

		INSTRUM	MENT PRO	CESSING SHEE	ΕT				
The state of the s	Agency Le	on County SC)			_S/N_80	0-00095	7	
Florida Departme aw Enforcemen	Date III Ou	/18/2025 D	I Completion	Date <u>N/A</u>	🗆 Ship	□P/U	□H/D	■смі	□ EE
Intake By ALL	Date_03/18/2025	Quality Check	s By SLH	Date 5/19/2025*	Flow Calib	ration E	Зу	_ Date	
■ Annual □ Registration ■ Return from CM Visual Inspection: ■ Case ■ Keyboard ■ Feet ■ Ports Other Equipment/ □ Power cord	II / EE Handle Dry Gas Shelf Breath Tube Screws Tight Accessories: Printer Cable 12V DC Cable	■ Breath Tul ■ Replace Ex ■ Instrumen ■ R-Value 2 ■ Flow Verif Flow Column 32 mm 0.2 36 mm 0.2 53 mm 0.2	t Set Up Verifold t Set Up Verifold 19 ication (L/s) # ATP105 152 167 242 503 c Pressure Ch	(.139169) (.156190) (.228278) (.447547)	Flow Colum 5L/1 15L 30L R-Value Post Cal Flow Colum 32 mm 36 mm 53 mm 103 mm	nn # min – 17 /min – 5 /min – 1 ibration nn #	7mm 53mm L03mm Verificat	tion (L/s) (.139 (.156 (.228	169) 190) 278)
		0.050 0.080 0.200	MP6295 MP6296 MP5090	202406K 06/19/2026 202406L 06/19/2026 202406N 06/20/2026	☐ Battery☐ Dry Gas☐ Breath ☐ Other☐	Regulat Tube Rep	or Repla placemer	nt	
		0.080 DGS	N/A	AG429602 10/22/2026					
Calibration Adjust	ment	E	By	Department Inspec	tion			By PN	1
Barometric Pressu		ID #		Barometric Pressure		,			
Simulator Seria 0.000 0.040 0.100 0.100		N/A Ex	xpiration N/A	Gauge 1010/1010 Mouth Alcohol Solu Acetone Stock Solut Simulator	tion Lot # 20	025-A 024-B	t 1013/1	1013	
0.200				0.000 Interferent		- Seriai i	MP5		
0.300 0.080 DGS	N/A			0.050			MP5	880	
☐ Post Calibration	Adjustment Stabilit	y Chacks		0.200			-		
Simulator Seria	-		piration	Attachments					
0.050 0.080 0.200 0.080 DGS	N/A		priacion	Form 41 X2 Stability Checks Calibration Cert Calibration Adju	ificate	☐ Flow	it-Stabilit w Calibra m 40 X3 ner <u>Forn</u>		
ment of o-rings	Service: *Breath tub on 4/8/2025. Level 4/8/25, 5/7/25, an	3 password (PW)	☐ Instrument Cor ☐ Instrument Doc ☐ Return to/Place	es Not Comp	ly with	Chapter		AC

Final AI bypass on 5/30. Attempted inspection, and after two failed attempts, instrument will returned to repair. See form 51. PN 6/2/2025

the final date successful. Agency Inspection (AI)

bypass occurred 4/8/25 and 5/19/25. Note for Agency

Added Form 40 from 4/8/25 and spelling correction on

Inspector- PW has been factory reset. SLH 5/19/25

Technical Review: Corrected name and email address on Form 51. PN 6/3/2025

☐ Conduct an Agency Inspection Before Evidentiary Use

Shayla Platt Shayla Platt Date: 2025.06.03

Admin Review / Date

12:40:13 -04'00'

Remain Out of Evidentiary Use

Tech Review / Date

Form 40 from 5/19/25. SLH 6/2/25

Taylor Gutschow

Intoxilyzer - Alcohol Analyzer

Model 8000

SN 80-000957

05/19/2025

Software: 8100.27

Test.	g/210L	Time
Air Blank	0.000	15:53
Control Test	0.050	15:54
Air Blank	0.000	15:54
Control Test	0.049	15:55
Air Blank	0.000	15:55
Control Test	0.049	15:56
Air Blank	0.000	15:57
Control Test Stats	\$	
Average	0.0493	
Std Dev	0.0006	
Rel Std Dev(%)	1.1703	

Intoxilyzer - Alcohol Analyzer

Model 8000

SN 80-000957

05/19/2025

Software: 8100.27

Test	g/210L	Time
Air Blank Control Test Air Blank Control Test	0.000 0.080 0.000 0.080	16:00 16:01 16:02
Air Blank Control Test Air Blank	0.000 0.079 0.000	16:02 16:03 16:03
Control Test Stats Average Std Dev Rel Std Dev(%)		10:04

Intoxilyzer - Alcohol Analyzer

Model 8000

SN 80-000957

05/19/2025

Software: 8100.27



Test	g/210L	Time
Air Blank	0.000	16:13
Control Test	0.078	16:13
Air Blank	0.000	16:14
Control Test	0.079	16:14
Air Blank	0.000	16:15
Control Test	0.078	16:15
Air Blank	0.000	16:16
Control Test Stat	S	
Average	0.0783	
Std Dev	0.0006	
Rel Std Dev(%)	0.7370	

Operator s Signature

Intoxilyzer - Alcohol Analyzer

Model 8000

SN 80-000957

05/19/2025

Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	16:07
Control Test	0.200	16:08
Air Blank	0.000	16:09
Control Test	0.198	16:09
Air Blank	0.000	16:10
Control Test	0.199	16:10
Air Blank	0.000	16:11
Control Test Stat	s	
Average	0.1990	
Std Dev	0.0010	
Rel Std Dev(%)	0.5025	

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LEON COUNTY SO

Serial Number: 80-000957

Time of Inspection:10:45

Date of Inspection:04/08/2025

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	44.	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:
BYPASS AI TO OPERATE INSTRUMENT COMPLIANCE UNDETERMINED
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.
Signed 6/2/25 Signature and Printed Name
04/08/2025

FDLE/ATP Form 40 -- March 2004

Reprinted From Database

Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LEON COUNTY SO Time of Inspection: 13:28

Date of Inspection: 05/19/2025

Serial Number: 80-000957

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK	1	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: _	sut 6/2/25
Remarks: BYPASS AI FOR OPERATION,	CIMPLIANCE UNDETERMINED
	Compliance

The above instrument complies () does not comply () with Chapter 11D-8, FAC.	e
I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.	i that I
LEANDRA HIGGINBOTHAM	
Signature and Printed Name	
05/19/2025	

114

05/19/2025 Date

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LEON COUNTY SO Time of Inspection: 10:27

Date of Inspection: 05/30/2025

Serial Number: 80-000957

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		1.0
Diamontia Charle (D		No
Diagnostic Check (Pre-Inspection): OK		
Alcohol Free Subject Test: 0.000		No
the control of the co		No
Mouth Alcohol Test: Slope Not Met		1.0
Interferent Detail Mark T. C.		No
Interferent Detect Test: Interferent Detect		
Diagnostic Check (Post-Inspection): OK		No
		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	oi	Simulators	Used:	

Remarks:

BYPASSED AI TO OPERATE INSTRUMENT. COMPLIANCE NOT DETERMINED

The above	instrument complies	(X) does not comply () with Chapter 11D-8, FAC.	
I certify performed	that I hold a val	id Florida Department of La accordance with the provision	w Enforcement Agency Inspector ns of Chapter 11D-8, FAC.	Permit and that
_	1		PHIL NICODEMO	

Signature and Printed Name

05/30/2025 Date

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: LEON COUNTY SO Time of Inspection: 12:24

Date of Inspection: 05/30/2025

Serial Number: 80-000957

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	NO
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
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#:
0.000 / 0.000				Exp:
0.000 / 0.000				
INT / 0.000		150		
/ INT				
	1000			
				4-

Standa	rd Deviations	
Average	Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests	s: Number of Simulators Used: 5
Remarks:	i	
00:	Interferent Detect, Interferent Detect. Non-compliance	a: ,

Inspector in training used highly scented hand lotten in room. Turned on two tans to ensure room was cleared of scent.

PN 5/30/2025 WILL REPEAT INSPECTION.

The	above	instrument	complies	()	does	not	comply	(x)	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

05/30/2025

Date

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: LEON COUNTY SO Time of Inspection: 13:36

Date of Inspection: 05/30/2025

Serial Number: 80-000957

Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted	120	No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	NO
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		Мо

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#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:
0.000 / 0.000	0.048	0.080 / 0.07	9	
0.000 / 0.000	0.049	0.081 / 0.07	9	
INT / 0.000	0.050	0.082 / 0.07	9	
/ 0.000	0.050	INT / 0.07	9	
/ 0.000	0.050	/ INT		
/ 0.000	0.050	98.		
/ 0.000	0.050			
/ 0.000	0.051			
/ 0.000	0.051			
/ 0.000	0.051			

Standard Deviations	0.0009							32 10-
Average Standard Devi	ation of 0.05,	0.08 and 0.2	0 g/210L Test	:s:	Number o	f Simulators	Used:	5

00: Interferent Detect. 08: Interferent Detect, Interferent Detect. Non-compliance: .

Despite having two tuns present to clear area of seent, this instrument continued to doplay "INT DETECT" MESSAGE, WILL SPEAK WITH AGENCY INSPECTOR AND SEND TO REPAIR. PN 5/30/2025

The	above	instrument	complies	()	does	not	comply	ı	x	Y	with	Chapter	110 0	D. C
					aces	1100	COMPTY		~	1	MILU	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

05/30/2025 Date

Remarks:

Return Material Authorization

<u>s</u>	Ship to: ✓ CMI, Inc.
	☐ Enforcement Electronics
Shipmont to ropair facility authorized by:	
Shipment to repair facility authorized by:	011
<u>Items Returned:</u> Instrument ☑ Supplies □ Other □ Describe:	
Instrument Model: Intoxilyzer 8000 Serial Number: 80-000957	
Bill To Address:	Ship to Address:
Leon County SO	FDLE Off-Site Mail Facility
	Florida Department of Law Enforcement
	Alcohol Testing Program
	813 B Lake Bradford Road
	Tallahassee, FL 32304
Reason for Return: Instrument returned from repair and has remained at FDLE until inspector was able to process instrument. Upon inspection, inspector observed repeated "Interferent Detect"	
messages across two inspection attempts. Returning to repair for additional evaluation.	
Please choose one of the following options:	
1. I, authorize all repairs.	
☐ 2. I, authorize repairs up to \$	
☑ 3. I require an estimate <u>BEFORE</u> any repairs will be authorized and/ or conducted.	
Please contact: Name: Fred Hening	
Phone #: 850-445-8001 E	mail: FredrickHening@flhsmv.gov
ATP Contact Name: Phil Nicodmo	

Nicodemo PN 6/3/2025

fdle PN 6/3/2025