



## INSTRUMENT PROCESSING SHEET

Agency FHPS/N 80-001123Florida Department of  
Law EnforcementDate In 5/22/2025DI Completion Date not completed☐ Ship☐ P/U☐ H/D☒ CMI☐ EE

Intake	By <u>SLH</u>	Date <u>5/27/2025</u>	Quality Checks	By <u>WKP</u>	Date <u>5/29/2025</u>	Flow Calibration	By _____	Date _____																																																																	
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE  Visual Inspection: <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Handle <input checked="" type="checkbox"/> Keyboard <input checked="" type="checkbox"/> Dry Gas Shelf <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> Breath Tube <input checked="" type="checkbox"/> Ports <input checked="" type="checkbox"/> Screws Tight  Other Equipment/ Accessories: <input type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable  Notes: <u>Scanned note indicating 'Agency.Check'error.SLH</u>			<input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace External O-Rings <input checked="" type="checkbox"/> Instrument Set Up Verified <input checked="" type="checkbox"/> R-Value <u>220</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-105</u> 32 mm <u>0.160</u> (.139 - .169) 36 mm <u>0.175</u> (.156 - .190) 53 mm <u>0.250</u> (.228 - .278) 103 mm <u>0.527</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28421</u> <input checked="" type="checkbox"/> Stability Checks			Flow Column # _____ <input type="checkbox"/> 5L/min – 17mm <input type="checkbox"/> 15L/min – 53mm <input type="checkbox"/> 30L/min – 103mm <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Post Calibration Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547)																																																																			
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Barometric Pressure Gauge _____ ID # _____ <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> <input type="checkbox"/> Post Calibration Adjustment Stability Checks <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# <u>28662</u> Gauge <u>1013</u> Instrument <u>1011</u> Mouth Alcohol Solution Lot # <u>2025A</u> Acetone Stock Solution Lot # <u>2024B</u> <table border="1"><thead><tr><th>Simulator</th><th>Serial Number</th></tr></thead><tbody><tr><td>0.000</td><td>MP5086</td></tr><tr><td>Interferent</td><td>MP5087</td></tr><tr><td>0.050</td><td></td></tr><tr><td>0.080</td><td></td></tr><tr><td>0.200</td><td></td></tr></tbody></table> <b>Attachments</b> <table border="1"><tbody><tr><td><input checked="" 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 checked="" type="checkbox"/> Form 40 (x4)</td></tr><tr><td><input type="checkbox"/> Calibration Adjustment</td><td><input checked="" type="checkbox"/> Other <u>Form 51 &amp; note</u></td></tr></tbody></table> <input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input type="checkbox"/> Return to/Place into Evidentiary Use <input checked="" type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use			Simulator	Serial Number	0.000	MP5086	Interferent	MP5087	0.050		0.080		0.200		<input checked="" 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 checked="" type="checkbox"/> Form 40 (x4)	<input type="checkbox"/> Calibration Adjustment	<input checked="" type="checkbox"/> Other <u>Form 51 &amp; note</u>
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Notes/Suggested Service: Admin: Coordinated remote download of forms with CMI on 6/3 and 6/5/25, but unsuccessful. Advised to send into CMI. There was also an error reported by the agency to address. SLH 7/2/2025			<table border="1"><tbody><tr><td>Phil Nicodemo Digitally signed by Phil Nicodemo Date: 2025.06.26 12:09:22 -04'00'</td><td>Taylor Gutschow Digitally signed by Taylor Gutschow Date: 2025.07.02 14:58:55 -04'00'</td></tr></tbody></table> Tech Review / Date _____ Admin Review / Date _____			Phil Nicodemo Digitally signed by Phil Nicodemo Date: 2025.06.26 12:09:22 -04'00'	Taylor Gutschow Digitally signed by Taylor Gutschow Date: 2025.07.02 14:58:55 -04'00'																																																																		
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4/11/2025

80-001123– Intoxilyzer 8000

GIVING “AGENCY.CHECK” ERROR  
DESPITE MOST RECENT AGENCY  
INSPECTION BEING COMPLETE.

PLEASE RETURN TO:

SERGEANT MAYKOLL SOUZA

11059 INTERNATIONAL DRIVE

ORLANDO, FL 32821

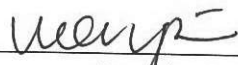
PHONE: 954-263-3252

EMAIL: MAYKOLLSOUZA@FLHSMV.GOV

0.05g/210L

FHP TROOP D ORLANDO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001123  
05/29/2025  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	12:58
Control Test	0.049	12:59
Air Blank	0.000	12:59
Control Test	0.049	13:00
Air Blank	0.000	13:01
Control Test	0.049	13:01
Air Blank	0.000	13:02
Control Test Stats		
Average	0.0490	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

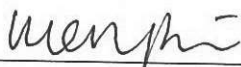


Operator's Signature

0.08 g/210L  
WET

FHP TROOP D ORLANDO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001123  
05/29/2025  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:04
Control Test	0.079	13:05
Air Blank	0.000	13:06
Control Test	0.079	13:06
Air Blank	0.000	13:07
Control Test	0.079	13:08
Air Blank	0.000	13:08
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	



Operator's Signature

0.200g/210L

FHP TROOP D ORLANDO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001123  
05/29/2025  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:13
Control Test	0.199	13:14
Air Blank	0.000	13:15
Control Test	0.199	13:15
Air Blank	0.000	13:16
Control Test	0.199	13:17
Air Blank	0.000	13:17
Control Test Stats		
Average	0.1990	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	



Operator's Signature

0.08 g/210L  
Dry Gas  
Standard

FHP TROOP D ORLANDO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001123  
05/29/2025  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	13:20
Control Test	0.080	13:20
Air Blank	0.000	13:21
Control Test	0.080	13:21
Air Blank	0.000	13:22
Control Test	0.080	13:22
Air Blank	0.000	13:22
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev (%)	0.0000	

Wenp

Operator's Signature

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FHP TROOP D ORLANDO

Serial Number: 80-001123

Time of Inspection: 12:36

Date of Inspection: 05/29/2025

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		No
Alcohol Free Subject Test: 0.000		No
Mouth Alcohol Test: Slope Not Met		No
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: Exp:

Number of Simulators Used: \_\_\_\_\_

Remarks: 'did not enter remark of 'bypass' AI to operate instrument, compliance not determined".

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

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.



WEN-CHI K PIERSON

Signature and Printed Name

05/29/2025

Date

# Florida Department of Law Enforcement

## Alcohol Testing Program

### AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FHP TROOP D ORLANDO

Serial Number: 80-001123

Time of Inspection: 12:37

Date of Inspection: 05/29/2025

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		No
Alcohol Free Subject Test: 0.000		No
Mouth Alcohol Test: Slope Not Met		No
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: Exp:

Number of Simulators Used: \_\_\_\_\_

**Remarks:**

BYPASS AI TO OPERATE INSTRUMENT COMPLIANCE NOT DETERMINED

*WKP 6/10/2025*

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

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

*Wen-Chi K Pierson*

WEN-CHI K PIERSON

Signature and Printed Name

05/29/2025

Date

Florida Department of Law Enforcement  
Alcohol Testing Program

**AGENCY INSPECTION REPORT - INTOXILYZER 8000**

Agency: FHP TROOP D ORLANDO

Serial Number: 80-001123

Time of Inspection: 10:46

Date of Inspection: 06/03/2025

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		No
Alcohol Free Subject Test: 0.000		No
Mouth Alcohol Test: Slope Not Met		No
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: Exp:

Number of Simulators Used: \_\_\_\_\_

**Remarks:**

BYPASS AI, COMPLIANCE UNDETERMINED

*AI = agency inspection  
Sub*

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

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

*[Signature]*

LEANDRA HIGGINBOTHAM

Signature and Printed Name

06/03/2025

Date

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: FHP TROOP D ORLANDO

Serial Number: 80-001123

Time of Inspection: 12:28

Date of Inspection: 06/03/2025

Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
Interferent Detect Test: Interferent Detect	Yes		Diagnostic Check (Post-Inspection): OK		No

*Noted Sub 6/9/25*

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:_____ Exp:_____	0.08g/210L Test (g/210L) Lot#:_____ Exp:_____	0.20g/210L Test (g/210L) Lot#:_____ Exp:_____	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:_____ Exp:_____
0.000				
0.000				
0.000				
0.000				
0.000				
0.000				
0.000				
0.000				
0.000				
0.000				

Standard Deviations				
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: \_\_\_\_\_ Number of Simulators Used: 5

**Remarks:**

FORMS NEED TO BE LOADED PRIOR TO DEPARTMENT INSPECTION

*— Aborted after Dept. Inspection initiated, sub 6/9/25*

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

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

*Miggell*

LEANDRA HIGGINBOTHAM

Signature and Printed Name

06/03/2025

Date

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FHP TROOP D ORLANDO

Serial Number: 80-001123

Time of Inspection: 10:33

Date of Inspection: 06/06/2025

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		No
Alcohol Free Subject Test: 0.000		No
Mouth Alcohol Test: Slope Not Met		No
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: Exp:

Number of Simulators Used: \_\_\_\_\_

**Remarks:**

BYPASS AI TO CHECK FORMS

AI = agency inspection

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

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.



LEANDRA HIGGINBOTHAM

Signature and Printed Name

06/06/2025

Date

## **Return Material Authorization**

**Ship to:**

☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Sgt Maykoll Souza on 06/09/2025

**Items Returned:**      Instrument ☒    Supplies ☐    Other ☐ Describe: \_\_\_\_\_

Instrument Model: Intoxilyzer 8000      Serial Number: 80-001123

Bill To Address:

FHP (Orlando)

Ship to Address:

FDLE- Tallahassee

**Reason for Return:**

Please download Forms - remote download failed 6/3 and 6/6/2025.

Please attempt upload before performing any repairs

Agency reports 'Agency Check Error'

**Please choose one of the following options:**

☐ 1. I \_\_\_\_\_, authorize all repairs.

☐ 2. I \_\_\_\_\_, authorize repairs up to \$\_\_\_\_\_.

☒ 3. I require an estimate **BEFORE** any repairs will be authorized and/ or conducted.

Please contact: Name: Sgt Maykoll Souza

Phone #: 954-263-3252      Email: MaykollSouza@flhsmv.gov

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