

# Instrument Processing Sheet

Agency: FDLE LOANER Instrument Serial Number: 80-000223  
 Date In: 10/30/2025 DI Completion Date: 11/18/2025  Ship  P/U  H/D  CMI  EE

<b>Intake</b> By: <u>WKP</u> Date: <u>10/30/25</u>	<b>Quality Checks</b> By: <u>WKP</u> Date: <u>11/14/2025</u>	<b>Flow Adjustment</b> By: _____ Date: _____
<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	<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>242</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>0.175</u> (.156-.190) 53 mm <u>0.242</u> (.228-.278) 103 mm <u>0.496</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>28427</u> Gauge: <u>1019.1</u> Instrument: <u>1019</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)

Notes: Instrument returned with modem line in box. WKP 10/30/2025

Simulator	Serial #	Lot#/Exp	Maintenance
0.050	MP6291	202406K	<input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement and Tank Sensor Tare <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other:
		06/19/2026	
0.080	MP6292	202406L	
		06/19/2026	
0.200	MP6293	202406N	
		06/20/2026	
0.080 DGS	N/A	AG510701	
		04/17/2027	

<b>Optical Bench Adjustment</b> By: _____	<b>Department Inspection</b> By: <u>SLH</u>																																								
Barometric Pressure Gauge: _____ ID#: _____	Barometric Pressure ID#: <u>28427</u>																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>Simulator</th><th>Serial #</th><th>Lot #</th><th>Expiration</th></tr> <tr><td>0.000</td><td></td><td>N/A</td><td>N/A</td></tr> <tr><td>0.040</td><td></td><td></td><td></td></tr> <tr><td>0.100</td><td></td><td></td><td></td></tr> <tr><td>0.200</td><td></td><td></td><td></td></tr> <tr><td>0.300</td><td></td><td></td><td></td></tr> <tr><td>0.080 DGS</td><td>N/A</td><td></td><td></td></tr> </table>	Simulator	Serial #	Lot #	Expiration	0.000		N/A	N/A	0.040				0.100				0.200				0.300				0.080 DGS	N/A			Gauge: <u>1017</u> Instrument: <u>1017</u> Mouth Alcohol Solution Lot #: <u>2025-C</u> Exp: <u>09/25/2027</u> Acetone Stock Solution Lot #: <u>2025-B</u> Exp: <u>09/22/2027</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>Simulator</th><th>Serial Number</th></tr> <tr><td>0.000</td><td>MP6289</td></tr> <tr><td>Interferent</td><td>MP6290</td></tr> <tr><td>0.050</td><td>MP5088</td></tr> <tr><td>0.080</td><td>MP6292</td></tr> <tr><td>0.200</td><td>MP5090</td></tr> </table>	Simulator	Serial Number	0.000	MP6289	Interferent	MP6290	0.050	MP5088	0.080	MP6292	0.200	MP5090
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<input type="checkbox"/> Post Optical Bench Adjustment Stability Checks <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>Simulator</th><th>Serial #</th><th>Lot #</th><th>Expiration</th></tr> <tr><td>0.050</td><td></td><td></td><td></td></tr> <tr><td>0.080</td><td></td><td></td><td></td></tr> <tr><td>0.200</td><td></td><td></td><td></td></tr> <tr><td>0.080 DGS</td><td>N/A</td><td></td><td></td></tr> </table>	Simulator	Serial #	Lot #	Expiration	0.050				0.080				0.200				0.080 DGS	N/A			<b>Attachments</b> <input checked="" type="checkbox"/> Form 41 <input type="checkbox"/> Post-Stability Checks <input checked="" type="checkbox"/> Stability Checks <input type="checkbox"/> Flow Adjustment <input checked="" type="checkbox"/> Calibration Certificate <input checked="" type="checkbox"/> Form 40 <input type="checkbox"/> Optical Bench Adjustment <input type="checkbox"/> Other:																				
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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
	Digitally signed by <b>Shayla Platt</b> Date: 2025.12.02 14:52:25 -05'00'
	Taylor Gutschow <small>Digitally signed by Taylor Gutschow Date: 2025.11.24 22:55:48 -05'00'</small> <b>Tech Review</b>
	<b>Admin Review</b>

# Stability Checks

0.05g/210L	0.08g/210L	0.20g/210L	DGS 0.08g/210L
0.047 to 0.053	0.077 to 0.083	0.194 to 0.206	0.077 to 0.083
Performed Root Case Analysis			
<p>FDLE Intoxilyzer - Alcohol Analyzer Model: 8100 SN: 60-00223 11/14/2025 Software: 8100.27</p> <p>Test g/210L Time</p> <p>Air Blank 0.000 11:20 Control Test 0.049 11:21 Air Blank 0.000 11:22 Control Test 0.048 11:22 Air Blank 0.000 11:23 Control Test 0.048 11:23 Air Blank 0.000 11:24</p> <p>Control Test Stats Average 0.0483 Std Dev 0.0006 Rel. Std Dev(%) 1.1945</p>	<p>FDLE Intoxilyzer - Alcohol Analyzer Model: 8100 SN: 60-00223 11/14/2025 Software: 8100.27</p> <p>Test g/210L Time</p> <p>Air Blank 0.000 11:26 Control Test 0.079 11:27 Air Blank 0.000 11:28 Control Test 0.079 11:28 Air Blank 0.000 11:29 Control Test 0.079 11:29 Air Blank 0.000 11:30</p> <p>Control Test Stats Average 0.0790 Std Dev 0.0000 Rel. Std Dev(%) 0.0000</p>	<p>FDLE Intoxilyzer - Alcohol Analyzer Model: 8100 SN: 60-00223 11/14/2025 Software: 8100.27</p> <p>Test g/210L Time</p> <p>Air Blank 0.000 11:33 Control Test 0.221 11:33 Air Blank 0.000 11:34 Control Test 0.200 11:35 Air Blank 0.000 11:35 Control Test 0.200 11:36 Air Blank 0.000 11:36</p> <p>Control Test Stats Average 0.2003 Std Dev 0.0006 Rel. Std Dev(%) 0.2882</p>	<p>FDLE Intoxilyzer - Alcohol Analyzer Model: 8100 SN: 60-00223 11/14/2025 Software: 8100.27</p> <p>Test g/210L Time</p> <p>Air Blank 0.000 11:13 Control Test 0.080 11:14 Air Blank 0.000 11:14 Control Test 0.080 11:15 Air Blank 0.000 11:15 Control Test 0.080 11:15 Air Blank 0.000 11:16</p> <p>Control Test Stats Average 0.0800 Std Dev 0.0000 Rel. Std Dev(%) 0.0000</p>
<p>Performed Root Case Analysis</p> <p><i>menpi</i> Operator's Signature</p>			

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: FDLE

Time of Inspection: 09:56

Date of Inspection: 11/18/2025

Serial Number: 80-000223

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: _____

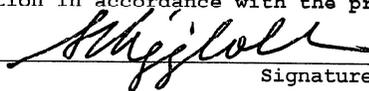
Number of Simulators Used: \_\_\_\_\_

**Remarks:**

VERIFY FORMS LOADED POST REPAIR

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

11/18/2025  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: FDLE  
Time of Inspection: 15:55

Date of Inspection: 11/18/2025

Serial Number: 80-000223  
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	0.198	0.080
0.000	0.048	0.078	0.198	0.080
0.000	0.048	0.078	0.198	0.080
0.000	0.048	0.078	0.198	0.079
0.000	0.048	0.078	0.198	0.080
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0.000	0.048	0.078	0.199	0.080

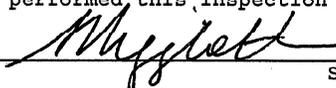
Standard Deviations	0.0004	0.0000	0.0004	0.0003
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0002 Number of Simulators Used: 5

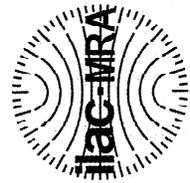
Remarks:

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

11/18/2025  
 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 80-000223, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000223</u>	UNCERTAINTY* ±	
Owning Agency:	<u>FDLE</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>11/18/2025</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>15:55</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.

11/18/2025

Date

LEANDRA HIGGINBOTHAM,

Department Inspector

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

Service • Integrity • Respect • Quality



# INSTRUMENT PROCESSING SHEET

Agency FDLES/N 80-000223Florida Department of  
Law EnforcementDate In 8/5/2025DI Completion Date N/A Ship  P/U  H/D  CMI  EE

Intake	By <u>KTS</u>	Date <u>8/5/25</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 type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable  Notes: <u>Instrument arrived with phone line attached. Agency Inspector reported modem port is damaged and needs repair. KTS 8/11/25</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>Repair needed to the modem port for operation. SLH 8/6/2025</u> <u>Tech Review: Added note to Intake section. KTS 8/11/25</u>	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input 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 type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use <div style="text-align: right; font-size: small;">Digitally signed by</div> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             Taylor Gutschow  <small>Digitally signed by Taylor Gutschow Date: 2025.08.11 09:36:46 -0400</small> </div> <div style="text-align: center;">             Shayla Platt  <small>Shayla Platt Date: 2025.08.11 09:58:40 -04'00'</small> </div> </div>
Tech Review / Date _____	Admin Review / Date _____

**Return Material Authorization**

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

Shipment to repair facility authorized by: Shayla Platt on 8/6/2025

Items Returned:    Instrument     Supplies     Other  Describe: \_\_\_\_\_

Instrument Model: Intoxilyzer 8000                      Serial Number: 80-000223

Bill To Address:  
FDLE Tallahassee  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to Address:  
FDLE Tallahassee  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Return:  
Modem port inoperable  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: Shayla Platt  
Phone #: 850-617-1282                      Email: shaylaplatt@fdle.state.fl.us

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