



INSTRUMENT PROCESSING SHEET

Agency Leon County SOS/N 80-000958Florida Department of
Law EnforcementDate In 09/24/2024 DI Completion Date 10/10/2024☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake By <u>ALL</u> Date <u>10/02/2024</u>		Quality Checks By <u>DA</u> Date <u>10/10/2024</u>		Flow Calibration By <u>DA</u> Date <u>10/10/2024</u>																																																															
☒ 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>153</u> ☒ Flow Verification (L/s) Flow Column # <u>ATP102</u> 32 mm <u>0.140</u> (.139 - .169) 36 mm <u>0.152</u> (.156 - .190) 53 mm <u>0.222</u> (.228 - .278) 103 mm <u>0.472</u> (.447 - .547) ☒ Barometric Pressure Check Gauge ID # <u>30793</u> ☒ 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>MP5088</td><td>202303K 03/29/2025</td></tr><tr><td>0.080</td><td>MP5089</td><td>202303L 03/29/2025</td></tr><tr><td>0.200</td><td>MP5090</td><td>202304C 04/05/2025</td></tr><tr><td>0.080 DGS</td><td>N/A</td><td>AG325603 09/13/2025</td></tr></tbody></table>		Simulator	Serial #	Lot #/Exp	0.050	MP5088	202303K 03/29/2025	0.080	MP5089	202303L 03/29/2025	0.200	MP5090	202304C 04/05/2025	0.080 DGS	N/A	AG325603 09/13/2025	Flow Column # <u>ATP103</u> ☒ 5L/min – 17mm ☒ 15L/min – 53mm ☒ 30L/min – 103mm ☒ R-Value <u>156</u> ☒ Post Calibration Verification (L/s) Flow Column # <u>ATP102</u> 32 mm <u>0.148</u> (.139 - .169) 36 mm <u>0.167</u> (.156 - .190) 53 mm <u>0.238</u> (.228 - .278) 103 mm <u>0.500</u> (.447 - .547) Maintenance By _____ Date _____ ☐ Battery Replacement ☐ Dry Gas Regulator Replacement ☐ Breath Tube Replacement ☐ Other _____ _____ _____ _____ _____																																																
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Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LEON COUNTY SO
Time of Inspection: 12:08

Date of Inspection: 10/10/2024

Serial Number: 80-000958
Software: 8100.27

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

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:_____

Number of Simulators Used: _____

Remarks:
BYPASS AI TO OPERATE INSTRUMENT COMPLIANCE NOT DETERMINED

NA - Didn't determine compliance 10/10/24 DA

The above instrument complies (☒) does not comply () with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

[Signature]

DESTINEE N ARMSTRONG

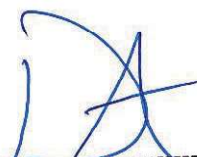
Signature and Printed Name

10/10/2024
Date

Stability Checks 80-000958 10/10/24 DA

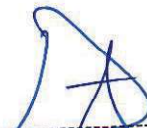
LEON COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000958
10/10/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:32
Control Test	0.050	12:33
Air Blank	0.000	12:33
Control Test	0.050	12:34
Air Blank	0.000	12:34
Control Test	0.051	12:35
Air Blank	0.000	12:36
Control Test Stats		
Average	0.0503	
Std Dev	0.0006	
Rel Std Dev(%)	1.1471	


Operator's Signature

LEON COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000958
10/10/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:37
Control Test	0.080	12:38
Air Blank	0.000	12:38
Control Test	0.080	12:39
Air Blank	0.000	12:39
Control Test	0.080	12:40
Air Blank	0.000	12:41
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

wet

Operator's Signature

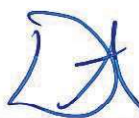
LEON COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000958
10/10/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:42
Control Test	0.205	12:43
Air Blank	0.000	12:44
Control Test	0.203	12:44
Air Blank	0.000	12:45
Control Test	0.203	12:45
Air Blank	0.000	12:46
Control Test Stats		
Average	0.2037	
Std Dev	0.0012	
Rel Std Dev(%)	0.5670	


Operator's Signature

LEON COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000958
10/10/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:06
Control Test	0.081	13:07
Air Blank	0.000	13:07
Control Test	0.081	13:08
Air Blank	0.000	13:08
Control Test	0.081	13:08
Air Blank	0.000	13:09
Control Test Stats		
Average	0.0810	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

DGS

Operator's Signature

Flow Rate Calibration Adjustment 80-000958 10/10/24 DA

LEON COUNTY SO

Intoxilyzer - Alcohol Analyzer

Model 8000

SN 80-000958

10/10/2024

Software: 8100.27

Flow Rate Calibration*****

1: Rate (Liters/min) = 5

SQRT(Diff)) = 6.402

2: Rate (Liters/min) = 15

SQRT(Diff)) = 11.574

3: Rate (Liters/min) = 30

SQRT(Diff)) = 21.070

Dependent Data Scale Factor = 100000 L/min

Independent Data Scale Factor = 256

Rounded Slope = 660

Rounded Intercept = -531622

Correlation = 0.99856

Florida Department of Law Enforcement

Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: LEON COUNTY SO
Time of Inspection: 15:01

Date of Inspection: 10/10/2024

Serial Number: 80-000958
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#:202303K Exp: 03/29/2025	0.08g/210L Test (g/210L) Lot#:202303L Exp: 03/29/2025	0.20g/210L Test (g/210L) Lot#:202304C Exp: 04/05/2025	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG325603 Exp: 09/13/2025
0.000	0.051	0.080	0.203	0.081
0.000	0.050	0.079	0.203	0.083
0.000	0.050	0.080	0.203	0.083
0.000	0.051	0.080	0.203	0.083
0.000	0.051	0.080	0.204	0.083
0.000	0.051	0.080	0.203	0.083
0.000	0.050	0.080	0.204	0.083
0.000	0.051	0.080	0.204	0.083
0.000	0.051	0.080	0.204	0.083
0.000	0.051	0.080	0.204	0.083
0.000	0.050	0.080	0.204	0.083

Standard Deviations	0.0005	0.0003	0.0005	0.0006
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 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.



DESTINEE N ARMSTRONG

Signature and Printed Name

10/10/2024
Date



Calibration Certificate

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

This is to certify the calibration of Intoxilyzer 8000 serial number 80-000958, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000958</u>	Serial Number:	<u>80-000958</u>
Owning Agency:	<u>LEON COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>10/10/2024</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>15:01</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.

Digitally signed by Destinee
Armstrong
Date: 2024.10.14 11:08:34 -04'00'

Destinee
Armstrong

10/10/2024

Date

DESTINEE N ARMSTRONG,
Department Inspector

FDLE/ATP Form 69 October 2024

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality



INSTRUMENT PROCESSING SHEET

Agency Leon County Sheriff's Office

S/N 80-000958

Florida Department of
Law Enforcement

Date In 12-13-2023 DI Completion Date _____

☐ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake	By	IS	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: Agency Inspector <u>indicated instrument will not</u> <u>power on.</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)																																										
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Notes/Suggested Service: <u>Instrument does not power on.</u> <u>Fuses were checked and not found to be broken.</u> <u>Instrument sent to repair 2/22/24</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 _____																																													