

Instrument Processing Sheet

Agency: POLK COUNTY SO Instrument Serial Number: 80-007506
 Date In: 12/16/2025 DI Completion Date: 12/18/2025 Ship P/U H/D CMI EE

Intake By: <u>KTS</u> Date: <u>12/16/25</u> <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 Notes:	Quality Checks By: <u>KTS</u> Date: <u>12/17/25</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>243</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP103</u> 32 mm <u>0.144</u> (.139-.169) 36 mm <u>0.160</u> (.156-.190) 53 mm <u>0.230</u> (.228-.278) 103 mm <u>0.484</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>28427</u> Gauge: <u>1018</u> Instrument: <u>1018</u> <input checked="" type="checkbox"/> Stability Checks	Flow Adjustment By: _____ Date: _____ 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)
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Simulator	Serial #	Lot#/Exp	Maintenance	By:	Date:
0.050	MP5088	202406K	<input type="checkbox"/> Battery Replacement	_____	_____
		6/19/2026			
0.080	MP5089	202406L	<input type="checkbox"/> Dry Gas Regulator Replacement and Tank Sensor Tare	_____	_____
		6/19/2026			
0.200	MP5090	202406N	<input type="checkbox"/> Breath Tube Replacement	_____	_____
		6/20/2026			
0.080 DGS	N/A	AG510701	<input type="checkbox"/> Other:	_____	_____
		4/17/2027			

Optical Bench Adjustment By: _____	Department Inspection By: <u>WKP</u>																																								
Barometric Pressure Gauge: _____ ID#: _____	Barometric Pressure ID#: <u>28662</u>																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #</th> <th>Expiration</th> </tr> </thead> <tbody> <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> </tbody> </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>1012</u> Instrument: <u>1009</u> Mouth Alcohol Solution Lot #: <u>2025-D</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;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td>MP5086</td> </tr> <tr> <td>Interferent</td> <td>MP5087</td> </tr> <tr> <td>0.050</td> <td>MP5088</td> </tr> <tr> <td>0.080</td> <td>MP5089</td> </tr> <tr> <td>0.200</td> <td>MP5090</td> </tr> </tbody> </table>	Simulator	Serial Number	0.000	MP5086	Interferent	MP5087	0.050	MP5088	0.080	MP5089	0.200	MP5090
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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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <p>Shayla Platt Digitally signed by Shayla Platt Date: 2025.12.19 11:01:10 -05'00'</p> </div> <div style="text-align: center;"> <p>LeAndra Higginbotham Digitally signed by LeAndra Higginbotham Date: 2025.12.23 16:58:27 -05'00'</p> </div> </div>
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Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: POLK COUNTY SO
Time of Inspection: 08:34

Date of Inspection: 12/17/2025

Serial Number: 80-007506
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:

BYPASSED AI TO OPERATE INSTRUMENT. COMPLIANCE NOT DETERMINED
Reprinted on database due to printer issues. KTS 12/17/25

The above instrument complies (^{KTS}) 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.



KATIE T SPEARIN

Signature and Printed Name

12/17/2025

Date

Stability Checks

0.050 g/210L	0.080 g/210L	0.200 g/210L	DGS 0.080 g/210L																																																																																																																																																
0.047 to 0.053 g/210L	0.077 to 0.083 g/210L	0.194 to 0.206 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: POLK COUNTY SO
Time of Inspection: 14:42

Date of Inspection: 12/18/2025

Serial Number: 80-007506
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	0.196	0.081
0.000	0.049	0.078	0.196	0.080
0.000	0.048	0.078	0.196	0.080
0.000	0.048	0.078	0.196	0.080
0.000	0.048	0.078	0.196	0.080
0.000	0.048	0.078	0.196	0.080
0.000	0.048	0.078	0.196	0.080
0.000	0.049	0.078	0.196	0.080
0.000	0.048	0.078	0.196	0.080
0.000	0.048	0.078	0.196	0.080

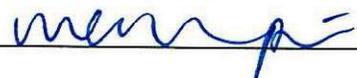
Standard Deviations	0.0004	0.0000	0.0000	0.0003
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0001 Number of Simulators Used: 5

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.


WEN-CHI K PIERSON
Signature and Printed Name

12/18/2025
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 80-007506, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-007506</u>	UNCERTAINTY* ±	
Owning Agency:	<u>POLK COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>12/18/2025</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>14:42</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.

Wen-Chi
Pierison
Digitally signed by Wen-Chi
Pierison
Date: 2025.12.18 15:07:33
-05'00'

12/18/2025

Date

WEN-CHI K PIERSON,
Department Inspector

FDLE/ATP Form 69 October 2024

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality