



INSTRUMENT PROCESSING SHEET

Agency FL Highway PatrolS/N 80-006633Florida Department of
Law EnforcementDate In 02-19-2024 DI Completion Date 2/22/2024☐ Ship ☒ P/U ☐ H/D ☐ CMI ☐ EE

Intake	By <u>ALL</u>	Date <u>02-19-2024</u>	Quality Checks	By <u>ALL</u>	Date <u>02-20-2024</u>	Flow Calibration	By _____	Date _____																																								
<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 type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>missing 2, lower feet</u> <u>keyboard missing 2 screws</u> Tech Review: <u>amended Form 40</u> <u>03/04/2024 ALL</u>			<input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace External O-Rings <input checked="" type="checkbox"/> Instrument Set Up Verified <input checked="" type="checkbox"/> R-Value <u>217</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-103</u> 32 mm <u>.156</u> (.139 - .169) 36 mm <u>.171</u> (.156 - .190) 53 mm <u>.234</u> (.228 - .278) 103 mm <u>.488</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28421</u> <input checked="" type="checkbox"/> Stability Checks			<input type="checkbox"/> 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)																																										
			<table border="1"><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>06723080A5 04-05-2025</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	06723080A5 04-05-2025	Maintenance By <u>PN</u> Date <u>2/22/2024</u> <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input checked="" type="checkbox"/> Other _____ <u>Remote Forms Upload by CMI</u>																											
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Calibration Adjustment By _____			Department Inspection By <u>PN</u>																																													
Barometric Pressure Gauge _____ ID # _____			Barometric Pressure ID# <u>28427</u> Gauge <u>1015</u> Instrument <u>1008</u> Mouth Alcohol Solution Lot # <u>2023-A</u> Acetone Stock Solution Lot # <u>2023-B</u>																																													
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<input type="checkbox"/> Post Calibration Adjustment Stability Checks			Attachments <input checked="" type="checkbox"/> Form 41 <input type="checkbox"/> Post-Stability Checks <input checked="" type="checkbox"/> Stability Checks <input type="checkbox"/> Flow Calibration <input checked="" type="checkbox"/> Calibration Certificate <input checked="" type="checkbox"/> Form 40 <input type="checkbox"/> Calibration Adjustment <input checked="" type="checkbox"/> Other <u>Test AI & BT</u>																																													
Notes/Suggested Service: <u>Instrument arrived and AI indicated that instrument</u> <u>would not print to external printer. When DI was</u> <u>completed, the instrument would not print and</u> <u>indicated 'Forms Not Found'. Contacted CMI and</u> <u>asked them to reload forms remotely on 2/22.</u> <u>Reprinted Form 41 from database and performed</u> <u>Agency Inspection(AI) and Breath Test(BT) to confirm</u> <u>successful form upload (see 'other' attachments) PN 2/22/2024</u>			<input checked="" type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input checked="" type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use <input checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use <table><tr><td>Taylor Gutschow</td><td><small>Digitally signed by Taylor Gutschow Date: 2024.03.05 16:33:37 -05'00'</small></td><td>Shayla Platt</td><td><small>Digitally signed by Shayla Platt Date: 2024.03.06 12:07:04 -05'00'</small></td></tr><tr><td colspan="2">Tech Review / Date _____</td><td colspan="2">Admin Review / Date _____</td></tr></table>						Taylor Gutschow	<small>Digitally signed by Taylor Gutschow Date: 2024.03.05 16:33:37 -05'00'</small>	Shayla Platt	<small>Digitally signed by Shayla Platt Date: 2024.03.06 12:07:04 -05'00'</small>	Tech Review / Date _____		Admin Review / Date _____																																	
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Stability checks 80-006633 02/20/24

FL HIGHWAY PATROL
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-006633
02/20/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:27
Control Test	0.049	13:27
Air Blank	0.000	13:28
Control Test	0.049	13:29
Air Blank	0.000	13:29
Control Test	0.049	13:30
Air Blank	0.000	13:30
Control Test Stats		
Average	0.0490	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature *AZ*

FL HIGHWAY PATROL
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-006633
02/20/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:33
Control Test	0.080	13:33
Air Blank	0.000	13:34
Control Test	0.080	13:35
Air Blank	0.000	13:35
Control Test	0.080	13:36
Air Blank	0.000	13:37
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Wet

Operator's Signature *AZ*

FL HIGHWAY PATROL
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-006633
02/20/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:38
Control Test	0.199	13:38
Air Blank	0.000	13:39
Control Test	0.199	13:40
Air Blank	0.000	13:40
Control Test	0.199	13:41
Air Blank	0.000	13:41
Control Test Stats		
Average	0.1990	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature *AZ*

Test	g/210L	Time
Air Blank	0.000	13:43
Control Test	0.082	13:44
Air Blank	0.000	13:44
Control Test	0.082	13:45
Air Blank	0.000	13:45
Control Test	0.082	13:45
Air Blank	0.000	13:46
Control Test Stats		
Average	0.0820	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

065

Operator's Signature *AZ*

FL HIGHWAY PATROL
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-006633
02/20/2024
Software: 8100.27

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL

Serial Number: 80-006633

Time of Inspection: 12:56

Date of Inspection: 02/20/2024

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	Yes	
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: 0

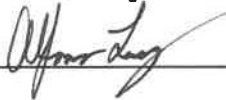
Remarks:

BYPASS INSPECTION FOR INSTRUMENT OPERATION

03/04/24 compliance not determined AL

The above instrument complies (~~*~~) 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

02/20/2024

Date

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL

Serial Number: 80-006633

Time of Inspection: 10:59

Date of Inspection: 02/22/2024

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#: 06723080A5 Exp: 04/05/2025
0.000	0.049	0.079	0.199	0.081
0.000	0.049	0.079	0.198	0.081
0.000	0.050	0.079	0.198	0.081
0.000	0.049	0.079	0.198	0.081
0.000	0.049	0.080	0.198	0.081
0.000	0.049	0.079	0.198	0.081
0.000	0.049	0.079	0.198	0.081
0.000	0.050	0.080	0.198	0.081
0.000	0.049	0.079	0.198	0.081
0.000	0.050	0.079	0.198	0.081
Standard Deviations	0.0004	0.0004	0.0003	0.0000

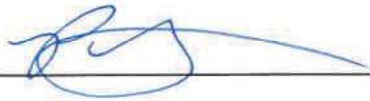
Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0002

Number of Simulators Used: 5

Remarks:

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

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



PHIL NICODEMIO

Signature and Printed Name

02/22/2024

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 80-006633, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-006633</u>	UNCERTAINTY * \pm
Owning Agency:	<u>FL HIGHWAY PATROL</u>	0.050 g/ 210 L 0.004
Calibration Date:	<u>02/22/2024</u>	0.080 g/ 210 L 0.004
Calibration Time:	<u>10:59</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.

02/22/2024

Date

PHIL NICODEMO,
Department Inspector

FDLE/ATP Form 69 March 2022

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FL HIGHWAY PATROL
Time of Inspection: 11:57

Date of Inspection: 02/22/2024

Serial Number: 80-006633
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:

CHECKED INSTRUMENT AFTER FORMS UPLOAD

TEST AGENCY INSPECTION (AI)

PN 2/22/2024

The above instrument complies (☒) 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.



PHIL NICODEMO

Signature and Printed Name

02/22/2024
Date

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: FL HIGHWAY PATROL
Instrument Serial Number: 80-006633 Software: 8100.27
Date of Test: 02/22/2024

Date of Last Agency Inspection: 02/22/2024

Observation Period Began: 11:40

Subject's Name: SAMPLE D LICENSE

DOB: 02/14/1965 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	12:04
	Air Blank	0.000	12:04
	Control Test	0.080	12:04
	Air Blank	0.000	12:05
	Subject Sample #1	0.000	12:05
	Air Blank	0.000	12:06
	Air Blank	0.000	12:08
	Subject Sample #2	0.000	12:08
	Air Blank	0.000	12:08
	Control Test	0.080	12:09
	Air Blank	0.000	12:09
	Diagnostics Check	OK	12:09

Test Breath Test (BT)

PN 2/22/2024

Cylinder Lot: 06723080A5
Exp: 04/05/2025

State of Florida, County of _____,

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I PHIL NICODEMO, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: _____
Signature

Sworn to (or affirmed) before me this _____ day of _____, _____

Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.