

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Lake County SO
Time of Inspection:

Date of Inspection: N/A

Serial Number: 80-000822
Software:

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK			Date and/or Time Adjusted		
Minimum Sample Volume Check: OK			Barometric Pressure Sensor Check: OK		
Alcohol Free Subject Test: 0.000			Mouth Alcohol Test: Slope Not Met		
Interferent Detect Test: Interferent Detect			Diagnostic Check (Post-Inspection): OK		

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:

Standard Deviations				
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: _____ Number of Simulators Used: _____

Remarks:

As of 12/18/2024 instrument is currently out for repair. Unable to perform 2024 Department Inspection.

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

12/18/2024

Date







INSTRUMENT PROCESSING SHEET

Agency Lake CSOS/N 80-000822Florida Department of
Law EnforcementDate In 08/05/2024DI Completion Date N/A☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake By <u>TDG</u> Date <u>08/06/2024</u>		Quality Checks By <u>TDG</u> Date <u>08/06/2024</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>133</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP104</u> 32 mm <u>0.148</u> (.139 - .169) 36 mm <u>0.171</u> (.156 - .190) 53 mm <u>0.238</u> (.228 - .278) 103 mm <u>0.492</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>26932</u> <input checked="" type="checkbox"/> Stability Checks <table border="1" style="width:100%"><thead><tr><th>Simulator</th><th>Serial #</th><th>Lot #/Exp</th></tr></thead><tbody><tr><td>0.050</td><td>MP5099</td><td>202303K 03/29/2025</td></tr><tr><td>0.080</td><td>MP5100</td><td>202303L 03/29/2025</td></tr><tr><td>0.200</td><td>MP5101</td><td>202304C 04/05/2025</td></tr><tr><td>0.080 DGS</td><td>N/A</td><td>01923080A3 02/05/2025</td></tr></tbody></table>		Simulator	Serial #	Lot #/Exp	0.050	MP5099	202303K 03/29/2025	0.080	MP5100	202303L 03/29/2025	0.200	MP5101	202304C 04/05/2025	0.080 DGS	N/A	01923080A3 02/05/2025	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)																																														
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Stability Checks

0.05g/210L 0.047 to 0.053	0.08g/210L 0.077 to 0.083	0.20g/210L 0.194 to 0.206	DGS 0.08g/210L 0.077 to 0.083 ✓ ≤0.003 of Wet																																																																																																																																																
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Return Material Authorization

Ship to:

☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Matthew Bowden on 08/06/2024

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000822

Bill To Address:

Lake County SO

Attn: Sgt Jeff DeSantis

Ship to Address:

Florida Department of Law Enforcement

Fort Myers Regional Operations Center

Attn: Taylor Gutschow

4700 Terminal Drive, Suite 1

Fort Myers, FL 33907

Reason for Return:

Instrument reads 0.000 on all simulator samples. No bubbles in the simulator when instrument runs a wet-bath Control Test. Records uploaded by FDLE.

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. Jeff DeSantis

Phone #: 352-602-9722 Email: jeff.desantis@lcsso.org

ATP Contact Name: Taylor Gutschow ATP Email: TaylorGutschow@fdle.state.fl.us