

Alcohol Testing Program - Instrument Processing Sheet

Agency: BREVARD COUNTY SO Instrument Serial Number: 80-006233
 Date In: 1/29/2026 DI Completion Date: 02/12/2026 Ship P/U H/D CMI EE

Intake By: <u>KTS</u> Date: <u>1/29/2026</u>	Quality Checks By: <u>SLH</u> Date: <u>2/11/2026</u>	Flow Adjustment By: _____															
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Dropped Off <input type="checkbox"/> Registration <input checked="" 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 checked="" type="checkbox"/> Power Cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes:	<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>241</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP 102</u> 32 mm <u>0.156</u> (.139-.169) 36 mm <u>0.167</u> (.156-.190) 53 mm <u>0.238</u> (.228-.278) 103 mm <u>0.492</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>28421</u> Gauge: <u>1019</u> Instrument: <u>1021</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)															
<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>MP6291</td> <td>202406K 06/19/2026</td> </tr> <tr> <td>0.080</td> <td>MP6292</td> <td>202406L 06/19/2026</td> </tr> <tr> <td>0.200</td> <td>MP6293</td> <td>202406N 06/20/2026</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG510701 04/17/2027</td> </tr> </tbody> </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	Maintenance By: _____ Date: _____ <input 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:
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0.200	MP6293	202406N 06/20/2026															
0.080 DGS	N/A	AG510701 04/17/2027															

Optical Bench Adjustment By: _____	Department Inspection By: <u>SLH</u>																																								
Barometric Pressure Gauge: _____ ID#: _____	Barometric Pressure ID#: <u>34418</u>																																								
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Gauge ID #: _____ Gauge: _____ Instrument: _____																																									

Notes/Suggested Service: Stability checks were performed on 2/12/2026. SLH 2/12/26	<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: 2026.02.23 14:49:49 -05'00'
	Digitally signed by Kaitlyn Spearin Date: 2026.02.26 14:54:43 -05'00'
Tech Review	Admin Review

Florida Department of Law Enforcement Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BREVARD COUNTY SO
Time of Inspection: 10:56

Date of Inspection: 02/11/2026

Serial Number: 80-006233
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: _____

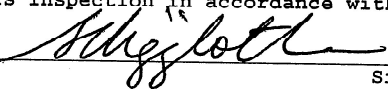
Number of Simulators Used: _____

Remarks:

BYPASS AI FOR OPERATION, COMPLIANCE UNDETERMINED

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

LEANDRA HIGGINBOTHAM

02/11/2026
Date

Stability Checks

90-006233
SUT 2/12/2026

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 ≤0.003 g/210L of Wet
<p>BREUARD COUNTY SO Intoxilyzer - Alcohol Analyzer Model 8000 SN 80-006233 02/12/2026 Software: 8100.27</p> <p>Test g/210L Time</p> <p>Air Blank 0.000 10:30</p> <p>Control Test 0.050 10:31</p> <p>Air Blank 0.000 10:32</p> <p>Control Test 0.050 10:32</p> <p>Air Blank 0.000 10:33</p> <p>Control Test 0.050 10:33</p> <p>Air Blank 0.000 10:34</p> <p>Control Test Stats</p> <p>Average 0.0500</p> <p>Std Dev 0.0000</p> <p>Rel Std Dev(%) 0.0000</p>	<p>BREUARD COUNTY SO Intoxilyzer - Alcohol Analyzer Model 8000 SN 80-006233 02/12/2026 Software: 8100.27</p> <p>Test g/210L Time</p> <p>Air Blank 0.000 09:56</p> <p>Control Test 0.081 09:57</p> <p>Air Blank 0.000 09:57</p> <p>Control Test 0.081 09:58</p> <p>Air Blank 0.000 09:59</p> <p>Control Test 0.080 09:59</p> <p>Air Blank 0.000 10:00</p> <p>Control Test Stats</p> <p>Average 0.0807</p> <p>Std Dev 0.0006</p> <p>Rel Std Dev(%) 0.7157</p>	<p>BREUARD COUNTY SO Intoxilyzer - Alcohol Analyzer Model 8000 SN 80-006233 02/12/2026 Software: 8100.27</p> <p>Test g/210L Time</p> <p>Air Blank 0.000 10:21</p> <p>Control Test 0.201 10:21</p> <p>Air Blank 0.000 10:22</p> <p>Control Test 0.201 10:22</p> <p>Air Blank 0.000 10:23</p> <p>Control Test 0.201 10:24</p> <p>Air Blank 0.000 10:24</p> <p>Control Test Stats</p> <p>Average 0.2010</p> <p>Std Dev 0.0000</p> <p>Rel Std Dev(%) 0.0000</p>	<p>BREUARD COUNTY SO Intoxilyzer - Alcohol Analyzer Model 8000 SN 80-006233 02/12/2026 Software: 8100.27</p> <p>Test g/210L Time</p> <p>Air Blank 0.000 09:52</p> <p>Control Test 0.081 09:52</p> <p>Air Blank 0.000 09:52</p> <p>Control Test 0.082 09:53</p> <p>Air Blank 0.000 09:53</p> <p>Control Test 0.082 09:54</p> <p>Air Blank 0.000 09:54</p> <p>Control Test Stats</p> <p>Average 0.0817</p> <p>Std Dev 0.0006</p> <p>Rel Std Dev(%) 0.7070</p>
<p><i>Meyjlo</i> Operator's Signature</p>	<p><i>Meyjlo</i> Operator's Signature</p>	<p><i>Meyjlo</i> Operator's Signature</p>	<p>DGS #2</p> <p><i>Meyjlo</i> Operator's Signature</p>

INTOXILYZER 8000
Instrument Initialization
09:09 02/11/2026

DGS #1

BREVARD COUNTY SO
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-006233
02/12/2026
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	09:44
Control Test	0.000	09:45
Air Blank	0.000	09:46
Control Test	0.000	09:46
Air Blank	0.000	09:47
Control Test	0.000	09:47
Air Blank	0.000	09:48
Control Test Stats		
Average	0.0000	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

Entered stability test for
'wet' control instead of
the correct 'dry' control.

SW


Operator's Signature

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: BREVARD COUNTY SO
Time of Inspection: 17:06

Date of Inspection: 02/12/2026

Serial Number: 80-006233
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	0.079	0.201	0.081
0.000	0.048	0.079	0.201	0.081
0.000	0.048	0.080	0.201	0.081
0.000	0.047	0.080	0.201	0.081
0.000	0.048	0.080	0.201	0.080
0.000	0.048	0.080	0.201	0.080
0.000	0.048	0.080	0.202	0.080
0.000	0.048	0.082	0.201	0.080
0.000	0.048	0.082	0.201	0.079
0.000	0.047	0.083	0.202	0.080

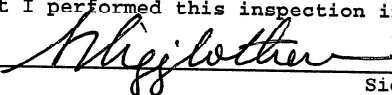
Standard Deviations	0.0004	0.0013	0.0004	0.0006
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0006 Number of Simulators Used: 5

Remarks:

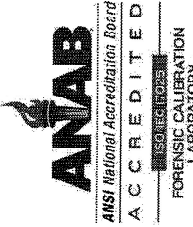
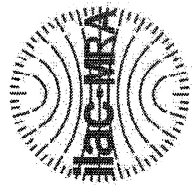
The above instrument complies () does not comply () with Chapter 11D-8, FAC.

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



LEANDRA HIGGINBOTHAM
Signature and Printed Name

02/12/2026
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 80-006233, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-006233</u>	UNCERTAINTY* ±	
Owning Agency:	<u>BREVARD COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>02/12/2026</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>17:06</u>	0.200 g/ 210 L	0.008
		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.

Signature

LEANDRA HIGGINBOTHAM,
 Department Inspector

02/12/2026

Date

FDLE/ATP Form 69 January 2026

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality