

Instrument Processing Sheet

Agency: JACKSONVILLE SO Instrument Serial Number: 80-001280
 Date In: 10/15/2025 DI Completion Date: 10/28/2025 Ship P/U H/D CMI EE

Intake By: <u>KTS</u> Date: <u>10/15/25</u>	Quality Checks By: <u>SLH</u> Date: <u>10/22/2025</u>	Flow Adjustment By: _____ Date: _____																			
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" 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: Breath hose cover missing. KTS 10/15/25 CMI shipping cover to Department to attach. SLH 10/29/2025 Tech Review- attached breath hose cover 11/18/2025. SLH 11/18/2025	<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>143</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP 102</u> 32 mm <u>0.160</u> (.139-.169) 36 mm <u>0.171</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>28421</u> Gauge: <u>1017</u> Instrument: <u>1014</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)																			
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Optical Bench Adjustment By: _____	Department Inspection By: <u>SLH</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: 2025.11.19 11:41:54 -05'00'
Taylor Gutschow	Digitally signed by Shayla Platt Date: 2025.11.20 17:22:21 -05'00'
Tech Review	Shayla Platt Admin Review

Stability Checks

80-001280

10/22/2025 *SSA*

0.050 g/210L	0.080 g/210L	0.200 g/210L	DGS 0.080 g/210L																																																																																																																																																
<p>0.047 to 0.053 g/210L</p> <p><input checked="" type="checkbox"/></p>	<p>0.077 to 0.083 g/210L</p> <p><input checked="" type="checkbox"/></p>	<p>0.194 to 0.206 g/210L</p> <p><input checked="" type="checkbox"/></p>	<p>0.077 to 0.083 g/210L</p> <p><input checked="" type="checkbox"/></p> <p>50.003 g/210L of Wet</p> <p><input checked="" type="checkbox"/></p>																																																																																																																																																
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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: JACKSONVILLE SO
Time of Inspection: 12:41

Date of Inspection: 10/28/2025

Serial Number: 80-001280
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	0.049	0.078	0.199	0.081
0.000	0.049	0.079	0.199	0.081
0.000	0.049	0.079	0.198	0.080
0.000	0.050	0.079	0.197	0.080
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0.000	0.050	0.080	0.198	0.080
0.000	0.050	0.079	0.197	0.080
0.000	0.050	0.080	0.197	0.080
0.000	0.050	0.079	0.197	0.079
0.000	0.050	0.080	0.196	0.080

Standard Deviations	0.0004	0.0006	0.0009	0.0005
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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

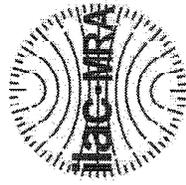
Remarks:

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

10/28/2025
 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 80-001280, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001280</u>	UNCERTAINTY* ±	
Owning Agency:	<u>JACKSONVILLE SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>10/28/2025</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>12:41</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.

Michael

10/28/2025

Date

LEANDRA HIGGINBOTHAM,
 Department Inspector

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

Service • Integrity • Respect • Quality