



INSTRUMENT PROCESSING SHEET

Agency Clay County Sheriff's OfficeS/N 80-001071Florida Department of
Law EnforcementDate In 05-23-2023 DI Completion Date 05-23-2023☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake	By IS	Quality Checks	By IS	Date <u>05-23-2023</u>	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: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		☒ Breath Tube Screen ☒ Replace External O-Rings ☒ Instrument Set Up Verified ☒ R-Value <u>206</u> ☒ Flow Verification (L/s) Flow Column # <u>ATP-103</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>0.503</u> (.447 - .547) ☒ Barometric Pressure Check Gauge ID # <u>28662</u> ☒ 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>MP5088</td><td>202201C 01-11-2024</td></tr><tr><td>0.080</td><td>MP5089</td><td>202201D 01-18-2024</td></tr><tr><td>0.200</td><td>MP5090</td><td>202201E 01-18-2024</td></tr><tr><td>0.080 DGS</td><td>N/A</td><td>AG229803 10-25-2024</td></tr></tbody></table>			Simulator	Serial #	Lot #/Exp	0.050	MP5088	202201C 01-11-2024	0.080	MP5089	202201D 01-18-2024	0.200	MP5090	202201E 01-18-2024	0.080 DGS	N/A	AG229803 10-25-2024	<table border="1"><thead><tr><th colspan="2">Maintenance</th><th>By</th></tr></thead><tbody><tr><td>☐ Battery Replacement</td><td></td><td></td></tr><tr><td>☐ Dry Gas Regulator Replacement</td><td></td><td></td></tr><tr><td>☐ Breath Tube Replacement</td><td></td><td></td></tr><tr><td>☐ Other _____</td><td></td><td></td></tr><tr><td>_____</td><td></td><td></td></tr><tr><td>_____</td><td></td><td></td></tr><tr><td>_____</td><td></td><td></td></tr><tr><td>_____</td><td></td><td></td></tr></tbody></table>			Maintenance		By	☐ Battery Replacement			☐ Dry Gas Regulator Replacement			☐ Breath Tube Replacement			☐ Other _____			_____			_____			_____			_____		
Simulator	Serial #	Lot #/Exp																																															
0.050	MP5088	202201C 01-11-2024																																															
0.080	MP5089	202201D 01-18-2024																																															
0.200	MP5090	202201E 01-18-2024																																															
0.080 DGS	N/A	AG229803 10-25-2024																																															
Maintenance		By																																															
☐ Battery Replacement																																																	
☐ Dry Gas Regulator Replacement																																																	
☐ Breath Tube Replacement																																																	
☐ Other _____																																																	

Calibration Adjustment		By _____			Department Inspection																																												
Barometric Pressure Gauge _____ ID # _____					Barometric Pressure ID# <u>28662</u>																																												
<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>		Simulator	Serial #	Lot #	Expiration	0.000		N/A	N/A	0.040				0.100				0.200				0.300				0.080 DGS	N/A						Gauge <u>1010</u> Instrument <u>1009</u>																
Simulator	Serial #	Lot #	Expiration																																														
0.000		N/A	N/A																																														
0.040																																																	
0.100																																																	
0.200																																																	
0.300																																																	
0.080 DGS	N/A																																																
					Mouth Alcohol Solution Lot # <u>2022-A</u>																																												
					Acetone Stock Solution Lot # <u>2022-B</u>																																												
					<table border="1"><thead><tr><th>Simulator</th><th>Serial Number</th></tr></thead><tbody><tr><td>0.000</td><td>MP5086</td></tr><tr><td>Interferent</td><td>MP5087</td></tr><tr><td>0.050</td><td>MP5088</td></tr><tr><td>0.080</td><td>MP5089</td></tr><tr><td>0.200</td><td>MP5090</td></tr></tbody></table>			Simulator	Serial Number	0.000	MP5086	Interferent	MP5087	0.050	MP5088	0.080	MP5089	0.200	MP5090																														
Simulator	Serial Number																																																
0.000	MP5086																																																
Interferent	MP5087																																																
0.050	MP5088																																																
0.080	MP5089																																																
0.200	MP5090																																																
☐ Post Calibration Adjustment Stability Checks					Attachments																																												
<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	0.050				0.080				0.200				0.080 DGS	N/A						☒ Form 41 ☒ Stability Checks ☒ Calibration Certificate ☐ Calibration Adjustment																								
Simulator	Serial #	Lot #	Expiration																																														
0.050																																																	
0.080																																																	
0.200																																																	
0.080 DGS	N/A																																																
					☐ Post-Stability Checks ☐ Flow Calibration ☐ Form 40 ☐ Other _____																																												
Notes/Suggested Service: _____ _____ _____ _____ _____ _____ _____ _____ _____					☒ 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: 2023.05.24 10:41:14 -04'00'																																												
					Phil Nicodemo Digitally signed by Phil Nicodemo Date: 2023.05.25 10:36:00 -04'00'																																												
					Tech Review / Date _____ Admin Review / Date _____																																												

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: CLAY COUNTY SO
Time of Inspection: 15:49

Date of Inspection: 05/23/2023

Serial Number: 80-001071
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#:AG229803 Exp: 10/25/2024
0.000	0.048	0.077	0.200	0.077
0.000	0.048	0.077	0.200	0.077
0.000	0.048	0.077	0.200	0.077
0.000	0.048	0.077	0.200	0.078
0.000	0.048	0.077	0.200	0.078
0.000	0.048	0.077	0.200	0.077
0.000	0.048	0.077	0.200	0.078
0.000	0.048	0.077	0.200	0.078
0.000	0.048	0.077	0.200	0.077
0.000	0.048	0.078	0.200	0.078

Standard Deviations	0.0000	0.0003	0.0000	0.0005
---------------------	--------	--------	--------	--------

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0002 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

05/23/2023
Date

stability checks

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001071
05/23/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:26
Control Test	0.048	13:26
Air Blank	0.000	13:27
Control Test	0.048	13:28
Air Blank	0.000	13:28
Control Test	0.048	13:29
Air Blank	0.000	13:29
Control Test Stats		
Average	0.0480	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001071
05/23/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:30
Control Test	0.078	13:31
Air Blank	0.000	13:31
Control Test	0.077	13:32
Air Blank	0.000	13:33
Control Test	0.077	13:33
Air Blank	0.000	13:34
Control Test Stats		
Average	0.0773	
Std Dev	0.0006	
Rel Std Dev(%)	0.7466	

Operator's Signature

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001071
05/23/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:36
Control Test	0.200	13:37
Air Blank	0.000	13:37
Control Test	0.199	13:38
Air Blank	0.000	13:38
Control Test	0.200	13:39
Air Blank	0.000	13:40
Control Test Stats		
Average	0.1997	
Std Dev	0.0006	
Rel Std Dev(%)	0.2892	

Operator's Signature

wet

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001071
05/23/2023
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:42
Control Test	0.077	13:42
Air Blank	0.000	13:42
Control Test	0.077	13:43
Air Blank	0.000	13:43
Control Test	0.077	13:44
Air Blank	0.000	13:44
Control Test Stats		
Average	0.0770	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature

Dry



Calibration Certificate

Florida Department of Law Enforcement
Alcohol Testing Program
2331 Phillips Road.
Suite B1032
Tallahassee, FL 32308

This is to certify the calibration of Intoxilyzer 8000 serial number 80-001071 , manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001071</u>	UNCERTAINTY* $\pm$	
Owning Agency:	<u>CLAY COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>05/23/2023</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>15:49</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 Soto
Date: 2023.05.23 16:28:49 -04'00'

05/23/2023

Date

ISRAEL SOTO,
Department Inspector

FDLE/ATP Form 69 March 2022

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality



Agency Clay County Sheriff's Office

S/N 80-001071

Date In 03-03-2023 DI Completion Date

☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Calibration Adjustment

By

Barometric Pressure Gauge _____ ID # _____

☐ Post Calibration Adjustment Stability Checks

Notes/Suggested Service: Breath tube not heating,
instrument will not enter Ready Mode. Put on a FDLE
breath tube and the tube still would not heat. Returning
instrument to repair. Compliance with 11D-8 was not
determined. JS

Department Inspection

By

Barometric Pressure ID# _____

Gauge _____ Instrument _____

Mouth Alcohol Solution Lot #

Acetone Stock Solution Lot #

Attachments

- | | |
|--|---|
| ☐ Form 41 | ☐ Post-Stability Checks |
| ☐ Stability Checks | ☐ Flow Calibration |
| ☐ Calibration Certificate | ☐ Form 40 |
| ☐ Calibration Adjustment | ☒ Other Form 51 |

- ☐ 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: Israel Soto on 03-08-2023

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001071

Bill To Address:

Returning to repair

Ship to Address:

Alcohol Testing Program - FDLE

813 B Lake Bradford Rd

Tallahassee, FL 32304

Reason for Return:

Instrument was returned to us from repair. Instrument breath tube does not heat. Connected a working breath tube to instrument and the tube still did not heat.

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: Richard Patrone

Phone #: 904-315-8056 Email: rpatrone@claysheriff.com

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