



Agency Franklin County Sheriff's Office

S/N 80-000953

Date In 1/12/2022 DI Completion Date 01-13-2022

☐ Ship ☒ P/U ☐ H/D ☐ CMI ☐ EE

Calibration Adjustment

By _____

Barometric Pressure Gauge	ID #
---------------------------	------

☐ Post Calibration Adjustment Stability Checks

Notes/Suggested Service:

Department Inspection

By IS

Barometric Pressure ID# 28421

Gauge 1018	Instrument 1014
------------	-----------------

Mouth Alcohol Solution Lot # 2021-D

Acetone Stock Solution Lot # 2021-C

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

Taylor
Gutschow

Digitally signed by Taylor
Gutschow
Date: 2022.01.14 14:35:29
+05'00'

Tech Review / Date

Admin Review / Date

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: FRANKLIN COUNTY SO
Time of Inspection: 12:10

Date of Inspection: 01/13/2022

Serial Number: 80-000953
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#:AG113403 Exp: 05/14/2023
0.000	0.050	0.079	0.203	0.078
0.000	0.050	0.079	0.203	0.077
0.000	0.050	0.080	0.204	0.077
0.000	0.050	0.080	0.204	0.078
0.000	0.050	0.080	0.203	0.078
0.000	0.050	0.080	0.203	0.077
0.000	0.050	0.080	0.203	0.077
0.000	0.050	0.080	0.204	0.077
0.000	0.050	0.080	0.203	0.078
0.000	0.050	0.080	0.204	0.077

Standard Deviations	0.0000	0.0004	0.0005	0.0005
---------------------	--------	--------	--------	--------

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.

Israel Soto

ISRAEL SOTO

Signature and Printed Name

01/13/2022
Date

STABILITY CHECKS

80-000953

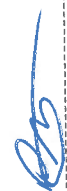
FRANKLIN COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000
01/13/2022
Software: 8100.27

FRANKLIN COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000
01/13/2022
Software: 8100.27

FRANKLIN COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000
01/13/2022
Software: 8100.27

FRANKLIN COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000
01/13/2022
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:15
Control Test	0.050	09:16
Air Blank	0.000	09:16
Control Test	0.050	09:17
Air Blank	0.000	09:18
Control Test	0.050	09:18
Air Blank	0.000	09:19
Control Test Stats		
Average	0.0500	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	


Operator's Signature

Test	g/210L	Time
Air Blank	0.000	09:21
Control Test	0.080	09:22
Air Blank	0.000	09:22
Control Test	0.080	09:23
Air Blank	0.000	09:23
Control Test	0.080	09:24
Air Blank	0.000	09:25
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	


Operator's Signature

Test	g/210L	Time
Air Blank	0.000	09:26
Control Test	0.203	09:27
Air Blank	0.000	09:28
Control Test	0.203	09:28
Air Blank	0.000	09:29
Control Test	0.202	09:30
Air Blank	0.000	09:30
Control Test Stats		
Average	0.2027	
Std Dev	0.0006	
Rel Std Dev(%)	0.2849	


Operator's Signature

Test	g/210L	Time
Air Blank	0.000	09:32
Control Test	0.079	09:32
Air Blank	0.000	09:33
Control Test	0.080	09:33
Air Blank	0.000	09:34
Control Test	0.079	09:34
Air Blank	0.000	09:34
Control Test Stats		
Average	0.0793	
Std Dev	0.0006	
Rel Std Dev(%)	0.7277	

D65


Operator's Signature



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 80-000953, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000953</u>	UNCERTAINTY* $\pm$
Owning Agency:	<u>FRANKLIN COUNTY SO</u>	0.050 g/ 210 L 0.004
Calibration Date:	<u>01/13/2022</u>	0.080 g/ 210 L 0.004
Calibration Time:	<u>12:10</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.

Israel Soto
Soto
Digitally signed by Israel
Date: 2022.01.13 12:34:10
-05'00'

01/13/2022

Date

ISRAEL SOTO,
Department Inspector

FDLE/ATP Form 69 January 2022

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality



INSTRUMENT PROCESSING SHEET

Agency Franklin County Sheriff's Office

S/N 80-000953

Florida Department of
Law Enforcement

Date In 11-3-2022

DI Completion Date _____

☐ Ship

☐ P/U

☐ H/D

☐ CMI

☒ EE

Intake	By <u>IS</u>	Quality Checks	By _____	Date _____	Flow Calibration	By _____	Date _____															
☐ 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: <u>Instrument would not power on at Agency.</u>		☐ Breath Tube Screen ☐ Replace External O-Rings ☐ Instrument Set Up Verified ☐ R-Value _____ ☐ Flow Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) ☐ Barometric Pressure Check Gauge ID # _____ ☐ Stability Checks			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)																	
		<table border="1"> <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				Maintenance By _____ ☐ Battery Replacement ☐ Dry Gas Regulator Replacement ☐ Breath Tube Replacement ☐ Other _____		
Simulator	Serial #	Lot #/Exp																				
0.050																						
0.080																						
0.200																						
0.080 DGS	N/A																					

Calibration Adjustment	By _____	Department Inspection	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> ☐ 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				Barometric Pressure ID# _____ Gauge _____ Instrument _____ Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____ <table border="1"> <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>	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>Was able to power instrument on briefly, uploaded records. Instrument would not power on afterwards. Sending instrument to repair facility, compliance with 11D-8 not determined. IS</u>		Attachments ☐ Form 41 ☐ Post-Stability Checks ☐ Stability Checks ☐ Flow Calibration ☐ Calibration Certificate ☐ Form 40 ☐ Calibration Adjustment ☒ Other <u>Form 51</u>																																																													
		☐ 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																																																													
		Tech Review / Date _____ Admin Review / Date _____																																																													

Return Material Authorization

Ship to: ☐ CMI, Inc.
☒ Enforcement Electronics

Shipment to repair facility authorized by: Fred Hening on 11-2-2022

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000953

Bill To Address:

Franklin County Sheriff's Office

Ship to Address:

FDLE Off-Site Mail Facility

Alcohol Testing Program

813 B Lake Bradford Rd

Tallahassee, FL 32304

Reason for Return:

Instrument does not power 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: Fred Hening

Phone #: 850-445-8001

Email: fredrickhening@flhsmv.gov

ATP Contact Name: Israel Soto ATP Email: israelsoto@fdle.state.fl.us