



INSTRUMENT PROCESSING SHEET (#2)

Agency Miami Police DepartmentS/N 80-001654

Florida Department of Law Enforcement

Date In 07/01/2025 DI Completion Date N/A Ship P/U H/D CMI EE

Intake	By	Date	Quality Checks	By TDG	Date	Flow Calibration	By	Date																					
<input type="checkbox"/> Annual <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE Visual Inspection: <input type="checkbox"/> Case <input type="checkbox"/> Handle <input type="checkbox"/> Keyboard <input type="checkbox"/> Dry Gas Shelf <input type="checkbox"/> Feet <input type="checkbox"/> Breath Tube <input type="checkbox"/> Ports <input 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>Already performed Intake. See attached calibration record. (TDG 12/9/25)</u>			<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>183</u> <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		<u>12/09/2025</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 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>The instrument was processed, and the record was tech reviewed. Before admin review, the decision was made to retain and rework when FDLE could replace batteries. The record was withdrawn from review. (TDG 10/7/25)</u> <u>Reworked on 12/9. Does not print to the external printer. Sending to CMI for evaluation. (TDG 12/9/25)</u>	<input checked="" 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 <table style="width:100%;"> <tr> <td style="width:50%;"> Shayla Platt <small>Digitally signed by Shayla Platt Date: 2025.12.12 12:07:27 -05'00'</small> </td> <td style="width:50%;"> LeAndra Higginbotham <small>Digitally signed by LeAndra Higginbotham Date: 2025.12.15 11:28:38 -05'00'</small> </td> </tr> <tr> <td style="text-align: center;">Tech Review / Date</td> <td style="text-align: center;">Admin Review / Date</td> </tr> </table>	Shayla Platt <small>Digitally signed by Shayla Platt Date: 2025.12.12 12:07:27 -05'00'</small>	LeAndra Higginbotham <small>Digitally signed by LeAndra Higginbotham Date: 2025.12.15 11:28:38 -05'00'</small>	Tech Review / Date	Admin Review / Date
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Return Material Authorization

Ship to: CMI, Inc.

Enforcement Electronics

Shipment to repair facility authorized by: Angel Fernandez on 12/9/2025

Items Returned: Instrument Supplies Other Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001654

Bill To Address:
Miami Police Department
Attn: Angel Fernandez

Ship to Address:
Florida Department of Law Enforcement
Fort Myers Regional Operations Center
Attn: Taylor Gutschow
4700 Terminal Drive, Suite 1
Fort Myers, FL 33907

Reason for Return:

Does not print to the external printer.

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: Angel Fernandez

Phone #: 305-710-3239 Email: 28394@miami-police.org

ATP Contact Name: Taylor Gutschow ATP Email: TaylorGutschow@fdle.state.fl.us

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Angel Fernandez on 9/10/2025

Items Returned: Instrument Supplies Other Describe: _____
Instrument Model: Intoxilyzer 8000 Serial Number: 80-001654

Bill To Address:
Miami Police Department
Attn: Angel Fernandez

Ship to Address:
Florida Department of Law Enforcement
Fort Myers Regional Operations Center
Attn: Taylor Gutschow
4700 Terminal Drive, Suite 1
Fort Myers, FL 33907

Reason for Return:
Instrument needs the battery replaced.

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: Angel Fernandez
Phone #: 305-710-3239 Email: 28394@miami-police.org
ATP Contact Name: Taylor Gutschow ATP Email: TaylorGutschow@fdle.state.fl.us

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: MIAMI PD
Time of Inspection: 09:35

Date of Inspection: 09/03/2025

Serial Number: 80-001654
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:
AI NOT CONDUCTED. COMPLIANCE NOT DETERMINED.

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.

Taylor D Gutschow

TAYLOR D GUTSCHOW

Signature and Printed Name

09/03/2025
Date

Stability Checks

0.05g/210L 0.047 to 0.053	0.08g/210L 0.077 to 0.083	0.20g/210L 0.194 to 0.206	DGS 0.08g/210L 0.077 to 0.083																																																																																																																																																
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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: MIAMI PD
Time of Inspection: 13:29

Date of Inspection: 09/03/2025

Serial Number: 80-001654
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	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.199	0.078
0.000	0.048	0.079	0.198	0.078
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0.000	0.049	0.079	0.199	0.079
0.000	0.048	0.079	0.199	0.078

Standard Deviations	0.0004	0.0000	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.



 Signature and Printed Name

09/03/2025
 Date



Calibration Certificate

Florida Department of Law Enforcement
Alcohol Testing Program
4700 Terminal Drive, Suite 1
Ft. Myers, FL 33907

This is to certify the calibration of Intoxilyzer 8000 serial number 80-001654, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001654</u>	UNCERTAINTY* \pm	
Owning Agency:	<u>MIAMI PD</u>	0.050 g/210 L	0.004
Calibration Date:	<u>09/03/2025</u>	0.080 g/210 L	0.004
Calibration Time:	<u>13:29</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.

This document shall not be reproduced except in full, without written approval of the Florida Department of Law Enforcement Alcohol Testing Program.

Taylor
Gutschow
Digitally signed by Taylor
Gutschow
Date: 2025.09.10 16:21:58
-04'00'

09/03/2025

Date

TAYLOR D GUTSCHOW,

FDLE/ATP Form 69 December 2021

Issuing Authority: Alcohol Testing Program

Department Inspector

Service • Integrity • Respect • Quality