

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Clay County SO

Time of Inspection:

Date of Inspection: N/A

Serial Number: 80-001071

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 12/27/24, instrument is out for repair so unable to perform 2024 Department Inspection.

N/A - Compliance not determined DA 12/27/24

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



Agency Clay County SO

S/N 80-001071

Date In 06/25/2024 DI Completion Date

☐ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake	By ALL	Date 06/25/2024	Quality Checks	By ALL/SP	Date 06/25/2024	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>148/99</u> ☒ Flow Verification (L/s) Flow Column # <u>ATP103</u> 32 mm <u>.089/.101</u> (.139 - .169) 36 mm <u>.117/.113</u> (.156 - .190) 53 mm <u>.186/.187</u> (.228 - .278) 103 mm <u>.464/.468</u> (.447 - .547) ☒ Barometric Pressure Check Gauge ID # <u>28662</u> ☒ Stability Checks <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td>MP6291</td> <td>202303K 03/29/2025</td> </tr> <tr> <td>0.080</td> <td>MP6292</td> <td>202303L 03/29/2025</td> </tr> <tr> <td>0.200</td> <td>MP6293</td> <td>202304C 04/05/2025</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG310901 04/19/2025</td> </tr> </tbody> </table>			Simulator	Serial #	Lot #/Exp	0.050	MP6291	202303K 03/29/2025	0.080	MP6292	202303L 03/29/2025	0.200	MP6293	202304C 04/05/2025	0.080 DGS	N/A	AG310901 04/19/2025	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) Maintenance By _____ Date _____ ☐ Battery Replacement ☐ Dry Gas Regulator Replacement ☐ Breath Tube Replacement ☐ Other _____ _____ _____ _____ _____ _____																																															
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Notes/Suggested Service: _____ <u>Rechecked R-value and flow with ATP 102 on 6/28.</u> <u>Sending to repair due to R-value below 100. SP 6/29/24</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 _____																																																																	

stability checks 80-001071 06/25/24

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001071
06/25/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	15:05
Control Test	0.049	15:05
Air Blank	0.000	15:06
Control Test	0.049	15:06
Air Blank	0.000	15:07
Control Test	0.048	15:08
Air Blank	0.000	15:08
Control Test Stats		
Average	0.0487	
Std Dev	0.0006	
Rel Std Dev(%)	1.1863	

AZ

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001071
06/25/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	15:10
Control Test	0.079	15:10
Air Blank	0.000	15:11
Control Test	0.079	15:12
Air Blank	0.000	15:12
Control Test	0.079	15:13
Air Blank	0.000	15:13
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Wet

AZ

Operator's Signature

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001071
06/25/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	15:18
Control Test	0.197	15:19
Air Blank	0.000	15:19
Control Test	0.198	15:20
Air Blank	0.000	15:21
Control Test	0.197	15:21
Air Blank	0.000	15:22
Control Test Stats		
Average	0.1973	
Std Dev	0.0006	
Rel Std Dev(%)	0.2926	

AZ

Operator's Signature

CLAY COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001071
06/25/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	15:24
Control Test	0.077	15:24
Air Blank	0.000	15:24
Control Test	0.078	15:25
Air Blank	0.000	15:25
Control Test	0.078	15:26
Air Blank	0.000	15:26
Control Test Stats		
Average	0.0777	
Std Dev	0.0006	
Rel Std Dev(%)	0.7434	

065

AZ

Operator's Signature

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Richard Patrone on 7/9/24

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001071

Bill To Address:

Clay County SO

Ship to Address:

FDLE- Tallahassee

Reason for Return:

R-value @ 99. Flow Sensor Replacement

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 #: _____ Email: rpatrone@claysheriff.com

ATP Contact Name: Shayla Platt ATP Email: shaylplatt@fdle.state.fl.us