



INSTRUMENT PROCESSING SHEET

Agency St. Johns County SOS/N 80-001655Florida Department of
Law EnforcementDate In 11/26/2024 DI Completion Date 12/04/2024☐ Ship ☒ P/U ☐ H/D ☐ CMI ☐ EE

Intake By <u>ALL</u> Date <u>12/02/2024</u>		Quality Checks By <u>ALL</u> Date <u>12/02/2024</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>dropoff, no box</u> <u>dry gas regulator partially</u> <u>unattached from shelf upon</u> <u>arrival</u>		☒ Breath Tube Screen ☒ Replace External O-Rings ☒ Instrument Set Up Verified ☒ R-Value <u>180</u> ☒ Flow Verification (L/s) Flow Column # <u>ATP-103</u> 32 mm <u>.152</u> (.139 - .169) 36 mm <u>.167</u> (.156 - .190) 53 mm <u>.234</u> (.228 - .278) 103 mm <u>.496</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)																																																													
		<table border="1" style="width:100%"><tr><th>Simulator</th><th>Serial #</th><th>Lot #/Exp</th></tr><tr><td>0.050</td><td>MP5088</td><td>202406K 06/19/2026</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>202406N 06/20/2026</td></tr><tr><td>0.080 DGS</td><td>N/A</td><td>AG310901 04/19/2025</td></tr></table>		Simulator	Serial #	Lot #/Exp	0.050	MP5088	202406K 06/19/2026	0.080	MP5089	202303L 03/29/2025	0.200	MP5090	202406N 06/20/2026	0.080 DGS	N/A	AG310901 04/19/2025	Maintenance By <u>DA</u> ^{DA} <u>12/13/2024</u> Date <u>12/11/24</u> ^{DA} <u>12/13/2024</u> ☐ Battery Replacement ☐ Dry Gas Regulator Replacement ☐ Breath Tube Replacement ☒ Other _____ <u>Attached regulator to dry gas shelf with</u> <u>anchor and screws on 12/11/24.</u> <u>Regulator was not removed nor</u> <u>replaced. DA 12/13/24</u>																																														
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Calibration Adjustment By _____				Department Inspection By <u>DA</u>																																																													
Barometric Pressure Gauge _____ ID # _____ <table border="1" style="width:100%"><tr><th>Simulator</th><th>Serial #</th><th>Lot #</th><th>Expiration</th></tr><tr><td>0.000</td><td></td><td>N/A</td><td>N/A</td></tr><tr><td>0.040</td><td></td><td></td><td></td></tr><tr><td>0.100</td><td></td><td></td><td></td></tr><tr><td>0.200</td><td></td><td></td><td></td></tr><tr><td>0.300</td><td></td><td></td><td></td></tr><tr><td>0.080 DGS</td><td>N/A</td><td></td><td></td></tr></table> ☐ Post Calibration Adjustment Stability Checks <table border="1" style="width:100%"><tr><th>Simulator</th><th>Serial #</th><th>Lot #</th><th>Expiration</th></tr><tr><td>0.050</td><td></td><td></td><td></td></tr><tr><td>0.080</td><td></td><td></td><td></td></tr><tr><td>0.200</td><td></td><td></td><td></td></tr><tr><td>0.080 DGS</td><td>N/A</td><td></td><td></td></tr></table>				Simulator	Serial #	Lot #	Expiration	0.000		N/A	N/A	0.040				0.100				0.200				0.300				0.080 DGS	N/A			Simulator	Serial #	Lot #	Expiration	0.050				0.080				0.200				0.080 DGS	N/A			Barometric Pressure ID# <u>28424</u> <u>28427</u> ^{DA} <u>12/13/24</u> Gauge <u>1027</u> Instrument <u>1022</u> Mouth Alcohol Solution Lot # <u>2024-A</u> Acetone Stock Solution Lot # <u>2023-B</u> <table border="1" style="width:100%"><tr><th>Simulator</th><th>Serial Number</th></tr><tr><td>0.000</td><td>MP6289</td></tr><tr><td>Interferent</td><td>MP6290</td></tr><tr><td>0.050</td><td>MP6291</td></tr><tr><td>0.080</td><td>MP6292</td></tr><tr><td>0.200</td><td>MP6293</td></tr></table>		Simulator	Serial Number	0.000	MP6289	Interferent	MP6290	0.050	MP6291	0.080	MP6292	0.200	MP6293
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Notes/Suggested Service: _____ Tech Review: Added information to maintenance section regarding attachment of dry gas regulator to dry gas shelf with anchor plate and screws on 12/11/24. Also corrected incorrect barometric pressure gauge ID in the Department Inspection section. DA 12/13/24				Attachments ☒ Form 41 ☐ Post-Stability Checks ☒ Stability Checks ☐ Flow Calibration ☒ Calibration Certificate ☒ Form 40 ☐ Calibration Adjustment ☐ Other _____																																																													
				☒ 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: 2024.12.13 11:50:14 -05'00' Shayla Platt Digitally signed by Shayla Platt Date: 2024.12.13 13:25:06 -05'00' Tech Review / Date _____ Admin Review / Date _____																																																													

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: ST JOHNS COUNTY SO
Time of Inspection: 11:02

Date of Inspection: 12/02/2024

Serial Number: 80-001655
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		
Diagnostic Check (Pre-Inspection): OK		No
Alcohol Free Subject Test: 0.000	Yes	
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:_____

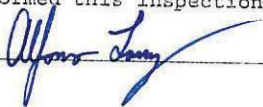
Number of Simulators Used: 0

Remarks:

BYPASS AI FOR INSPECTION COMPLIANCE NOT DETERMINED

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.



ALFONSO L. LOWRY
Signature and Printed Name

12/02/2024
Date

Stability checks

ST JOHNS COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001655
12/02/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:24
Control Test	0.052	12:25
Air Blank	0.000	12:25
Control Test	0.051	12:26
Air Blank	0.000	12:27
Control Test	0.051	12:27
Air Blank	0.000	12:28
Control Test Stats		
Average	0.0513	
Std Dev	0.0006	
Rel Std Dev(%)	1.1247	

Operator's Signature 

ST JOHNS COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001655
12/02/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:34
Control Test	0.082	12:34
Air Blank	0.000	12:35
Control Test	0.081	12:36
Air Blank	0.000	12:36
Control Test	0.081	12:37
Air Blank	0.000	12:37
Control Test Stats		
Average	0.0813	
Std Dev	0.0006	
Rel Std Dev(%)	0.7099	

Operator's Signature 

ST JOHNS COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001655
12/02/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:38
Control Test	0.204	12:39
Air Blank	0.000	12:40
Control Test	0.202	12:40
Air Blank	0.000	12:41
Control Test	0.200	12:42
Air Blank	0.000	12:42
Control Test Stats		
Average	0.2020	
Std Dev	0.0020	
Rel Std Dev(%)	0.9901	

Operator's Signature 

ST JOHNS COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001655
12/02/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:59
Control Test	0.082	12:59
Air Blank	0.000	13:00
Control Test	0.083	13:00
Air Blank	0.000	13:00
Control Test	0.083	13:01
Air Blank	0.000	13:01
Control Test Stats		
Average	0.0827	
Std Dev	0.0006	
Rel Std Dev(%)	0.6984	

Operator's Signature 

D 65

Florida Department of Law Enforcement

Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: ST JOHNS COUNTY SO
Time of Inspection: 13:45

Date of Inspection: 12/04/2024

Serial Number: 80-001655
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#:202406K Exp: 06/19/2026	0.08g/210L Test (g/210L) Lot#:202406L Exp: 06/19/2026	0.20g/210L Test (g/210L) Lot#:202406N Exp: 06/20/2026	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG429602 Exp: 10/22/2026
0.000	0.052	0.082	0.203	0.081
0.000	0.052	0.082	0.204	0.081
0.000	0.052	0.082	0.204	0.081
0.000	0.052	0.082	0.204	0.081
0.000	0.052	0.082	0.204	0.081
0.000	0.052	0.082	0.204	0.080
0.000	0.052	0.082	0.204	0.081
0.000	0.052	0.082	0.205	0.080
0.000	0.052	0.082	0.204	0.080
0.000	0.052	0.082	0.204	0.081

Standard Deviations	0.0000	0.0000	0.0004	0.0004
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0002 Number of Simulators Used: 5

Remarks:

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

I certify that  performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

DESTINEE N ARMSTRONG

Signature and Printed Name

12/04/2024
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 80-001655 , manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001655</u>	UNCERTAINTY* $\pm$
Owning Agency:	<u>ST JOHNS COUNTY SO</u>	0.050 g/ 210 L 0.004
Calibration Date:	<u>12/04/2024</u>	0.080 g/ 210 L 0.004
Calibration Time:	<u>13:45</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.

12/04/2024

Date

DESTINEE N ARMSTRONG,

Department Inspector

FDLE/ATP Form 69 October 2024

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality