Model 8000 01/12/2021 Software: 8100.27 Test g/210L Time Air Blank 0.000 09:44 Control Test 0.079 09:45 Air Blank 0.000 09:46 Control Test 0.079 09:46 Air Blank 0.000 09:47 Control Test 0.079 09:48 Air Blank 0.000 09:48 Control Test Stats Average 0.0790 Std Dev 0.0000 Rel Std Dev(%) 0.0000 <i>MG</i> Operator's Signature	SARASOTA COUNTY SO Intoxilyzer - Alcohol Analyzer Model 8000 01/12/2021 Software: 8100.27 Test g/210L Time Air Blank 0.000 09:51 Control Test 0.201 09:52 Air Blank 0.000 09:52 Control Test 0.200 09:53 Air Blank 0.000 09:53 Control Test 0.199 09:54 Air Blank 0.000 09:55 Control Test Stats Average 0.2000 Std Dev 0.0010 Rel Std Dev(%) 0.5000 <i>MG</i> Operator's Signature	<i>DGS</i> SARASOTA COUNTY SO Intoxilyzer - Alcohol Analyzer Model 8000 01/12/2021 Software: 8100.27 Test g/210L Time Air Blank 0.000 09:56 Control Test 0.080 09:56 Air Blank 0.000 09:57 Control Test 0.079 09:57 Air Blank 0.000 09:57 Control Test 0.080 09:58 Air Blank 0.000 09:58 Control Test Stats Average 0.0797 Std Dev 0.0006 Rel Std Dev(%) 0.7247 <i>MG</i> Operator's Signature

Comments:



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 80-001347, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001347</u>	UNCERTAINTY* $\pm$
Owning Agency:	<u>SARASOTA COUNTY SO</u>	0.050 g/ 210 L 0.004
Calibration Date:	<u>01/12/2021</u>	0.080 g/ 210 L 0.005
Calibration Time:	<u>11:48</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.

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01/12/2021

Date


MICHAEL D HAUGHEY,
Department Inspector

FDLE/ATP Form 69 April 2020

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

Page 1 of 1

2021.01.
12
23:44:12
-05'00'

Return Material Authorization

Ship to:

☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Michael Feltovic on 10/19/2021

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001347

Bill To Address:

Sarasota County Sheriff's Office

Attn: Michael Feltovic

6010 Cattleridge Blvd

Sarasota, Florida 34232

Ship to Address:

Florida Department of Law Enforcement

Fort Myers Regional Operations Center

Attn: Alcohol Testing Program

4700 Terminal Drive, Suite 1

Fort Myers, FL 33907

Reason for Return:

Instrument has recurring DSP fails

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: Michael Feltovic

Phone #: 941-861-4076

Email: Michael.Feltovic@sarasotasheriff.org

ATP Contact Name: Taylor Gutschow

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