



INSTRUMENT PROCESSING SHEET

Agency Charlotte County Sheriff's Office

S/N 80-000946

Florida Department of
Law Enforcement

Date In 11/7/2022

DI Completion Date 11/8/2022

☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake	By <u>DERR</u>	Quality Checks	By <u>DERR</u>	Date <u>11/8/2022</u>	Flow Calibration	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 checked="" 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>157</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP101</u> 32 mm <u>0.160</u> (.139 - .169) 36 mm <u>0.175</u> (.156 - .190) 53 mm <u>0.234</u> (.228 - .278) 103 mm <u>0.503</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28199</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)			
					Maintenance By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ _____ _____ _____ _____ _____			

Calibration Adjustment	By _____	Department Inspection	By <u>DERR</u>																																																														
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> 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			Barometric Pressure ID# <u>26932</u> Gauge <u>1016</u> Instrument <u>1018</u> Mouth Alcohol Solution Lot # <u>2021-D</u> Acetone Stock Solution Lot # <u>2021-C</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>MP6284</td> </tr> <tr> <td>Interferent</td> <td>MP6285</td> </tr> <tr> <td>0.050</td> <td>MP6286</td> </tr> <tr> <td>0.080</td> <td>MP6287</td> </tr> <tr> <td>0.200</td> <td>MP6288</td> </tr> </tbody> </table> Attachments <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input checked="" 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> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <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 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Phil Nicodemo <small>Digitally signed by Phil Nicodemo Date: 2022.11.08 12:20:42 -05'00'</small> </div> <div> Israel Soto <small>Digitally signed by Israel Soto Date: 2022.11.09 07:28:23 -05'00'</small> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Tech Review / Date _____</div> <div>Admin Review / Date _____</div> </div>		Simulator	Serial Number	0.000	MP6284	Interferent	MP6285	0.050	MP6286	0.080	MP6287	0.200	MP6288		
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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 80-000946, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000946</u>	UNCERTAINTY* \pm	
Owning Agency:	<u>CHARLOTTE COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>11/08/2022</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>09:15</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.

11/08/2022

Date


DAVID E REYES-RIVERA,
Department Inspector

FDLE/ATP Form 69 December 2021

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: CHARLOTTE COUNTY SO
Time of Inspection: 09:15

Date of Inspection: 11/08/2022

Serial Number: 80-000946
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#:202201C Exp: 01/11/2024	0.08g/210L Test (g/210L) Lot#:202201D Exp: 01/18/2024	0.20g/210L Test (g/210L) Lot#:202201E Exp: 01/18/2024	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:00521080A2 Exp: 02/05/2023
0.000	0.049	0.078	0.198	0.078
0.000	0.049	0.078	0.198	0.078
0.000	0.049	0.078	0.199	0.078
0.000	0.048	0.078	0.197	0.078
0.000	0.048	0.078	0.198	0.077
0.000	0.049	0.078	0.198	0.077
0.000	0.048	0.078	0.197	0.077
0.000	0.048	0.077	0.197	0.077
0.000	0.049	0.078	0.197	0.078
0.000	0.048	0.077	0.197	0.077

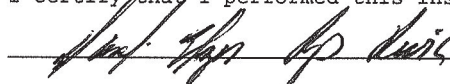
Standard Deviations	0.0005	0.0004	0.0006	0.0005
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0005 Number of Simulators Used: 5

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.

 _____
Signature and Printed Name

DAVID E REYES-RIVERA

11/08/2022
Date

Type of Test	Serial Number	Agency	Date	Performed By
Stabilities	80-000946	Charlotte County Sheriff's Office	11/8/2022	DÉRR 

0.05g/210L 0.047 to 0.053 <input checked="" type="checkbox"/>	0.08g/210L 0.077 to 0.083 <input checked="" type="checkbox"/>	0.20g/210L 0.194 to 0.206 <input checked="" type="checkbox"/>	DGS 0.08g/210L 0.077 to 0.083 <input checked="" type="checkbox"/>																																																																																																																																																
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