



INSTRUMENT PROCESSING SHEET

Agency WALTON COUNTY SOS/N 80-007173Florida Department of
Law EnforcementDate In 5/2/25

DI Completion Date _____

☐ Ship☐ P/U☐ H/D☒ CMI☐ EE

Intake	By SP	Date <u>5/3/25</u>	Quality Checks	By SLH	Date <u>05/06/2025</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 type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: Arrived in pelican case. Simulator return port loose.			<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>112</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>0.179</u> (.156 - .190) 53 mm <u>0.246</u> (.228 - .278) 103 mm <u>0.511</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</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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Stability Checks

SN: 80-007173 *sub*

0.050 g/210L	0.080 g/210L	0.200 g/210L	DGS 0.080 g/210L
0.047 to 0.053 g/210L	0.077 to 0.083 g/210L	0.194 to 0.206 g/210L	0.077 to 0.083 g/210L
	<input checked="" type="checkbox"/> <i>noted</i>		<input checked="" type="checkbox"/>
Performed Root Case Analysis	Performed Root Case Analysis	Performed Root Case Analysis	Performed Root Case Analysis

N/A

0.080
9/210L

WALTON COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000
05/06/2025
Software: 8100.27
SN 80-007173

Test	g/210L	Time
Air Blank	0.000	14:26
Control Test	0.000	14:27
Air Blank	0.000	14:28
Control Test	0.000	14:28
Air Blank	0.000	14:29
Control Test	0.000	14:29
Air Blank	0.000	14:30
Control Test Stats		
Average	0.0000	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Miguel
Operator Signature

DGS

WALTON COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000
05/06/2025
Software: 8100.27
SN 80-007173

Test	g/210L	Time
Air Blank	0.000	14:19
Control Test	0.083	14:19
Air Blank	0.000	14:20
Control Test	0.082	14:20
Air Blank	0.000	14:21
Control Test	0.082	14:21
Air Blank	0.000	14:22
Control Test Stats		
Average	0.0823	
Std Dev	0.0006	
Rel Std Dev(%)	0.7012	

Miguel
Operator Signature

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: WALTON COUNTY SO

Time of Inspection: 10:08

Date of Inspection: 05/06/2025

Serial Number: 80-007173

Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted	Yes	
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:

Time-Date changed.BYPASS AI TO USE, COMPLIANCE UNDETERMINED

N/A *SUT*

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

LEANDRA HIGGINBOTHAM

05/06/2025

Date

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: J Gaydos on 5/13/25

Items Returned: Instrument ☒ Supplies ☒ Other ☐ Describe: -112- SP

Instrument Model: Intoxilyzer 8000 Serial Number: 80-007173

Bill To Address:

Walton County SO

Ship to Address:

FDLE Tallahassee

Reason for Return:

Loose simulator ports

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: Jonathan Gaydos

Phone #: 850-892-8111 Email: jgaydos@waltonso.org

ATP Contact Name: Shayla Platt ATP Email: shaylaplatt@fdle.state.fl.us