

# Instrument Processing Sheet

Agency: Citrus County SO Instrument Serial Number: 80-000819  
 Date In: 11/24/2025 DI Completion Date: 12/2/2025  Ship  P/U  H/D  CMI  EE

<b>Intake</b> By: <u>SLH</u> Date: <u>11/24/25</u> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Return from CMI / EE <input type="checkbox"/> Return unworked <input type="checkbox"/> Training 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:	<b>Quality Checks</b> By: <u>SLH</u> Date: <u>12/1/2025</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>218</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP 103</u> 32 mm <u>0.164</u> (.139-.169) 36 mm <u>0.171</u> (.156-.190) 53 mm <u>0.238</u> (.228-.278) 103 mm <u>0.484</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>28427</u> Gauge: <u>1017</u> Instrument: <u>1018</u> <input checked="" type="checkbox"/> Stability Checks	<b>Flow Adjustment</b> 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 Adjustment Verification (L/S) Flow Column #: _____ 32 mm _____ (.139-.169) 36 mm _____ (.156-.190) 53 mm _____ (.228-.278) 103 mm _____ (.447-.547)														
		<b>Maintenance</b> By: <u>SLH</u> Date: <u>12/1/2025</u> <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement and Tank Sensor Tare <input type="checkbox"/> Breath Tube Replacement <input checked="" type="checkbox"/> Other: added internal print paper														
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot#/Exp</th> </tr> </thead> <tbody> <tr> <td rowspan="2">0.050</td> <td rowspan="2">MP6291</td> <td>202406K 06/19/2026</td> </tr> <tr> <td>202406L 06/19/2026</td> </tr> <tr> <td rowspan="2">0.080</td> <td rowspan="2">MP6292</td> <td>202406N 06/20/2026</td> </tr> <tr> <td>AG510701 04/17/2027</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td></td> </tr> </tbody> </table>	Simulator	Serial #	Lot#/Exp	0.050	MP6291	202406K 06/19/2026	202406L 06/19/2026	0.080	MP6292	202406N 06/20/2026	AG510701 04/17/2027	0.080 DGS	N/A	
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<b>Optical Bench Adjustment</b> By: _____	<b>Department Inspection</b> By: <u>SLH</u>																																								
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Notes/Suggested Service:	<input checked="" type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input checked="" type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use <input checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use <div style="text-align: right;">                     Digitally signed by  <b>Shayla Platt</b>                      Date: 2025.12.03 14:16:29 -05'00'                      Digitally signed by  <b>Taylor Gutschow</b>                      Date: 2025.12.03 14:16:29 -05'00'                 </div>
	Tech Review <b>Platt</b> Admin Review <b>Shayla Platt</b> Date: 2025.12.04 14:49:11 -05'00'

# Stability Checks

80-000819 Sub  
12/1/2025

0.050 g/210L 0.047 to 0.053 g/210L	0.080 g/210L 0.077 to 0.083 g/210L	0.200 g/210L 0.194 to 0.206 g/210L	DGS 0.080 g/210L 0.077 to 0.083 g/210L ≤0.003 g/210L of Wet																																																																																																																																																
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# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: CITRUS COUNTY SO  
Time of Inspection: 13:35

Date of Inspection: 12/02/2025

Serial Number: 80-000819  
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#:202406K Exp: 06/19/2026	0.08g/210L Test (g/210L) Lot#:202406L Exp: 06/19/2026	0.20g/210L Test (g/210L) Lot#:202406N Exp: 06/20/2026	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG510701 Exp: 04/17/2027
0.000	0.048	0.078	0.199	0.079
0.000	0.048	0.078	0.200	0.078
0.000	0.048	0.078	0.199	0.078
0.000	0.047	0.078	0.200	0.078
0.000	0.048	0.078	0.199	0.079
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0.000	0.048	0.077	0.200	0.078
0.000	0.048	0.078	0.200	0.078
0.000	0.047	0.078	0.200	0.078
0.000	0.048	0.078	0.199	0.078

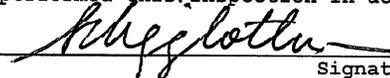
Standard Deviations	0.0004	0.0003	0.0005	0.0004
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 Number of Simulators Used: 5

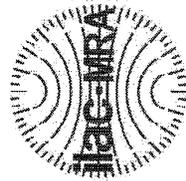
Remarks:

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.

  
 LEANDRA HIGGINBOTHAM  
 Signature and Printed Name

12/02/2025  
 Date



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

# Calibration Certificate

This is to certify the calibration of Intoxilyzer 8000 serial number 80-000819, manufactured by CMI, Inc. was calibrated in accordance with FDLE/AIP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000819</u>	UNCERTAINTY* ±	
Owning Agency:	<u>CITRUS COUNTY SO</u>	0.050 g/210 L	0.004
Calibration Date:	<u>12/02/2025</u>	0.080 g/210 L	0.004
Calibration Time:	<u>13:35</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.

12/02/2025 Date  
*Mejlotha*  
**LEANDRA HIGGINBOTHAM,**  
Department Inspector

FDLE/AIP Form 69 October 2024  
Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality



# Stability Checks

<b>0.050 g/210L</b> 0.047 to 0.053 g/210L	<b>0.080 g/210L</b> 0.077 to 0.083 g/210L	<b>0.200 g/210L</b> 0.194 to 0.206 g/210L	<b>DGS 0.080 g/210L</b> 0.077 to 0.083 g/210L ≤0.003 g/210L of Wet																																																																																																																																																
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# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: CITRUS COUNTY SO  
Time of Inspection: 14:02

Date of Inspection: 06/23/2025

Serial Number: 80-000819  
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#:202406K Exp: 06/19/2026	0.08g/210L Test (g/210L) Lot#:202406L Exp: 06/19/2026	0.20g/210L Test (g/210L) Lot#:202406N Exp: 06/20/2026	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG129602 Exp: 10/22/2026
0.000	0.048	0.079	0.197	0.080
0.000	0.048	0.078	0.197	0.080
0.000	0.048	0.078	0.197	0.080
0.000	0.048	0.078	0.197	0.080
0.000	0.048	0.078	0.198	0.080
0.000	0.049	0.079	0.198	0.080
0.000	0.048	0.079	0.198	0.080
0.000	0.048	0.079	0.198	0.080
0.000	0.049	0.079	0.198	0.080
0.000	0.048	0.079	0.198	0.080

Standard Deviations	0.0004	0.0005	0.0005	0.0000
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0003 Number of Simulators Used: 5

Remarks:

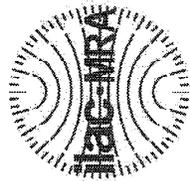
The above instrument complies (  ) does not comply (  ) with Chapter 11D-8, FAC.

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



LEANDRA HIGGINBOTHAM  
Signature and Printed Name

06/23/2025  
Date



# Calibration Certificate

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

This is to certify the calibration of Intoxilyzer 8000 serial number 80-000819, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000819</u>	UNCERTAINTY* ±	
Owning Agency:	<u>CITRUS COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>06/23/2025</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>14:02</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

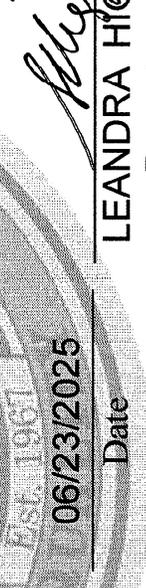
### TRACEABILITY INFORMATION

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.



FDLE/ATP Form 69 October 2024  
Issuing Authority: Alcohol Testing Program

**LEANDRA HIGINBOTHAM,**  
Department Inspector

06/23/2025  
Date

Service • Integrity • Respect • Quality

**Return Material Authorization**

**Ship to:**  CMI, Inc.  
 Enforcement Electronics

Shipment to repair facility authorized by: Jeffrey Brown on 07/14/2025

**Items Returned:** Instrument  Supplies  Other  Describe: \_\_\_\_\_  
Instrument Model: Intoxilyzer 8000 Serial Number: 80-000819

<b>Bill To Address:</b> <u>Citrus County Sheriffs Office</u> _____ _____ _____ _____	<b>Ship to Address:</b> <u>FDLE Tallahassee</u> _____ _____ _____ _____
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**Reason for Return:**  
Modem port not operational due to missing bracket and actual port pushed into instrument.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: Jeffrey Brown  
Phone #: 352-613-6019 Email: jeffrey.brown@corecivic.com  
ATP Contact Name: LeAndra Higginbotham ATP Email: leandrahigginbotham@fdle.state.fl.us