



INSTRUMENT PROCESSING SHEET

Agency Bradford County SOS/N 80-001291Florida Department of
Law EnforcementDate In 08/06/2024 DI Completion Date N/A Ship P/U H/D CMI EE

Intake	By <u>ALL</u>	Date <u>08/06/2024</u>	Quality Checks	By _____	Date _____	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>Instrument arrived an produced a DSP fail.</u> _____ _____ _____ _____ _____			<input type="checkbox"/> Breath Tube Screen <input type="checkbox"/> Replace External O-Rings <input type="checkbox"/> Instrument Set Up Verified <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Flow Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # _____ <input 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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Notes/Suggested Service: _____ <u>Contacted AI and indicated instrument should be sent to repair facility. AI confirmed DSP fail occurred prior to shipping to FDLE. PN 8/21/2024</u> _____ _____ _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Attachments</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Form 41</td> <td><input type="checkbox"/> Post-Stability Checks</td> </tr> <tr> <td><input 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> <p> <input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" 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 checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use </p>	Attachments		<input type="checkbox"/> Form 41	<input type="checkbox"/> Post-Stability Checks	<input 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 _____																																																		
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Tech Review / Date _____	Admin Review / Date _____																																																												

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Jayson Levy on 8/21/2024

Items Returned: Instrument Supplies Other Describe: _____
Instrument Model: Intoxilyzer 8000 Serial Number: 80-001291

Bill To Address: <u>Jayson Levy</u> <u>Bradford County Sheriff's Office</u> _____ _____ _____	Ship to Address: <u>Florida Department of Law Enforcement</u> <u>Alcohol Testing Program</u> <u>813 B Lake Bradford Road</u> <u>Tallahassee, FL 32304</u> _____ _____
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Reason for Return:
Repeated DSP Fails observed.

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: Jayson Levy
Phone #: (352) 367-4115 Email: jlevy@alachuasheriff.org

ATP Contact Name: Phil Nicodemo ATP Email: philipnicodemo@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

Agency Bradford County SO

S/N 80-001291

Florida Department of Law Enforcement

Date In 4/15/2024

DI Completion Date 4/18/2024

Ship P/U H/D CMI EE

Intake By <u>BS</u> Date <u>4/16/2024</u> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Return from CMI / EE Visual Inspection: <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Handle <input checked="" type="checkbox"/> Keyboard <input checked="" type="checkbox"/> Dry Gas Shelf <input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> Breath Tube <input checked="" type="checkbox"/> Ports <input checked="" type="checkbox"/> Screws Tight Other Equipment/ Accessories: <input checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Quality Checks By <u>ALL</u> Date <u>04/16/2024</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>216</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP-105</u> 32 mm <u>.144</u> (.139 - .169) 36 mm <u>.164</u> (.156 - .190) 53 mm <u>.246</u> (.228 - .278) 103 mm <u>.480</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28663</u> <input checked="" type="checkbox"/> Stability Checks <table border="1"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #/Exp</th> </tr> </thead> <tbody> <tr> <td>0.050</td> <td>MP6291</td> <td>202303K 03/29/2025</td> </tr> <tr> <td>0.080</td> <td>MP6292</td> <td>202303L 03/29/2025</td> </tr> <tr> <td>0.200</td> <td>MP6293</td> <td>202304C 04/05/2025</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG310901 04/19/2025</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	MP6291	202303K 03/29/2025	0.080	MP6292	202303L 03/29/2025	0.200	MP6293	202304C 04/05/2025	0.080 DGS	N/A	AG310901 04/19/2025	Flow Calibration By _____ Date _____ 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) 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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Stability checks 80-001291

04/16/24

BRADFORD COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001291
04/16/2024
Software: 8100.27

BRADFORD COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001291
04/16/2024
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Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001291
04/16/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	15:08
Control Test	0.050	15:09
Air Blank	0.000	15:09
Control Test	0.050	15:10
Air Blank	0.000	15:10
Control Test	0.049	15:11
Air Blank	0.000	15:12
Control Test Stats		
Average	0.0497	
Std Dev	0.0006	
Rel Std Dev(%)	1.1625	

Test	g/210L	Time
Air Blank	0.000	15:13
Control Test	0.081	15:14
Air Blank	0.000	15:14
Control Test	0.080	15:15
Air Blank	0.000	15:15
Control Test	0.079	15:16
Air Blank	0.000	15:17
Control Test Stats		
Average	0.0800	
Std Dev	0.0010	
Rel Std Dev(%)	1.2500	

Test	g/210L	Time
Air Blank	0.000	15:19
Control Test	0.201	15:19
Air Blank	0.000	15:20
Control Test	0.199	15:21
Air Blank	0.000	15:21
Control Test	0.200	15:22
Air Blank	0.000	15:23
Control Test Stats		
Average	0.2000	
Std Dev	0.0010	
Rel Std Dev(%)	0.5000	

Wet

AZ

Operator's Signature

AZ

Operator's Signature

AZ

Operator's Signature

BRADFORD COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001291
04/16/2024
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	15:24
Control Test	0.079	15:25
Air Blank	0.000	15:25
Control Test	0.080	15:26
Air Blank	0.000	15:26
Control Test	0.080	15:26
Air Blank	0.000	15:27
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

D65

AZ

Operator's Signature

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: BRADFORD COUNTY SO

Serial Number: 80-001291

Time of Inspection: 11:57

Date of Inspection: 04/18/2024

Software: 8100.27

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

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: 202303K Exp: 03/29/2025	0.08g/210L Test (g/210L) Lot#: 202303L Exp: 03/29/2025	0.20g/210L Test (g/210L) Lot#: 202304C Exp: 04/05/2025	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: AG310901 Exp: 04/19/2025
0.000	0.049	0.079	0.198	0.080
0.000	0.049	0.079	0.198	0.080
0.000	0.049	0.079	0.200	0.080
0.000	0.049	0.079	0.199	0.080
0.000	0.050	0.079	0.199	0.080
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0.000	0.050	0.079	0.200	0.081
0.000	0.050	0.080	0.199	0.080
0.000	0.050	0.079	0.199	0.080

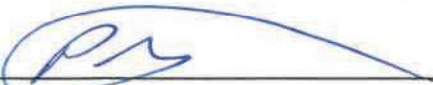
Standard Deviations	0.0005	0.0004	0.0006	0.0003
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 Number of Simulators Used: 5

Remarks:

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

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



 PHIL NICODEMO
 Signature and Printed Name
04/18/2024
 Date



Calibration Certificate

Florida Department of Law Enforcement
Alcohol Testing Program
2331 Phillips Road.
Suite B1032
Tallahassee, FL 32308

This is to certify the calibration of Intoxilyzer 8000 serial number 80-001291, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001291</u>	UNCERTAINTY* ±	
Owning Agency:	<u>BRADFORD COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>04/18/2024</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>11:57</u>	0.200 g/ 210 L	0.007
		0.080 g/ 210 L Dry Gas Control	0.005

All results are reported in g/ 210 L.

Bias is limited by calibration acceptance criteria. All calibration results must be within ± 0.005 or 5%, whichever is greater, of the target alcohol concentration.

*Uncertainty is based on fleet-wide data and is expressed to a 99.73% level of confidence (k=3).

The instrument results before and after any adjustment are found in the associated pre and post stability checks.

TRACEABILITY INFORMATION

This instrument was calibrated using solutions prepared by Alcohol Countermeasure Systems, Inc. (ACS). ACS prepared and certified these CRMs in accordance with ISO 17034 and ISO/ IEC 17025 Standards.

Simulator temperatures are traceable to NIST. Simulator temperatures are checked with NIST traceable digital thermometers calibrated by Precision Metrology in accordance with ISO/ IEC 17025 standards.

Dry gas control measurements are traceable to NIST through the use of CRMs supplied by an accredited CRM supplier. The supplier of dry gas standard controls prepared and certified the CRMs in accordance with ISO Guide 34 and ISO/ IEC 17025 standards. This document shall not be reproduced except in full, without written approval of the Florida Department of Law Enforcement Alcohol Testing Program.

04/18/2024

Date


PHIL NICODEMO,
Department Inspector

FDLE/ATP Form 69 March 2022

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality