

Alcohol Testing Program - Instrument Processing Sheet

Agency: SARASOTA COUNTY SO Instrument Serial Number: 80-001344
 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: <u>KTS</u>
<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 checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: AI note. Added 3 screws to dry gas regulator. KTS 1/13/26	<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>216</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP103</u> 32 mm <u>0.137</u> (.139-.169) 36 mm <u>0.157</u> (.156-.190) 53 mm <u>0.242</u> (.228-.278) 103 mm <u>0.507</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>28427</u> Gauge: <u>1010</u> Instrument: <u>1009</u> <input checked="" type="checkbox"/> Stability Checks	Flow Column #: <u>ATP102</u> <input checked="" type="checkbox"/> 5L/min – 17mm <input checked="" type="checkbox"/> 15L/min – 53mm <input checked="" type="checkbox"/> 30L/min – 103mm <input checked="" type="checkbox"/> R-Value: <u>229</u> <input checked="" type="checkbox"/> Post Adjustment 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>0.242</u> (.228-.278) 103 mm <u>0.500</u> (.447-.547)

		Maintenance By: <u>KTS</u> Date: <u>1/13/2026</u>															
	<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>0.050</td> <td>MP5088</td> <td>202406K 6/19/2026</td> </tr> <tr> <td>0.080</td> <td>MP5089</td> <td>202406L 6/19/2026</td> </tr> <tr> <td>0.200</td> <td>MP5090</td> <td>202406N 6/20/2026</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG510701 4/17/2027</td> </tr> </tbody> </table>	Simulator	Serial #	Lot#/Exp	0.050	MP5088	202406K 6/19/2026	0.080	MP5089	202406L 6/19/2026	0.200	MP5090	202406N 6/20/2026	0.080 DGS	N/A	AG510701 4/17/2027	<input checked="" 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:
Simulator	Serial #	Lot#/Exp															
0.050	MP5088	202406K 6/19/2026															
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>1010</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				0.000 <u>MP6289</u>
0.300				Interferent <u>MP6290</u>
0.080 DGS	N/A			0.050 <u>MP5088</u>
<input type="checkbox"/> Post Optical Bench Adjustment Stability Checks				0.080 <u>MP5089</u>
Simulator	Serial #	Lot #	Expiration	0.200 <u>MP5090</u>
0.050				
0.080				
0.200				
0.080 DGS	N/A			

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

Gauge ID #: _____ Gauge: _____ Instrument: _____

Notes/Suggested Service: Flow verification, barometric pressure check, flow adjustment, and stability checks conducted on 1/14/26. KTS 1/14/26

Tech Review: Corrected misspelling and added checkmark to the annual box. 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 11:02:42 -05'00'</small>	LeAndra Higginbotham	<small>Digitally signed by LeAndra Higginbotham Date: 2026.01.28 12:14:11 -05'00'</small>
Tech Review		Admin Review

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: SARASOTA COUNTY SO
Time of Inspection: 07:00

Date of Inspection: 01/14/2026

Serial Number: 80-001344
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

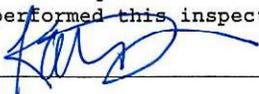
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08g/210L Test (g/210L) Lot#: _____ Exp: _____	0.20g/210L Test (g/210L) Lot#: _____ Exp: _____	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: _____ Exp: _____

Number of Simulators Used: _____

Remarks:
 BYPASS TO OPERATE ~~INSTRUMENT~~. COMPLIANCE NOT DETERMINED
 Bypassed* 1/14/26 KTS Instrument* KTS 1/23/26

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.

 _____
 Signature and Printed Name KATIE T SPEARIN

01/14/2026
Date

Flow Adjustment
1/14/26 *Kang*

SARASOTA COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model: 8000 SN 80-001344
01/14/2026
Software: 8100.27

Flow Rate Calibration*****

1: Rate (Liters/min) = 5
SQRT(Diff) = 7.000

2: Rate (Liters/min) = 15
SQRT(Diff) = 11.789

3: Rate (Liters/min) = 30
SQRT(Diff) = 21.000

Dependent Data Scale Factor = 100000 L/min

Independent Data Scale Factor = 256

Rounded Slope = 689

Rounded Intercept = -673772

Correlation = 0.99786

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																																																																																																																																																
<p>✓</p> <p>SARASOTA COUNTY SO Intoxilyzer - Alconol Analyzer Model 8000 SN 80-001344 01/14/2026 Software: 8100.27</p> <table border="1"> <thead> <tr> <th>Test</th> <th>g/210L</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>Air Blank</td><td>0.000</td><td>08:29</td></tr> <tr><td>Control Test</td><td>0.050</td><td>08:29</td></tr> <tr><td>Air Blank</td><td>0.000</td><td>08:30</td></tr> <tr><td>Control Test</td><td>0.050</td><td>08:30</td></tr> <tr><td>Air Blank</td><td>0.000</td><td>08:31</td></tr> <tr><td>Control Test</td><td>0.050</td><td>08:32</td></tr> <tr><td>Air Blank</td><td>0.000</td><td>08:32</td></tr> <tr><td>Control Test Stats</td><td></td><td></td></tr> <tr><td>Average</td><td>0.0500</td><td></td></tr> <tr><td>Std Dev</td><td>0.0000</td><td></td></tr> <tr><td>Rel Std Dev(%)</td><td>0.0000</td><td></td></tr> </tbody> </table> <p>Operator's Signature _____ <i>Katryz</i></p>	Test	g/210L	Time	Air Blank	0.000	08:29	Control Test	0.050	08:29	Air Blank	0.000	08:30	Control Test	0.050	08:30	Air Blank	0.000	08:31	Control Test	0.050	08:32	Air Blank	0.000	08:32	Control Test Stats			Average	0.0500		Std Dev	0.0000		Rel Std Dev(%)	0.0000		<p>✓</p> <p>SARASOTA COUNTY SO Intoxilyzer - Alconol Analyzer Model 8000 SN 80-001344 01/14/2026 Software: 8100.27</p> <table border="1"> <thead> <tr> <th>Test</th> <th>g/210L</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>Air Blank</td><td>0.000</td><td>08:52</td></tr> <tr><td>Control Test</td><td>0.080</td><td>08:53</td></tr> <tr><td>Air Blank</td><td>0.000</td><td>08:53</td></tr> <tr><td>Control Test</td><td>0.080</td><td>08:54</td></tr> <tr><td>Air Blank</td><td>0.000</td><td>08:54</td></tr> <tr><td>Control Test</td><td>0.080</td><td>08:55</td></tr> <tr><td>Air Blank</td><td>0.000</td><td>08:56</td></tr> <tr><td>Control Test Stats</td><td></td><td></td></tr> <tr><td>Average</td><td>0.0800</td><td></td></tr> <tr><td>Std Dev</td><td>0.0000</td><td></td></tr> <tr><td>Rel Std Dev(%)</td><td>0.0000</td><td></td></tr> </tbody> </table> <p>Operator's Signature _____ <i>Katryz</i></p>	Test	g/210L	Time	Air Blank	0.000	08:52	Control Test	0.080	08:53	Air Blank	0.000	08:53	Control Test	0.080	08:54	Air Blank	0.000	08:54	Control Test	0.080	08:55	Air Blank	0.000	08:56	Control Test Stats			Average	0.0800		Std Dev	0.0000		Rel Std Dev(%)	0.0000		<p>✓</p> <p>SARASOTA COUNTY SO Intoxilyzer - Alconol Analyzer Model 8000 SN 80-001344 01/14/2026 Software: 8100.27</p> <table border="1"> <thead> <tr> <th>Test</th> <th>g/210L</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>Air Blank</td><td>0.000</td><td>08:36</td></tr> <tr><td>Control Test</td><td>0.199</td><td>08:36</td></tr> <tr><td>Air Blank</td><td>0.000</td><td>08:37</td></tr> <tr><td>Control Test</td><td>0.198</td><td>08:37</td></tr> <tr><td>Air Blank</td><td>0.000</td><td>08:38</td></tr> <tr><td>Control Test</td><td>0.198</td><td>08:39</td></tr> <tr><td>Air Blank</td><td>0.000</td><td>08:39</td></tr> <tr><td>Control Test Stats</td><td></td><td></td></tr> <tr><td>Average</td><td>0.1983</td><td></td></tr> <tr><td>Std Dev</td><td>0.0006</td><td></td></tr> <tr><td>Rel Std Dev(%)</td><td>0.2911</td><td></td></tr> </tbody> </table> <p>Operator's Signature _____ <i>Katryz</i></p>	Test	g/210L	Time	Air Blank	0.000	08:36	Control Test	0.199	08:36	Air Blank	0.000	08:37	Control Test	0.198	08:37	Air Blank	0.000	08:38	Control Test	0.198	08:39	Air Blank	0.000	08:39	Control Test Stats			Average	0.1983		Std Dev	0.0006		Rel Std Dev(%)	0.2911		<p>✓</p> <p>SARASOTA COUNTY SO Intoxilyzer - Alconol Analyzer Model 8000 SN 80-001344 01/14/2026 Software: 8100.27</p> <table border="1"> <thead> <tr> <th>Test</th> <th>g/210L</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>Air Blank</td><td>0.000</td><td>08:17</td></tr> <tr><td>Control Test</td><td>0.082</td><td>08:18</td></tr> <tr><td>Air Blank</td><td>0.000</td><td>08:18</td></tr> <tr><td>Control Test</td><td>0.080</td><td>08:18</td></tr> <tr><td>Air Blank</td><td>0.000</td><td>08:19</td></tr> <tr><td>Control Test</td><td>0.080</td><td>08:19</td></tr> <tr><td>Air Blank</td><td>0.000</td><td>08:20</td></tr> <tr><td>Control Test Stats</td><td></td><td></td></tr> <tr><td>Average</td><td>0.0807</td><td></td></tr> <tr><td>Std Dev</td><td>0.0012</td><td></td></tr> <tr><td>Rel Std Dev(%)</td><td>1.4314</td><td></td></tr> </tbody> </table> <p>Operator's Signature _____ <i>Katryz</i></p>	Test	g/210L	Time	Air Blank	0.000	08:17	Control Test	0.082	08:18	Air Blank	0.000	08:18	Control Test	0.080	08:18	Air Blank	0.000	08:19	Control Test	0.080	08:19	Air Blank	0.000	08:20	Control Test Stats			Average	0.0807		Std Dev	0.0012		Rel Std Dev(%)	1.4314	
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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: SARASOTA COUNTY SO
Time of Inspection: 12:13

Date of Inspection: 01/15/2026

Serial Number: 80-001344
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	0.080	0.199	0.080
0.000	0.050	0.080	0.199	0.081
0.000	0.051	0.080	0.199	0.080
0.000	0.050	0.080	0.200	0.081
0.000	0.051	0.080	0.199	0.080
0.000	0.050	0.080	0.200	0.081
0.000	0.050	0.081	0.200	0.080
0.000	0.051	0.080	0.200	0.080
0.000	0.051	0.080	0.199	0.080
0.000	0.051	0.080	0.200	0.080

Standard Deviations	0.0005	0.0003	0.0005	0.0004
---------------------	--------	--------	--------	--------

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.



KATIE T SPEARIN
Signature and Printed Name

01/15/2026
Date

CMI INC.
Service Evaluation Form

This form **MUST** be completed and enclosed with instrument to be serviced.

Note: Please ship items in their original shipping container.

Contact information: Customer Number _____ (contact Customer Service)

Name SARASOTA COUNTY SHERIFFS OFC. Phone: (941) 806-9520

Fax: () _____

Email: Josh.sanders@ Sarasotasheriff.org

Bill to Address:

SARASOTA COUNTY SHERIFFS OFC
6010 CATTLEBRIDGE BLVD
SARASOTA, FL 34232

Ship to Address:

SARASOTA COUNTY SHERIFFS OFC.
ATTN. DEP. J. SANDERS
6010 CATTLEBRIDGE BLVD
SARASOTA, FL 34232

Instrument Serial Number: 80-1344

Detailed Description of Problem:

BREATH TUBE LEAKING @ JOINT. NEEDS REPLACED
REGULATOR SCREWS MISSING

*****Hazardous Material Warning! - DO NOT return gas cylinders with instrument! *****

Note: An evaluation fee of \$39.50 for handheld instruments or \$79.00 for IR evidential instruments will apply to estimates which are not repaired.

I Authorize Repairs Up To: All \$250 \$500 \$750 Other \$ _____
Purchase Order Number _____

PLEASE EMAIL ESTIMATE TO ABOVE

Authorized By:

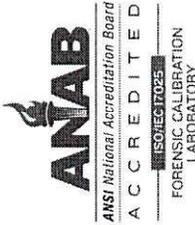
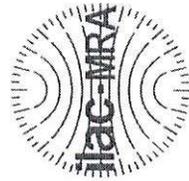
DEP. JOSH SANDERS #3127
Name (Please Print) Title

Signature Date

Ship to:

CMI, Inc.
Attn: Service Dept.
316 East Ninth Street
Owensboro, KY 42303

No, please send estimate before repairs are made. An estimate will be faxed before performing any repairs and may cause delays in service.



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 80-001344, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001344</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>12:13</u>	0.200 g/ 210 L
		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.

01/15/2026

Date


KATIE T SPEARIN,

Department Inspector

FDLE/ATP Form 69 January 2026

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality