

Instrument Processing Sheet

Agency: NICEVILLE PD Instrument Serial Number: 80-001310
 Date In: 12/9/2025 DI Completion Date: 12/11/2025 Ship P/U H/D CMI EE

Intake By: <u>WKP</u> Date: <u>12/9/25</u> <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 received in FDLE loaner box. WKP 12/9/2025	Quality Checks By: <u>WKP</u> Date: <u>12/12/2025</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>151</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP 103</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>0.500</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 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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Optical Bench Adjustment By: _____	Department Inspection By: <u>WKP</u>																																								
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Notes/Suggested Service: * Admin Review comment: Edited documentation of the number of Form 41 attachments. WKP 12/15/2025	<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="text-align: center;"> Digitally signed by Shayla Platt Date: 2025.12.12 12:16:17-05'00' Digitally signed by LeAndra Higginbotham Date: 2025.12.15 11:33:02 -05'00' </div>
Tech Review	Admin Review

Stability Checks

0.05g/210L	0.08g/210L	0.20g/210L	DGS 0.08g/210L																																																																																																																																																
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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: NICEVILLE PD
Time of Inspection: 11:32

Date of Inspection: 12/11/2025

Serial Number: 80-001310
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		No	Mouth Alcohol Test: Slope Not Met	Yes	
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: _____
0.000				
0.000				
0.000				
0.000				
0.000				
0.000				
0.000				
0.000				
0.000				
0.000				

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

Remarks:
A F / M A: . Non-compliance: .

Instrument gave reading during mouth alcohol test upon repeat, mouth alcohol from prior test was present during alcohol free portion of test. Inspection was aborted to allow time for mouth alcohol to dissipate. WCP 12/11/2025
The above instrument complies () does not comply (X) 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 WEN-CHI K PIERSON
Signature and Printed Name

12/11/2025
Date

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: NICEVILLE PD
Time of Inspection: 13:06

Date of Inspection: 12/11/2025

Serial Number: 80-001310
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	0.199	0.080
0.000	0.048	0.078	0.199	0.080
0.000	0.049	0.078	0.200	0.079
0.000	0.048	0.078	0.200	0.080
0.000	0.049	0.078	0.199	0.080
0.000	0.048	0.078	0.200	0.079
0.000	0.049	0.078	0.200	0.080
0.000	0.048	0.078	0.200	0.080
0.000	0.048	0.078	0.199	0.080
0.000	0.048	0.079	0.199	0.080

Standard Deviations	0.0004	0.0003	0.0005	0.0004
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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.

Wen-Chi K Pierson WEN-CHI K PIERSON
Signature and Printed Name

12/11/2025
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 80-001310, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001310</u>	UNCERTAINTY* \pm	
Owning Agency:	<u>NICEVILLE PD</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>13:06</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
Pierson
Digitally signed by Wen-Chi
Pierson
Date: 2025.12.12 08:36:09
+05'00'

Date
12/11/2025
WEN-CHI K PIERSON,
Department Inspector

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

Service • Integrity • Respect • Quality



INSTRUMENT PROCESSING SHEET

Agency Niceville PD

s/N80-001310

Florida Department of Law Enforcement

Date In 09/05/2025 DI Completion Date N/A

Ship P/U H/D CMI EE

Intake By <u>SLH</u> Date <u>09/05/2025</u> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE 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 type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>Drop off by Agency. DGS cylinder was attached.</u> <u>*WILL NEED BOX TO SHIP TO CMI*</u>	Quality Checks By _____ Date _____ <input type="checkbox"/> Breath Tube Screen <input type="checkbox"/> Replace External O-Rings <input type="checkbox"/> Instrument Set Up Verified <input type="checkbox"/> R-Value _____ <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	Flow Calibration 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 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>Power light making blinking sound and would not turn on after fuse check and extended power-up time. Will be sent to CMI for repair. SLH 9/9/2025</u>	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" 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 border="0"> <tr> <td>Taylor Gutschow</td> <td><small>Digitally signed by Taylor Gutschow Date: 2025.09.14 19:04:22 -0400</small></td> <td>Shayla Platt</td> <td><small>Digitally signed by Shayla Platt Date: 2025.09.17 12:41:38 -0400</small></td> </tr> <tr> <td>Tech Review / Date</td> <td></td> <td>Admin Review / Date</td> <td></td> </tr> </table>	Taylor Gutschow	<small>Digitally signed by Taylor Gutschow Date: 2025.09.14 19:04:22 -0400</small>	Shayla Platt	<small>Digitally signed by Shayla Platt Date: 2025.09.17 12:41:38 -0400</small>	Tech Review / Date		Admin Review / Date	
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Tech Review / Date		Admin Review / Date							

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Matthew Macbeth on 9/9/2025

Items Returned: Instrument Supplies Other Describe: _____
Instrument Model: Intoxilyzer 8000 Serial Number: 80-001310

Bill To Address:
Niceville PD
212 Partin Dr. N.
Niceville, FL 32578

Ship to Address:
FDLE Tallahassee

Reason for Return:
Power light making blinking sound and will not power up. The display is also blank.

WILL NEED BOX TO SHIP TO CMI

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: Matthew Macbeth
Phone #: 850-333-8614 Email: mmacbeth@nicevillefl.gov

ATP Contact Name: LeAndra Higginbotham ATP Email: LeAndraHigginbotham@fdle.state.fl.us