

Alcohol Testing Program - Instrument Processing Sheet

Agency: SARASOTA COUNTY SO Instrument Serial Number: 80-000861
 Date In: 1/13/2026 DI Completion Date: 1/15/26 Ship P/U H/D CMI EE

Intake By: <u>KTS</u> Date: <u>1/13/2026</u>	Quality Checks By: <u>KTS</u> Date: <u>1/13/2026</u>	Flow Adjustment By: _____
<input checked="" type="checkbox"/> Annual <input checked="" type="checkbox"/> Dropped Off <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE <input type="checkbox"/> Training Instrument 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	<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>249</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP103</u> 32 mm <u>0.148</u> (.139-.169) 36 mm <u>0.167</u> (.156-.190) 53 mm <u>0.253</u> (.228-.278) 103 mm <u>0.515</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>28427</u> Gauge: <u>1010</u> Instrument: <u>1010</u>	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)

<input checked="" type="checkbox"/> Stability Checks			Maintenance By: _____ Date: _____	
Simulator	Serial #	Lot#/Exp		
0.050	MP5088	202406K 6/19/2026	<input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Tank Sensor Tare <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other:	
0.080	MP5089	202406L 6/19/2026		
0.200	MP5090	202406N 6/20/2026		
0.080 DGS	N/A	AG510701 4/17/2027		

Optical Bench Adjustment By: _____ **Department Inspection** By: KTS
 Barometric Pressure Gauge: _____ ID#: _____ Barometric Pressure ID#: 28427

Simulator	Serial #	Lot #	Expiration	Gauge: <u>1011</u> Instrument: <u>1011</u>
0.000		N/A	N/A	Mouth Alcohol Solution Lot #: <u>2025-D</u> Exp: <u>9/25/27</u>
0.040				Acetone Stock Solution Lot #: <u>2025-B</u> Exp: <u>9/22/27</u>
0.100				Simulator
0.200				Serial Number
0.300				0.000 <u>MP6289</u>
0.080 DGS	N/A			Interferent <u>MP6090</u> – <u>MP6290</u>
				0.050 <u>MP5088</u>
				0.080 <u>MP5089</u>
				0.200 <u>MP5090</u>

<input type="checkbox"/> Post Optical Bench Adjustment Stability Checks				Attachments	
Simulator	Serial #	Lot #	Expiration	<input checked="" type="checkbox"/> Form 41	<input type="checkbox"/> Post-Stability Checks
0.050				<input checked="" type="checkbox"/> Stability Checks	<input type="checkbox"/> Flow Adjustment
0.080				<input checked="" type="checkbox"/> Calibration Certificate	<input type="checkbox"/> Form 40
0.200				<input type="checkbox"/> Optical Bench Adjustment	<input type="checkbox"/> Other:
0.080 DGS	N/A				

Gauge ID #: _____
 Gauge: _____ Instrument: _____

Notes/Suggested Service: Flow verification, barometric pressure check, and stabilities conducted on 1/14/26. KTS 1/23/26

Tech Review: Added initials and date to note, checked annual box and corrected serial number for simulator. KTS 1/23/26

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 <small>Digitally signed by Taylor Gutschow Date: 2026.01.23 10:36:39 -05'00'</small>	LeAndra Higginbotham <small>Digitally signed by LeAndra Higginbotham Date: 2026.01.28 12:19:23 -05'00'</small>
Tech Review	Admin Review

Stability Checks

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 50.003 g/210L of Wet																																																																																																																																																
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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: SARASOTA COUNTY SO
Time of Inspection: 12:01

Date of Inspection: 01/15/2026

Serial Number: 80-000861
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	0.050	0.079	0.199	0.081
0.000	0.050	0.079	0.200	0.081
0.000	0.050	0.080	0.200	0.080
0.000	0.050	0.080	0.200	0.081
0.000	0.050	0.079	0.200	0.081
0.000	0.050	0.080	0.200	0.081
0.000	0.050	0.079	0.200	0.080
0.000	0.050	0.080	0.200	0.080
0.000	0.050	0.079	0.200	0.080
0.000	0.050	0.080	0.200	0.080

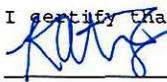
Standard Deviations	0.0000	0.0005	0.0003	0.0005
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0003 Number of Simulators Used: 5

Remarks:

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

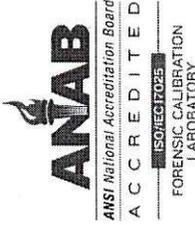
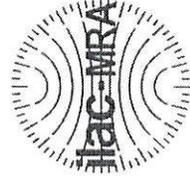
I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.



KATIE T SPEARIN

Signature and Printed Name

01/15/2026
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 80-000861, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000861</u>	UNCERTAINTY* ±
Owning Agency:	<u>SARASOTA COUNTY SO</u>	0.050 g/ 210 L
Calibration Date:	<u>01/15/2026</u>	0.080 g/ 210 L
Calibration Time:	<u>12:01</u>	0.200 g/ 210 L
		0.080 g/ 210 L Dry Gas Control
		0.004
		0.004
		0.008
		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.

01/15/2026

Date

KATIE T SPEARIN,
Department Inspector

FDLE/ATP Form 69 January 2026

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality