

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Florida Highway Patrol
Time of Inspection:

Date of Inspection:

Serial Number: 80-003408
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 12/11/2024, this 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.



Taylor D. Gutschow

Signature and Printed Name

12/11/2024

Date



INSTRUMENT PROCESSING SHEET

Agency Florida Highway PatrolS/N 80-003408Florida Department of
Law EnforcementDate In 03/19/2024 DI Completion Date _____☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake By <u>TDG</u> Date <u>03/20/2024</u> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE Visual Inspection: <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Handle <input checked="" type="checkbox"/> Keyboard <input checked="" type="checkbox"/> Dry Gas Shelf <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> Breath Tube <input checked="" type="checkbox"/> Ports <input checked="" type="checkbox"/> Screws Tight Other Equipment/ Accessories: <input checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: AI reports the breath tube is not warm. Instrument will not go into Ready Mode. Confirmed both during Intake. 	Quality Checks By <u>TDG</u> Date <u>03/22/2024</u> <input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace External O-Rings <input type="checkbox"/> Instrument Set Up Verified <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Flow Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # _____ <input type="checkbox"/> 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></td><td></td></tr><tr><td>0.080</td><td></td><td></td></tr><tr><td>0.200</td><td></td><td></td></tr><tr><td>0.080 DGS</td><td>N/A</td><td></td></tr></tbody></table>	Simulator	Serial #	Lot #/Exp	0.050			0.080			0.200			0.080 DGS	N/A		Flow Calibration By _____ Date _____ Flow Column # _____ <input type="checkbox"/> 5L/min – 17mm <input type="checkbox"/> 15L/min – 53mm <input type="checkbox"/> 30L/min – 103mm <input type="checkbox"/> R-Value _____ <input type="checkbox"/> 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 <u>TDG</u> Date <u>03/22/2024</u> <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input checked="" type="checkbox"/> Breath Tube Replacement (see below) <input type="checkbox"/> Other _____ Replaced breath hose. Noticed new breath hose was not heating properly either. Put original breath hose back on the instrument.																																															
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