



INSTRUMENT PROCESSING SHEET

Agency Polk County SOS/N 80-001055Florida Department of
Law EnforcementDate In 05/01/2024 DI Completion Date 5/9/2024☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake	By <u>ALL</u>	Date <u>05/01/2024</u>	Quality Checks	By <u>DA</u>	Date <u>5/2/24</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: <u>Bypassed Agency inspection to operate instrument. While uploading the bypass, the upload completed but the instrument remained in disabled mode and displayed, "err.12 Contact CMI" Error cleared on 5/7/2024 and stabilities done on 5/8/24 DA</u>			☒ Breath Tube Screen ☒ Replace External O-Rings ☒ Instrument Set Up Verified ☒ R-Value <u>197</u> ☒ Flow Verification (L/s) Flow Column # <u>ATP105</u> 32 mm <u>0.160</u> (.139 - .169) 36 mm <u>0.175</u> (.156 - .190) 53 mm <u>0.253</u> (.228 - .278) 103 mm <u>0.527</u> (.447 - .547) ☒ Barometric Pressure Check Gauge ID # <u>28427</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)																																																																			
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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: 2024.05.09 15:40:18 -0400			Phil Nicodemo Digitally signed by Phil Nicodemo Date: 2024.05.13 11:58:02 -0400																																																																						
Tech Review / Date _____			Admin Review / Date _____																																																																						

Stability Checks 80-001055 5/8/24 DA

POLK COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001055
05/08/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:32
Control Test	0.050	13:32
Air Blank	0.000	13:33
Control Test	0.050	13:34
Air Blank	0.000	13:34
Control Test	0.050	13:35
Air Blank	0.000	13:35
Control Test Stats		
Average	0.0500	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	


Operator's Signature

POLK COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001055
05/08/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:44
Control Test	0.079	13:45
Air Blank	0.000	13:46
Control Test	0.078	13:46
Air Blank	0.000	13:47
Control Test	0.079	13:48
Air Blank	0.000	13:48
Control Test Stats		
Average	0.0787	
Std Dev	0.0006	
Rel Std Dev(%)	0.7339	


Operator's Signature

POLK COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001055
05/08/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:50
Control Test	0.196	13:50
Air Blank	0.000	13:51
Control Test	0.196	13:52
Air Blank	0.000	13:52
Control Test	0.195	13:53
Air Blank	0.000	13:53
Control Test Stats		
Average	0.1957	
Std Dev	0.0006	
Rel Std Dev(%)	0.2951	


Operator's Signature

POLK COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001055
05/08/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:56
Control Test	0.080	13:57
Air Blank	0.000	13:57
Control Test	0.080	13:58
Air Blank	0.000	13:58
Control Test	0.080	13:58
Air Blank	0.000	13:59
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

DGS


Operator's Signature

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: POLK COUNTY SO
Time of Inspection: 10:47

Date of Inspection: 05/02/2024

Serial Number: 80-001055
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

Didn't determine compliance DA 4/5/24

~~The above instrument complies (X) 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 and Printed Name

DESTINEE N ARMSTRONG

05/02/2024
Date

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: POLK COUNTY SO
Time of Inspection: 13:00

Date of Inspection: 05/09/2024

Serial Number: 80-001055
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#:AG310901 Exp: 04/19/2025
0.000	0.049	0.079	0.196	0.080
0.000	0.050	0.079	0.196	0.079
0.000	0.049	0.079	0.196	0.080
0.000	0.049	0.079	0.197	0.079
0.000	0.050	0.079	0.197	0.080
0.000	0.050	0.080	0.197	0.080
0.000	0.050	0.079	0.197	0.080
0.000	0.050	0.079	0.197	0.080
0.000	0.050	0.080	0.197	0.080
0.000	0.050	0.080	0.197	0.080

Standard Deviations	0.0004	0.0004	0.0004	0.0004
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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.



SHAYLA D PLATT

Signature and Printed Name

05/09/2024
Date



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 80-001055, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001055</u>	UNCERTAINTY* $\pm$	
Owning Agency:	<u>POLK COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>05/09/2024</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>13:00</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.

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Shayla Platt
Platt
Digitally signed by Shayla Platt
Date: 2024.05.09 13:40:03
+04'00'

05/09/2024

Date

SHAYLA D PLATT,
Department Inspector

FDLE/ATP Form 69 March 2022
Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality