



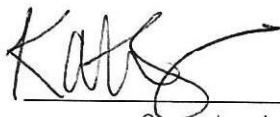
INSTRUMENT PROCESSING SHEET

Agency HERNANDO COUNTY SOS/N 80-000812Florida Department of
Law EnforcementDate In 6/12/2025DI Completion Date 06/30/2025☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake	By <u>WKP</u>	Date <u>6/12/2025</u>	Quality Checks	By <u>KTS</u>	Date <u>6/17/25</u>	Flow Calibration	By <u>SLH</u>	Date <u>6/23/2025</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: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			<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>162</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32 mm <u>0.085</u> (.139 - .169) 36 mm <u>0.109</u> (.156 - .190) 53 mm <u>0.191</u> (.228 - .278) 103 mm <u>0.472</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</u> <input checked="" type="checkbox"/> Stability Checks			Flow Column # <u>ATP105/105</u> <input checked="" type="checkbox"/> 5L/min – 17mm <input checked="" type="checkbox"/> 15L/min – 53mm <input checked="" type="checkbox"/> 30L/min – 103mm <input checked="" type="checkbox"/> R-Value <u>154 / 146</u> <input checked="" type="checkbox"/> Post Calibration Verification (L/s) Flow Column # <u>ATP102</u> 32 mm <u>0.136 / 0.144</u> (.139 - .169) 36 mm <u>0.140 / 0.160</u> (.156 - .190) 53 mm <u>0.210 / 0.222</u> (.228 - .278) 103 mm <u>0.496 / 0.488</u> (.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>MP5088</td><td>202406K 6/19/26</td></tr><tr><td>0.080</td><td>MP5089</td><td>202406L 6/19/26</td></tr><tr><td>0.200</td><td>MP5090</td><td>202406N 6/20/26</td></tr><tr><td>0.080 DGS</td><td>N/A</td><td>AG429602 10/22/26</td></tr></tbody></table>			Simulator	Serial #	Lot #/Exp	0.050	MP5088	202406K 6/19/26	0.080	MP5089	202406L 6/19/26	0.200	MP5090	202406N 6/20/26	0.080 DGS	N/A	AG429602 10/22/26	Maintenance By <u>SLH</u> Date <u>6/23/2025</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>Between flow calibrations</u> <u>trimmed breath hose tape for an</u> <u>improved consistent connection to</u> <u>the instrument. SLH</u> Tech Review: <u>Corrected orientation of internal</u> <u>printer paper to make it operational. SLH 7/15/25</u>															
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Calibration Adjustment By _____			Department Inspection By <u>SLH</u>																																	
Barometric Pressure Gauge _____ ID # _____			Barometric Pressure ID# <u>28421</u>																																	
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<input type="checkbox"/> Post Calibration Adjustment Stability Checks			<table border="1"><thead><tr><th>Simulator</th><th>Serial Number</th></tr></thead><tbody><tr><td>0.000</td><td>MP5086</td></tr><tr><td>Interferent</td><td>MP5087</td></tr><tr><td>0.050</td><td>MP5088</td></tr><tr><td>0.080</td><td>MP5089</td></tr><tr><td>0.200</td><td>MP5090</td></tr></tbody></table>						Simulator	Serial Number	0.000	MP5086	Interferent	MP5087	0.050	MP5088	0.080	MP5089	0.200	MP5090																
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Notes/Suggested Service: <u>Root cause analysis performed.</u> <u>Issues were not due to user/equipment errors. KTS</u> <u>6/17/25</u> <u>Had to re-run DGS because it did not print. KTS 6/17/25</u> Tech Review: <u>Repair needed due to flow verifications after calibration</u> <u>not passing. SLH 7/8/2025</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 type="checkbox"/> Return to/Place into Evidentiary Use <input checked="" type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use Digitally signed by Taylor Gutschow Date: 2025.07.14 15:52:53 -0400 Shayla Platt Date: 2025.07.15 15:03:40 -0400 Tech Review / Date _____ Admin Review / Date _____																																	

HERNANDO COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000812
06/17/2025
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:05
Control Test	0.048	09:06
Air Blank	0.000	09:06
Control Test	0.047	09:07
Air Blank	0.000	09:07
Control Test	0.047	09:08
Air Blank	0.000	09:09
Control Test Stats		
Average	0.0473	
Std Dev	0.0006	
Rel Std Dev(%)	1.2198	



Operator's Signature

HERNANDO COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000812
06/17/2025
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:12
Control Test	0.078	09:13
Air Blank	0.000	09:13
Control Test	0.078	09:14
Air Blank	0.000	09:14
Control Test	0.078	09:15
Air Blank	0.000	09:15
Control Test Stats		
Average	0.0780	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	



Operator's Signature

Wet

HERNANDO COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000812
06/17/2025
Software: 8100.27


Test	g/210L	Time
-----	-----	-----
Air Blank	0.000	09:18
Control Test	0.194	09:19
Air Blank	0.000	09:19
Control Test	0.194	09:20
Air Blank	0.000	09:20
Control Test	0.194	09:21
Air Blank	0.000	09:22
Control Test Stats		
Average	0.1940	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	



Operator's Signature

HERNANDO COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000812
06/17/2025
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:01
Control Test	0.081	09:01
Air Blank	0.000	09:01
Control Test	0.081	09:02
Air Blank	0.000	09:02
Control Test	0.081	09:03
Air Blank	0.000	09:03
Control Test Stats		
Average	0.0810	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	


Operator's Signature

Dry

HERNANDO COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000812
06/23/2025
Software: 8100.27

#1

Flow Rate Calibration*****

1: Rate (Liters/min) = 5

SQRT(Diff)) = 7.277

2: Rate (Liters/min) = 15

SQRT(Diff)) = 11.445

3: Rate (Liters/min) = 30

SQRT(Diff)) = 21.000

Dependent Data Scale Factor = 100000 L/min

Independent Data Scale Factor = 256

Rounded Slope = 695

Rounded Intercept = -687759

Correlation = 0.99418

While performing post calibration verification, noticed connection of breath tube hose affected by the tape wrapping. I trimmed the tape wrapping to correct this, believing it could have affected the actual calibration. I repeated flow calibration.

~~SHH~~

HERNANDO COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-000812
06/23/2025
Software: 8100.27

Flow Rate Calibration*****

1: Rate (Liters/min) = 5

SQRT(Diff)) = 6.926

2: Rate (Liters/min) = 15

SQRT(Diff)) = 11.617

3: Rate (Liters/min) = 30

SQRT(Diff)) = 21.352

Dependent Data Scale Factor = 100000 L/min

Independent Data Scale Factor = 256

Rounded Slope = 666

Rounded Intercept = -599321

Correlation = 0.99646

#2

Although numbers (L/s) improved, post calibration
did not meet criteria of acceptance.

~~SUA~~

Florida Department of Law Enforcement

Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: HERNANDO COUNTY SO
Time of Inspection: 12:18

Date of Inspection: 06/30/2025

Serial Number: 80-000812
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	0.049	0.079	0.195	0.080
0.000	0.048	0.079	0.195	0.080
0.000	0.049	0.079	0.195	0.080
0.000	0.049	0.079	0.195	0.080
0.000	0.049	0.079	0.196	0.080
0.000	0.049	0.079	0.196	0.080
0.000	0.049	0.079	0.196	0.080
0.000	0.049	0.080	0.195	0.080
0.000	0.049	0.079	0.196	0.080
0.000	0.049	0.079	0.196	0.080

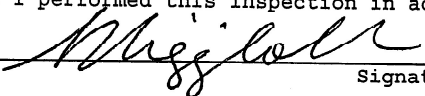
Standard Deviations	0.0003	0.0003	0.0005	0.0000
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0002 Number of Simulators Used: 5

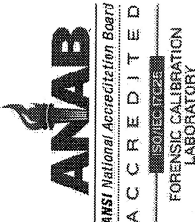
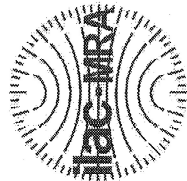
Remarks:

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

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


LEANDRA HIGGINBOTHAM
Signature and Printed Name

06/30/2025
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 80-000812, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000812</u>	UNCERTAINTY* \pm	
Owning Agency:	<u>HERNANDO COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>06/30/2025</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>12:18</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.

FDLE/ATP Form 69 October 2024
Issuing Authority: Alcohol Testing Program

06/30/2025 Date

LEANDRA HIGGINBOTHAM,
Department Inspector

Service • Integrity • Respect • Quality

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Patrick Baker on 6/27/2025

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000812

Bill To Address:

Hernando Sheriffs Office

Ship to Address:

FDLE Tallahassee

Reason for Return:

Flow verifications not able to pass after calibrating for flow twice.

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: Patrick Baker

Phone #: 352-544-2334 Email: pbaker@hernandosheriff.org

ATP Contact Name: LeAndra Higginbotham ATP Email: leandrahigginbotham@fdle.state.fl.us