FDLE Florida Department of Law Enforcement

INSTRUMENT PROCESSING SHEET

*Suwannee SLH

Agency ~~Suwanee~~ County Sheriffs ~~Department~~ Office SLH S/N 80-007382

Date In 08/11/2025 DI Completion Date 08/14/2025 ■Ship ❑P/U ❑H/D ❑CMI ❑EE

Intake By SLH Date 08/11/2025

■ Annual
❑ Registration
■ Return from CMI / EE

Visual Inspection:
■ Case ■ Handle
■ Keyboard ■ Dry Gas Shelf
■ Feet ■ Breath Tube
■ Ports ■ Screws Tight

Other Equipment/ Accessories:
❑ Power cord ❑ Printer Cable
■ Static Bag ❑ 12V DC Cable

Notes: Arrived in FDLE loaner box. Calibration inlet port not vertically straight.SLH

Quality Checks By KTS Date 8/12/25

■ Breath Tube Screen
■ Replace External O-Rings
■ Instrument Set Up Verified
■ R-Value 204
■ Flow Verification (L/s)
Flow Column # ATP103
32 mm 0.152 (.139 - .169)
36 mm 0.167 (.156 - .190)
53 mm 0.242 (.228 - .278)
103 mm 0.496 (.447 - .547)
■ Barometric Pressure Check
Gauge ID # 28427
■ Stability Checks

Simulator	Serial #	Lot #/Exp
0.050	MP5088	202406K
		06/19/2026
0.080	MP5089	202406L
		06/19/2026
0.200	MP5090	202406N
		06/20/2026
0.080 DGS	N/A	AG429602
		10/22/2026

Flow Calibration By_____ Date_____

Flow Column # _____
❑ 5L/min – 17mm
❑ 15L/min – 53mm
❑ 30L/min – 103mm
❑ R-Value _____
❑ 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_____

❑ Battery Replacement
❑ Dry Gas Regulator Replacement
❑ Breath Tube Replacement
❑ Other _____

Calibration Adjustment By_____

Barometric Pressure Gauge _____ ID #_____

Simulator	Serial #	Lot #	Expiration
0.000		N/A	N/A
0.040			
0.100			
0.200			
0.300			
0.080 DGS	N/A		

❑ Post Calibration Adjustment Stability Checks

Simulator	Serial #	Lot #	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		

Department Inspection By SLH

Barometric Pressure ID# 28662
Gauge 1013 Instrument 1011
Mouth Alcohol Solution Lot # 2025-A
Acetone Stock Solution Lot # 2024-B

Simulator	Serial Number
0.000	MP6289
Interferent	MP5087
0.050	MP6291
0.080	MP5089
0.200	MP5090

Attachments

■ Form 41	❑ Post-Stability Checks
■ Stability Checks	❑ Flow Calibration
■ Calibration Certificate	■ Form 40
❑ Calibration Adjustment	☒ Other diagnostic

Notes/Suggested Service: Simulators had no issue attaching to the port. SLH 8/14/2025

*9/2/25 Tech Review-Added correct spelling of Agency name to Suwannee.SLH

9/19/25 Tech Review- Added a diagnostic check as attachment to demonstrate the name of agency was Sheriffs Office instead of Sheriffs Department and updated in the name to Office in the Agency name at the top of the ~~IPS~~. SLH

■ **Instrument Complies with Chapter 11D-8, FAC**
❑ **Instrument Does Not Comply with Chapter 11D-8, FAC**
■ **Return to/Place into Evidentiary Use**
❑ **Remain Out of Evidentiary Use**
■ **Conduct an Agency Inspection Before Evidentiary Use**

Taylor Gutschow — Digitally signed by Taylor Gutschow Date: 2025.09.19 14:57:48 -04'00'
Tech Review / Date

Shayla Platt — Digitally signed by Shayla Platt Date: 2025.09.23 16:12:10 -04'00'
Admin Review / Date

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SUWANNEE COUNTY SD
Time of Inspection: 07:31 Date of Inspection: 08/12/2025 Serial Number: 80-007382
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:
BYPASSED AI TO OPERATE INSTRUMENT.COMPLIANCE NOT DETERMINED

KTS 8/12/25

The above instrument complies (X) 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.

KATIE T SPEARIN
Signature and Printed Name

08/12/2025
Date

FDLE/ATP Form 40 – March 2004

SUWANNEE COUNTY SD
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007382
08/12/2025
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:37
Control Test	0.079	07:37
Air Blank	0.000	07:38
Control Test	0.079	07:38
Air Blank	0.000	07:38
Control Test	0.079	07:39
Air Blank	0.000	07:39
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Operator's Signature

DGS

SUWANNEE COUNTY SD
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007382
08/12/2025
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:41
Control Test	0.050	07:41
Air Blank	0.000	07:42
Control Test	0.050	07:42
Air Blank	0.000	07:43
Control Test	0.049	07:44
Air Blank	0.000	07:44
Control Test Stats		
Average	0.0497	
Std Dev	0.0006	
Rel Std Dev(%)	1.1625	

Operator's Signature

SUWANNEE COUNTY SD
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007382
08/12/2025
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:46
Control Test	0.079	07:47
Air Blank	0.000	07:48
Control Test	0.078	07:48
Air Blank	0.000	07:49
Control Test	0.079	07:50
Air Blank	0.000	07:50
Control Test Stats		
Average	0.0787	
Std Dev	0.0006	
Rel Std Dev(%)	0.7339	

Operator's Signature

SUWANNEE COUNTY SD
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007382
08/12/2025
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	07:52
Control Test	0.200	07:52
Air Blank	0.000	07:53
Control Test	0.198	07:54
Air Blank	0.000	07:54
Control Test	0.197	07:55
Air Blank	0.000	07:56
Control Test Stats		
Average	0.1983	
Std Dev	0.0015	
Rel Std Dev(%)	0.7702	

Operator's Signature

Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: SUWANNEE COUNTY SD
Serial Number: 80-007382
Time of Inspection:13:18
Date of Inspection:08/14/2025
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	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#: AG429602 Exp: 10/22/2026
0.000	0.050	0.078	0.197	0.078
0.000	0.049	0.078	0.197	0.078
0.000	0.049	0.079	0.197	0.078
0.000	0.049	0.079	0.198	0.078
0.000	0.050	0.079	0.198	0.078
0.000	0.050	0.078	0.198	0.078
0.000	0.050	0.079	0.198	0.078
0.000	0.050	0.079	0.198	0.078
0.000	0.050	0.079	0.198	0.078
0.000	0.050	0.079	0.198	0.078
Standard Deviations	0.0004	0.0004	0.0004	0.0000

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 (X) 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

08/14/2025
Date

FDLE/ATP Form 41 -- Revised August 2005

Reprinted From Database

- noted - external printer not operational. SLH 8/15/25

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 80-007382 , manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	80-007382
Owning Agency:	SUWANNEE COUNTY SD
Calibration Date:	08/14/2025
Calibration Time:	13:18

	UNCERTAINTY* ±
0.050 g/ 210 L	0.004
0.080 g/ 210 L	0.004
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.

08/14/2025
Date

LEANDRA HIGGINBOTHAM,
Department Inspector

INTOXILYZER 8000
Instrument Initialization
10:28 09/19/2025

SUWANNEE COUNTY SO *
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-007382
09/19/2025
Software: 8100.27

DIAGNOSTICS

Voltage/Current Test	OK
RAM Test	OK
EEPROM Checksum Test	OK
Real Time Clock Test	OK
DSP Test	OK
Analytical Stability Test	OK
Internal Printer Test	OK
Modem Test	OK
Temperature Regulation Test	OK

80-007382 9/19/25 SUT

Performed Diagnostic to show name of agency was updated correctly in the instrument settings. SUT

INSTRUMENT PROCESSING SHEET

Florida Department of Law Enforcement

Agency Suwannee County SO S/N 80-007382

Date In 3/11/2025 DI Completion Date N/A ❑Ship ❑P/U ❑H/D ■CMI ❑EE

Intake By ALL Date 3/11/2025

■ Annual
❑ Registration
■ Return from CMI / EE

Visual Inspection:
■ Case ■ Handle
■ Keyboard ■ Dry Gas Shelf
■ Feet ■ Breath Tube
■ Ports ■ Screws Tight

Other Equipment/ Accessories:
❑ Power cord ❑ Printer Cable
■ Static Bag ❑ 12V DC Cable

Notes: _____

Quality Checks By SLH Date 03/26/2025

■ Breath Tube Screen
■ Replace External O-Rings
❑ Instrument Set Up Verified
❑ R-Value _____
❑ Flow Verification (L/s)
Flow Column # _____
32 mm _____ (.139 - .169)
36 mm _____ (.156 - .190)
53 mm _____ (.228 - .278)
103 mm _____ (.447 - .547)
■ Barometric Pressure Check
Gauge ID # 28427
❑ Stability Checks

Simulator	Serial #	Lot #/Exp
0.050		
0.080		
0.200		
0.080 DGS	N/A	

Flow Calibration By_____ Date_____

Flow Column # _____
❑ 5L/min – 17mm
❑ 15L/min – 53mm
❑ 30L/min – 103mm
❑ R-Value _____
❑ 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_____

❑ Battery Replacement
❑ Dry Gas Regulator Replacement
❑ Breath Tube Replacement
❑ Other _____

Calibration Adjustment By_____

Barometric Pressure Gauge _____ ID #_____

Simulator	Serial #	Lot #	Expiration
0.000		N/A	N/A
0.040			
0.100			
0.200			
0.300			
0.080 DGS	N/A		

❑ Post Calibration Adjustment Stability Checks

Simulator	Serial #	Lot #	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		

Department Inspection By_____

Barometric Pressure ID# _____
Gauge _____ Instrument _____
Mouth Alcohol Solution Lot # _____
Acetone Stock Solution Lot # _____

Simulator	Serial Number
0.000	
Interferent	
0.050	
0.080	
0.200	

Attachments

❑ Form 41
❑ Stability Checks
❑ Calibration Certificate
❑ Calibration Adjustment
❑ Post-Stability Checks
❑ Flow Calibration
❑ Form 40
■ Other Form 51

Notes/Suggested Service: Bypass AI-but not able to upload due to instrument not able to initialize subsequent to an update of Level 3 password (PW) after being reset at repair. I updated the PW to the evidentiary Level 3 PW within the Setup menu. Unable to log onto Level 3 after update. SLH 3/27/2025
Form 40 not able to be acquired due to instrument not initializing. SLH 4/1/2025

❑ **Instrument Complies with Chapter 11D-8, FAC**
■ **Instrument Does Not Comply with Chapter 11D-8, FAC**
❑ **Return to/Place into Evidentiary Use**
■ **Remain Out of Evidentiary Use**
❑ **Conduct an Agency Inspection Before Evidentiary Use**

Taylor Gutschow — Digitally signed by Taylor Gutschow Date: 2025.04.03 13:17:18 -04'00'
Tech Review / Date

Shayla Platt — Digitally signed by Shayla Platt Date: 2025.04.03 14:57:57 -04'00'
Admin Review / Date

Return Material Authorization

Ship to: ☑ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Talena Carver on 11/13/2024

Items Returned: Instrument ☑ Supplies ☐ Other ☐ Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-007382

Bill To Address:	Ship to Address:
Suwannee County SO	FDLE Off-Site Mail Facility
Attn: Talena Carver	c/o Florida Department of Law Enforcemen
	Alcohol Testing Program
	813 B Lake Bradford Rd
	Tallahassee, FL 32304

Reason for Return:

Instrument will not turn on. Instrument returned from CMI. Instrument needs to be uploaded.

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: Talena Carver

Phone #: 386-362-2222 Email: talena.carver@suwanneesheriff.com

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