

Alcohol Testing Program - Instrument Processing Sheet

Agency: Lee County Sheriff's Office Instrument Serial Number: 80-001722  
 Date In: 1/21/2026 DI Completion Date: 1/23/2026  Ship  P/U  H/D  CMI  EE

<b>Intake By:</b> <u>TDG</u> <b>Date:</b> <u>1/21/2026</u>	<b>Quality Checks By:</b> <u>TDG</u> <b>Date:</b> <u>1/22/2026</u>	<b>Flow Adjustment By:</b> _____
<input checked="" type="checkbox"/> Annual <input checked="" type="checkbox"/> Dropped Off <input type="checkbox"/> Registration <input 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 type="checkbox"/> Power Cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable	<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>87*</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP104</u> 32 mm <u>0.066**</u> (.139-.169) 36 mm <u>0.082**</u> (.156-.190) 53 mm <u>0.144**</u> (.228-.278) 103 mm <u>0.449</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>33364</u> Gauge: <u>1018</u> Instrument: <u>1018</u>	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)

Notes: No box. Agency was only able to achieve partial upload after last monthly inspection.

Stability Checks		
Simulator	Serial #	Lot#/Exp
0.050	MP6286	202406K 6/19/2026
0.080	MP6287	202406L 6/19/2026
0.200	MP6288	202406N 6/20/2026
0.080 DGS	N/A	AG429602 10/22/2026

<b>Maintenance By:</b> _____	<b>Date:</b> _____
<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: _____	

<b>Optical Bench Adjustment</b> By: _____	<b>Department Inspection</b> By: <u>TDG</u>
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Barometric Pressure Gauge: _____ ID#: _____	Barometric Pressure ID#: <u>33364</u>				
Gauge: <u>1021</u> Instrument: <u>1021</u>	Mouth Alcohol Solution Lot #: <u>2025-D</u> Exp: <u>9/25/2027</u>				
	Acetone Stock Solution Lot #: <u>2024-B</u> Exp: <u>7/19/2026</u>				
Simulator	Serial #	Lot #	Expiration	Simulator	Serial Number
0.000		N/A	N/A	0.000	MP6284
0.040				Interferent	MP6285
0.100				0.050	MP6286
0.200				0.080	MP6287
0.300				0.200	MP6288
0.080 DGS	N/A				

<input type="checkbox"/> Post Optical Bench Adjustment Stability Checks			
Simulator	Serial #	Lot #	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		
Gauge ID #: _____			
Gauge: _____ Instrument: _____			

Attachments	
<input checked="" type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input checked="" type="checkbox"/> Calibration Certificate <input type="checkbox"/> Optical Bench Adjustment	<input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Adjustment <input type="checkbox"/> Form 40 <input checked="" type="checkbox"/> Other: Return Material Authorization

Notes/Suggested Service: \*R-value is less than 100. Sending to CMI. (TDG 1/22/26)  
 \*\*Outside nominal. Did not perform flow calibration adjustment due to low R-value. (TDG 1/22/26)  
 Instrument would upload 33% of Login records, then display Upload Fail. Uploaded via direct-connect. (TDG 1/22/26)  
 Agency Inspector will drop off a box next week. (TDG 2/4/26)

<input checked="" type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC	
<input 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	

LeAndra Higginbotham <small>Digitally signed by LeAndra Higginbotham Date: 2026.02.13 13:08:51 -05'00'</small>	<b>Kaitlyn Spearin</b>	<small>Digitally signed by Kaitlyn Spearin Date: 2026.02.13 13:21:33 -05'00'</small>
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<b>Tech Review</b>	<b>Admin Review</b>
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Return Material Authorization

**Ship to:**

CMI, Inc.

Enforcement Electronics

Shipment to repair facility authorized by: Nicholas Duncan on 2/3/2026

Items Returned:  Instrument  Supplies  Other Describe: \_\_\_\_\_

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001722

Bill To Address:  Lee County Sheriff's Office Attn: Nicholas Duncan	Ship to Address:  Florida Department of Law Enforcement Fort Myers Regional Operations Center Attn: Taylor Gutschow 4700 Terminal Drive, Suite 1 Fort Myers, FL 33907
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Reason for Return:  
The R-value is below 100. Instrument would only partially upload using Comms. Records were uploaded via direct-connect by FDLE.

I require an estimate **BEFORE** any repairs will be authorized and/or conducted

Please contact: Nicholas Duncan Phone #: #239-477-1137

Email: NDuncan@sheriffleefl.org

ATP Contact Name: Taylor Gutschow ATP Email: TaylorGutschow@fdle.state.fl.us



# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: LEE COUNTY SO  
Time of Inspection: 12:38

Date of Inspection: 01/23/2026

Serial Number: 80-001722  
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#:AG429602 Exp: 10/22/2026
0.000	0.049	0.079	0.198	0.078
0.000	0.049	0.080	0.198	0.079
0.000	0.049	0.080	0.198	0.078
0.000	0.049	0.080	0.198	0.079
0.000	0.049	0.080	0.197	0.079
0.000	0.049	0.080	0.198	0.079
0.000	0.049	0.079	0.198	0.079
0.000	0.049	0.080	0.198	0.079
0.000	0.049	0.080	0.198	0.079
0.000	0.049	0.080	0.198	0.079
0.000	0.049	0.080	0.198	0.078

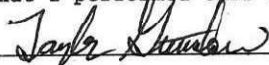
Standard Deviations	0.0000	0.0004	0.0003	0.0004
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0002 Number of Simulators Used: 5

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.



TAYLOR D GUTSCHOW

Signature and Printed Name

01/23/2026  
Date



# Calibration Certificate

Florida Department of Law Enforcement  
Alcohol Testing Program  
4700 Terminal Drive, Suite 1  
Ft. Myers, FL 33907

This is to certify the calibration of Intoxilyzer 8000 serial number 80-001722, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001722</u>	UNCERTAINTY* $\pm$	
Owning Agency:	<u>LEE COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>01/23/2026</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>12:38</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  $\pm 0.005$  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.

**Taylor Gutschow**  
Digitally signed by Taylor Gutschow  
Date: 2026.01.25 20:07:20 -05'00'

01/23/2026

Date

TAYLOR D GUTSCHOW,

Department Inspector

FDLE/ATP Form 69 January 2026

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality