Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Columbia County SO Time of Inspection: Date of Inspection: N/A

Serial Number: 80-000775

Software:

Diagnostic Check (Pre-Inspection): OK Minimum Sample Volume Check: OK Alcohol Free Subject Test: 0.000 Interferent Detect Interferent Detect Alcohol Free (g/210L) Lot#: Exp: Date and/or Time Adjusted Barometric Pressure Sensor Check: OK Mouth Alcohol Test: Slope Not Met Diagnostic Check (Post-Inspection): OK Alcohol Free (g/210L) Lot#: Exp: D.08g/210L Test (g/210L) Lot#: Exp: D.08g/210L Test (g/210L) Lot#: Exp: Exp: Double Interferent Detect O.08g/210L Test (g/210L) Lot#: Exp: Exp: Exp: Standard Deviations	Check or Test		YES NO Check or Test YES NO				NO	
Minimum Sample Volume	Diagnostic Check				Date and	d/or Time Adjusted	IL.	
Check: OK	(Pre-Inspection)	: OK						
Alcohol Free Subject Test: 0.000 Interferent Detect Test: Interferent Detect Alcohol Free Subject Test: 0.000 Interferent Detect Diagnostic Check (Post-Inspection): OK Alcohol Free (g/210L) Lot#: Exp: Diagnostic Check (Post-Inspection): OK 0.08g/210L Test (g/210L) Lot#: Exp: Exp: Diagnostic Check (Post-Inspection): OK 0.08 g/210L Dry Gas Std Tes (g/210L) Lot#: Exp: Exp: Exp: Exp: Exp: Exp:					Barometi	ric Pressure Sensor		
Slope Not Met					Check: C	OK		
Interferent Detect	Alcohol Free Sub	ject						
Interferent Detect	Test: 0.000	_			Slope No	ot Met		
Interferent Detect	Interferent Dete	ct Test:						
Alcohol Free 0.05g/210L Test (g/210L) (g/210L) (g/210L) Dry Gas Std Test (g/210L) Lot#: Lot#: Lot#: Lot#: Exp: Exp:	Interferent Dete	ct			(Post-Ir	nspection): OK		
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Exp:	(g/210L)	THE PROPERTY OF THE PARTY OF TH		100000000000000000000000000000000000000		(CONT. 1907-1901		
		Exp:		Exp:		Exp:		
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verage Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: Number of Simulators Used:	verage Standard Devi	ation of 0.05	0 08 and	1 0 20 a/21	OI. Tests:	Number of Simu	lators Used	
			, 0.00	- 00 g,				-
emarks:								
As of 12/27/24, instrument is out for repair. Unable to perform 2024 Department Inspection.	emarks:							

N/A - Compliance Not determined DA 12/27/29

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.

Destinee Armstrong

Signature and Printed Name

12/27/2024 Date



INSTRUMENT PROCESSING SHEET

	Agency Columbia Co	ounty SO	s/N80-000775				
Florida Department of Law Enforcement	Date In <u>9/4/2024</u>	DI Completion Date _	□Ship	□P/U	□H/D	□смі	■ EE

_aw Enforce	ement								
Intake B	yDA Date_9/5	5/24	Quality Ch	ecks	Ву	Date			
■ Annual □ Registrati □ Return fro Visual Inspec □ Case ■ Keyboard ■ Feet ■ Ports Other Equip □ Power co □ Static Bag	on om CMI / EE ction:	elf e nt ole	Quality Checks By Breath Tube Screen Replace External O-Ri Instrument Set Up Ve R-Value Flow Verification (L/s) Flow Column # 32 mm 36 mm 53 mm 103 mm Barometric Pressure Gauge ID # Stability Checks Simulator Serial # 0.050 0.080			(.139169) (.156190) (.228278) (.447547)	Flow Column # 5L/min – 17mm		
			0.080 DG		N/A				
				By_		Department Inspec			Ву
	Pressure Gauge		ID #			Barometric Pressure			
Simulator 0.000	Serial #	Lot #			ration	Gauge	-	·	
0.000			N/A	ľ	N/A	Mouth Alcohol Solu Acetone Stock Solut			
0.100						Simulator	.1011 LOL #	Serial Number	
						0.000		Serial Nulliber	
0.200						Interferent			
0.300						0.050			
0.080 DGS	N/A					0.080			
☐ Post Calib	ration Adjustment	Stabilit	y Checks			0.200			
Simulator	Serial #	Lot #		Expir	ation	Attachments			
0.050						☐ Form 41		☐ Post-Stabilit	•
0.080						Stability Checks		☐ Flow Calibra	tion
0.200						☐ Calibration Cert		☐ Form 40	
0.080 DGS	N/A					☐ Calibration Adju	ıstment	Other	
Notes/Sugge	ested Service:					☐ Instrument Cor ☐ Instrument Doe ☐ Return to/Place ☐ Remain Out of ☐ Conduct an Age	es Not Comp e into Evider Evidentiary	oly with Chapter : ntiary Use Use	11D-8, FAC
						Tech Review / Da	ite	Admin Review	/ Date

Return Material Authorization

9	Ship to: CMI, Inc.						
	✓ Enforcement Electronics						
Shipment to repair facility authorized by: Sgt James Cason on 10/3/2024							
Snipment to repair facility authorized by: On							
<u>Items Returned:</u> Instrument ☑ Supplies □ Other □ Describe:							
Instrument Model: Intoxilyzer 8000 Serial Number: 80-000775							
Bill To Address:	Ship to Address:						
Columbia County SO	FDLE Off-Site Mail Facility						
ATTN: Sgt James Cason	c/o Florida Department of Law Enforcemen						
	Alcohol Testing Program						
	813 B Lake Bradford Rd						
	Tallahassee, FL 32304						
Reason for Return: Instrument will 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: Sgt James Cason							
	mail: James.Cason@columbiasheriff.org						
ATP Contact Name: Destinee Armstrong							