

# Instrument Processing Sheet

Agency: VOLUSIA COUNTY SO Instrument Serial Number: 80-001131  
 Date In: 11/25/2025 DI Completion Date: 12/2/2025  Ship  P/U  H/D  CMI  EE

<b>Intake</b> By: <u>WKP</u> Date: <u>11/25/25</u>	<b>Quality Checks</b> By: <u>SLH</u> Date: <u>12/1/2025</u>	<b>Flow Adjustment</b> By: _____ Date: _____
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input 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>169</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP 103</u> 32 mm <u>0.160</u> (.139-.169) 36 mm <u>0.167</u> (.156-.190) 53 mm <u>0.234</u> (.228-.278) 103 mm <u>0.488</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>28427</u> Gauge: <u>1017</u> Instrument: <u>1019</u> <input checked="" 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 Adjustment Verification (L/S) Flow Column #: _____ 32 mm _____ (.139-.169) 36 mm _____ (.156-.190) 53 mm _____ (.228-.278) 103 mm _____ (.447-.547)

Notes: Instrument arrived with left side handle screw missing. WKP 11/25/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot#/Exp</th> </tr> <tr> <td rowspan="2">0.050</td> <td rowspan="2">MP6291</td> <td>202406K</td> </tr> <tr> <td>06/19/2026</td> </tr> <tr> <td rowspan="2">0.080</td> <td rowspan="2">MP6292</td> <td>202406L</td> </tr> <tr> <td>06/19/2026</td> </tr> <tr> <td rowspan="2">0.200</td> <td rowspan="2">MP6293</td> <td>202406N</td> </tr> <tr> <td>06/20/2026</td> </tr> <tr> <td rowspan="2">0.080 DGS</td> <td rowspan="2">N/A</td> <td>AG510701</td> </tr> <tr> <td>04/17/2027</td> </tr> </table>	Simulator	Serial #	Lot#/Exp	0.050	MP6291	202406K	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b>Maintenance</b></td> <td style="width: 25%;">By: _____</td> <td style="width: 25%;">Date: _____</td> </tr> <tr> <td> <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: _____                 </td> <td></td> <td></td> </tr> </table>	<b>Maintenance</b>	By: _____	Date: _____	<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: _____		
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<b>Optical Bench Adjustment</b> By: _____	<b>Department Inspection</b> By: <u>SLH</u>																																								
Barometric Pressure Gauge: _____ ID#: _____	Barometric Pressure ID#: <u>28421</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
	Digitally signed by Taylor Gutschow Date: 2025.12.03 14:31:48 -05'00' <b>Taylor Gutschow</b>
	Digitally signed by Shayla Platt Date: 2025.12.04 14:52:20 -05'00' <b>Shayla Platt</b>
	Tech Review Admin Review

# Stability Checks

80-001131 sub

12/11/2025

0.050 g/210L	0.080 g/210L	0.200 g/210L	DGS 0.080 g/210L																																																																																																																																																
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# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: VOLUSIA COUNTY SO  
Time of Inspection: 14:29

Date of Inspection: 12/02/2025

Serial Number: 80-001131  
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	0.077	0.197	0.078
0.000	0.048	0.077	0.198	0.080
0.000	0.047	0.078	0.199	0.079
0.000	0.047	0.078	0.198	0.080
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0.000	0.048	0.078	0.199	0.079
0.000	0.048	0.078	0.199	0.079

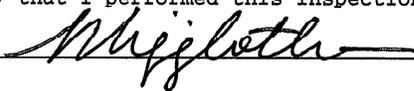
Standard Deviations	0.0004	0.0006	0.0007	0.0006
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0005 Number of Simulators Used: 5

Remarks:

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

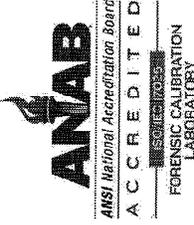
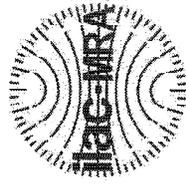
I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.



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 80-001131, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001131</u>	UNCERTAINTY* ±	
Owning Agency:	<u>VOLUSIA 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>14:29</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.

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12/02/2025

Date

LEANDRA HIGGINBOTHAM,

Department Inspector

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

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