

# Instrument Processing Sheet

Agency: SUMTER COUNTY SO Instrument Serial Number: 80-000816  
 Date In: 12/9/2025 DI Completion Date: 12/11/2025  Ship  P/U  H/D  CMI  EE

<b>Intake</b> By: <u>WKP</u> Date: <u>12/9/25</u>	<b>Quality Checks</b> By: <u>KTS</u> Date: <u>12/11/25</u>	<b>Flow Adjustment</b> 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: Instrument delivered in FDLE loaner box. KTS 12/16/25	<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>208</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP103</u> 32 mm <u>0.167</u> (.139-.169) 36 mm <u>0.183</u> (.156-.190) 53 mm <u>0.253</u> (.228-.278) 103 mm <u>0.496</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>28427</u> Gauge: <u>1012</u> Instrument: <u>1012</u> <input checked="" type="checkbox"/> Stability Checks <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	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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		<b>Maintenance</b> By: _____ Date: _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement and Tank Sensor Tare <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other: _____															

<b>Optical Bench Adjustment</b> By: _____	<b>Department Inspection</b> By: <u>KTS</u>																																								
Barometric Pressure Gauge: _____ ID#: _____	Barometric Pressure ID#: <u>28427</u>																																								
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Barometric Pressure Gauge: _____ ID#: _____	<b>Attachments</b> <input checked="" type="checkbox"/> Form 41 <input type="checkbox"/> Post-Stability Checks <input checked="" type="checkbox"/> Stability Checks <input type="checkbox"/> Flow Adjustment <input checked="" type="checkbox"/> Calibration Certificate <input type="checkbox"/> Form 40 <input type="checkbox"/> Optical Bench Adjustment <input type="checkbox"/> Other: _____																																								

Notes/Suggested Service: Tech Review: Added check mark to return method. KTS 12/12/25 Admin Review: Added check mark to static bag for intake and comment in notes. KTS 12/16/25	<input checked="" type="checkbox"/> <b>Instrument Complies with Chapter 11D-8, FAC</b> <input type="checkbox"/> <b>Instrument Does Not Comply with Chapter 11D-8, FAC</b> <input checked="" type="checkbox"/> <b>Return to/Place into Evidentiary Use</b> <input type="checkbox"/> <b>Remain Out of Evidentiary Use</b> <input checked="" type="checkbox"/> <b>Conduct an Agency Inspection Before Evidentiary Use</b>			
	<table style="width: 100%;"> <tr> <td style="width: 33%;">                             Digitally signed by Taylor                              Gutschow                              Date: 2025.12.12 08:58:00 -05'00'                         </td> <td style="width: 33%; text-align: center;">                             LeAndra                              Higginbotham                         </td> <td style="width: 33%; text-align: right;">                             Digitally signed by LeAndra                              Higginbotham                              Date: 2025.12.17 09:58:59 -05'00'                         </td> </tr> </table>	Digitally signed by Taylor Gutschow Date: 2025.12.12 08:58:00 -05'00'	LeAndra Higginbotham	Digitally signed by LeAndra Higginbotham Date: 2025.12.17 09:58:59 -05'00'
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<b>Tech Review</b>	<b>Admin Review</b>			

# 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																																																																																																																																																
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# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: SUMTER CO SO  
Time of Inspection: 09:21

Date of Inspection: 12/11/2025

Serial Number: 80-000816  
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	0.047	0.077	0.196	0.078
0.000	0.047	0.077	0.197	0.078
0.000	0.047	0.078	0.197	0.078
0.000	0.047	0.078	0.198	0.078
0.000	0.047	0.078	0.198	0.078
0.000	0.047	0.078	0.198	0.077
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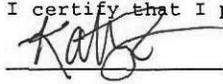
Standard Deviations	0.0000	0.0006	0.0008	0.0003
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 Number of Simulators Used: 5

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.

 \_\_\_\_\_  
Signature and Printed Name

12/11/2025  
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 80-000816, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000816</u>	UNCERTAINTY* $\pm$	
Owning Agency:	<u>SUMTER CO SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>12/11/2025</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>09:21</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  $\pm 0.005$  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.

**Kaitlyn Spearin**  
Digitally signed by Kaitlyn Spearin  
Date: 2025.12.11 10:06:18 -05'00'

**12/11/2025**

\_\_\_\_\_  
Date  
**KATIE T SPEARIN,**  
**Department Inspector**

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

Service • Integrity • Respect • Quality