Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Levy County SO
Time of Inspection:
Date of Inspection: N/A
Serial Number: 80-001292
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				

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.

Phil Nicodemo
Signature and Printed Name

12/18/2024
Date

FDLE/ATP Form 41 –Revised August 2005 Ref. 11D-8.004

Florida Department of Law Enforcement

INSTRUMENT PROCESSING SHEET

Agency Levy County SO S/N 80-001292

Date In 06/04/2024 DI Completion Date _____ ❑Ship ❑P/U ❑H/D ■CMI ❑EE

Intake By ALL Date 06/04/2024

■ 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: _____

Quality Checks By_____ Date_____

❑ 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

Simulator	Serial #	Lot #/Exp
0.050		
0.080		
0.200		
0.080 DGS	N/A	

Flow Calibration By_____ Date_____

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 _____

Calibration Adjustment By_____

Barometric Pressure Gauge _____ ID #_____

Simulator	Serial #	Lot #	Expiration
0.000		N/A	N/A
0.040			
0.100			
0.200			
0.300			
0.080 DGS	N/A		

❑ Post Calibration Adjustment Stability Checks

Simulator	Serial #	Lot #	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		

Department Inspection By_____

Barometric Pressure ID# _____
Gauge _____ Instrument _____
Mouth Alcohol Solution Lot # _____
Acetone Stock Solution Lot # _____

Simulator	Serial Number
0.000	
Interferent	
0.050	
0.080	
0.200	

Attachments

❑ Form 41
❑ Stability Checks
❑ Calibration Certificate
❑ Calibration Adjustment
❑ Post-Stability Checks
❑ Flow Calibration
❑ Form 40
■ Other Form 51

Notes/Suggested Service: _____
Sending to repair due to DSP fails. SP -6/29/24

❑ **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

Return Material Authorization

Ship to: ☑ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Jayson Levy on 6/14/24

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001292

Bill To Address:	Ship to Address:
Levy County SO	FDLE- Tallahassee

Reason for Return:

DSP Fails

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: Jayson Levy

Phone #: _____ Email: jlevy@alachuasheriff.org

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