



## INSTRUMENT PROCESSING SHEET

Agency Quincy Police DepartmentS/N 80-000965Florida Department of  
Law EnforcementDate In 6/10/2025DI Completion Date N/A☐ Ship ☒ P/U ☐ H/D ☐ CMI ☐ EE

| Intake                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | By PN                                          | Date <u>6/10/2025</u>  | Quality Checks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | By PN    | Date <u>7/11/2025</u> | Flow Calibration                                                                                                                                                                                                                                                                                                                                                                                           | By       | Date      |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
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| <input type="checkbox"/> Annual<br><input type="checkbox"/> Registration<br><input type="checkbox"/> Return from CMI / EE<br><br>Visual Inspection:<br><input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Handle<br><input checked="" type="checkbox"/> Keyboard <input checked="" type="checkbox"/> Dry Gas Shelf<br><input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> Breath Tube<br><input checked="" type="checkbox"/> Ports <input checked="" type="checkbox"/> Screws Tight<br><br>Other Equipment/ Accessories:<br><input type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable<br><input type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable<br><br>Notes: _____<br>Instrument dropped off by _____<br>Agency Inspector. _____<br>Reported 0.200 g/210L<br>readings were low.<br>PN 6/10/2025<br>_____<br>_____<br>_____<br>_____<br>_____          |                                                |                        | <input checked="" type="checkbox"/> Breath Tube Screen<br><input checked="" type="checkbox"/> Replace External O-Rings<br><input checked="" type="checkbox"/> Instrument Set Up Verified<br><input checked="" type="checkbox"/> R-Value <u>228</u><br><input checked="" type="checkbox"/> Flow Verification (L/s)<br>Flow Column # <u>ATP 103</u><br>32 mm <u>.156</u> (.139 - .169)<br>36 mm <u>.171</u> (.156 - .190)<br>53 mm <u>.246</u> (.228 - .278)<br>103 mm <u>.500</u> (.447 - .547)<br><input checked="" type="checkbox"/> Barometric Pressure Check<br>Gauge ID # <u>28662</u><br><input checked="" type="checkbox"/> Stability Checks |          |                       | Flow Column # _____<br><input type="checkbox"/> 5L/min – 17mm<br><input type="checkbox"/> 15L/min – 53mm<br><input type="checkbox"/> 30L/min – 103mm<br><input type="checkbox"/> R-Value _____<br><input type="checkbox"/> Post Calibration Verification (L/s)<br>Flow Column # _____<br>32 mm _____ (.139 - .169)<br>36 mm _____ (.156 - .190)<br>53 mm _____ (.228 - .278)<br>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>MP5088</td><td>202406K<br/>06/19/2026</td></tr><tr><td>0.080</td><td>MP5089</td><td>202406L<br/>06/19/2026</td></tr><tr><td>0.200</td><td>MP5090</td><td>202406N<br/>06/20/2026</td></tr><tr><td>0.080 DGS</td><td>N/A</td><td>AG429602<br/>10/22/2026</td></tr></tbody></table>                                                                                                                                                                                                                                       |          |                       | Simulator                                                                                                                                                                                                                                                                                                                                                                                                  | Serial # | Lot #/Exp | 0.050 | MP5088 | 202406K<br>06/19/2026 | 0.080 | MP5089 | 202406L<br>06/19/2026 | 0.200 | MP5090 | 202406N<br>06/20/2026 | 0.080 DGS | N/A   | AG429602<br>10/22/2026 | <table border="1"><thead><tr><th colspan="2">Maintenance By _____ Date _____</th></tr><tr><td><input type="checkbox"/> Battery Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Dry Gas Regulator Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Breath Tube Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Other _____</td><td></td></tr><tr><td>_____</td><td></td></tr><tr><td>_____</td><td></td></tr><tr><td>_____</td><td></td></tr><tr><td>_____</td><td></td></tr></thead></table> |  |       | Maintenance By _____ Date _____ |  | <input type="checkbox"/> Battery Replacement |           | <input type="checkbox"/> Dry Gas Regulator Replacement |  | <input type="checkbox"/> Breath Tube Replacement |           | <input type="checkbox"/> Other _____ |       | _____      |       | _____ |  | _____ |       | _____ |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| Simulator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Serial #                                       | Lot #/Exp              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| 0.050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MP5088                                         | 202406K<br>06/19/2026  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| 0.080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MP5089                                         | 202406L<br>06/19/2026  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| 0.200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MP5090                                         | 202406N<br>06/20/2026  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| 0.080 DGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N/A                                            | AG429602<br>10/22/2026 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| Maintenance By _____ Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| <input type="checkbox"/> Battery Replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| <input type="checkbox"/> Dry Gas Regulator Replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| <input type="checkbox"/> Breath Tube Replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
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| <b>Calibration Adjustment</b> By _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                        | <b>Department Inspection</b> By _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| Barometric Pressure Gauge _____ ID # _____<br><table border="1"><thead><tr><th>Simulator</th><th>Serial #</th><th>Lot #</th><th>Expiration</th></tr></thead><tbody><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></tbody></table><br><input type="checkbox"/> Post Calibration Adjustment Stability Checks<br><table border="1"><thead><tr><th>Simulator</th><th>Serial #</th><th>Lot #</th><th>Expiration</th></tr></thead><tbody><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></tbody></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# _____<br>Gauge _____ Instrument _____<br>Mouth Alcohol Solution Lot # _____<br>Acetone Stock Solution Lot # _____<br><table border="1"><thead><tr><th>Simulator</th><th>Serial Number</th></tr></thead><tbody><tr><td>0.000</td><td></td></tr><tr><td>Interferent</td><td></td></tr><tr><td>0.050</td><td></td></tr><tr><td>0.080</td><td></td></tr><tr><td>0.200</td><td></td></tr></tbody></table><br><b>Attachments</b><br><table border="1"><tbody><tr><td><input type="checkbox"/> Form 41</td><td><input type="checkbox"/> Post-Stability Checks</td></tr><tr><td><input checked="" type="checkbox"/> Stability Checks</td><td><input type="checkbox"/> Flow Calibration</td></tr><tr><td><input type="checkbox"/> Calibration Certificate</td><td><input type="checkbox"/> Form 40</td></tr><tr><td><input type="checkbox"/> Calibration Adjustment</td><td><input type="checkbox"/> Other _____</td></tr></tbody></table> |  |  | Simulator | Serial Number | 0.000 |  | Interferent |  | 0.050 |  | 0.080 |  | 0.200 |  | <input type="checkbox"/> Form 41 | <input type="checkbox"/> Post-Stability Checks | <input checked="" type="checkbox"/> Stability Checks | <input type="checkbox"/> Flow Calibration | <input type="checkbox"/> Calibration Certificate | <input type="checkbox"/> Form 40 | <input type="checkbox"/> Calibration Adjustment | <input type="checkbox"/> Other _____ |
| Simulator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Serial #                                       | Lot #                  | Expiration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
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| Simulator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Serial #                                       | Lot #                  | Expiration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
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| Simulator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Serial Number                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
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| Interferent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
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| <input type="checkbox"/> Form 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Post-Stability Checks |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| <input checked="" type="checkbox"/> Stability Checks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Flow Calibration      |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| <input type="checkbox"/> Calibration Certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Form 40               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| <input type="checkbox"/> Calibration Adjustment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Other _____           |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |
| Notes/Suggested Service: _____<br>Instrument previously had 2025 inspection. Evaluated instrument by performing quality checks. Unable to detect items that would require additional service or repair. Returning to agency without performing additional calibration. Agency Inspector was informed to monitor instrument. PN 7/11/2025<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                        | <input checked="" type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC<br><input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC<br><input checked="" type="checkbox"/> Return to/Place into Evidentiary Use<br><input type="checkbox"/> Remain Out of Evidentiary Use<br><input checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use<br>Shayla Platt Digitally signed by Shayla Platt<br>Date: 2025.07.14 08:49:35 -04'00'<br>Taylor Gutschow Digitally signed by Taylor Gutschow<br>Date: 2025.07.14 12:08:54 -04'00'<br>Tech Review / Date _____ Admin Review / Date _____            |          |                       |                                                                                                                                                                                                                                                                                                                                                                                                            |          |           |       |        |                       |       |        |                       |       |        |                       |           |       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |       |                                 |  |                                              |           |                                                        |  |                                                  |           |                                      |       |            |       |       |  |       |       |       |  |  |       |  |  |  |           |     |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |           |               |       |  |             |  |       |  |       |  |       |  |                                  |                                                |                                                      |                                           |                                                  |                                  |                                                 |                                      |

# STABILITY CHECKS

QUINCY PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000965  
07/11/2025  
Software: 8100.27

| Test               | g/210L | Time  |
|--------------------|--------|-------|
| Air Blank          | 0.000  | 09:51 |
| Control Test       | 0.049  | 09:52 |
| Air Blank          | 0.000  | 09:52 |
| Control Test       | 0.049  | 09:53 |
| Air Blank          | 0.000  | 09:53 |
| Control Test       | 0.049  | 09:54 |
| Air Blank          | 0.000  | 09:55 |
| Control Test Stats |        |       |
| Average            | 0.0490 |       |
| Std Dev            | 0.0000 |       |
| Rel Std Dev(%)     | 0.0000 |       |

Operator's Signature

QUINCY PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000965  
07/11/2025  
Software: 8100.27

| Test               | g/210L | Time  |
|--------------------|--------|-------|
| Air Blank          | 0.000  | 09:56 |
| Control Test       | 0.081  | 09:57 |
| Air Blank          | 0.000  | 09:57 |
| Control Test       | 0.080  | 09:58 |
| Air Blank          | 0.000  | 09:58 |
| Control Test       | 0.080  | 09:59 |
| Air Blank          | 0.000  | 10:00 |
| Control Test Stats |        |       |
| Average            | 0.0803 |       |
| Std Dev            | 0.0006 |       |
| Rel Std Dev(%)     | 0.787  |       |

Operator's Signature

QUINCY PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000965  
07/11/2025  
Software: 8100.27

| Test               | g/210L | Time  |
|--------------------|--------|-------|
| Air Blank          | 0.000  | 10:01 |
| Control Test       | 0.199  | 10:02 |
| Air Blank          | 0.000  | 10:03 |
| Control Test       | 0.199  | 10:03 |
| Air Blank          | 0.000  | 10:04 |
| Control Test       | 0.200  | 10:04 |
| Air Blank          | 0.000  | 10:05 |
| Control Test Stats |        |       |
| Average            | 0.1993 |       |
| Std Dev            | 0.0006 |       |
| Rel Std Dev(%)     | 0.2896 |       |

Operator's Signature

QUINCY PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000965  
07/11/2025  
Software: 8100.27

| Test               | g/210L | Time  |
|--------------------|--------|-------|
| Air Blank          | 0.000  | 10:12 |
| Control Test       | 0.081  | 10:12 |
| Air Blank          | 0.000  | 10:13 |
| Control Test       | 0.079  | 10:13 |
| Air Blank          | 0.000  | 10:14 |
| Control Test       | 0.080  | 10:14 |
| Air Blank          | 0.000  | 10:15 |
| Control Test Stats |        |       |
| Average            | 0.0800 |       |
| Std Dev            | 0.0010 |       |
| Rel Std Dev(%)     | 1.2500 |       |

Operator's Signature

D65