



# INSTRUMENT PROCESSING SHEET

Agency BAKER COUNTY SOS/N 80-007439Florida Department of  
Law EnforcementDate In 7/11/2025DI Completion Date 07/29/2025 Ship  P/U  H/D  CMI  EE

Intake	By <u>WKP</u>	Date <u>7/11/2025</u>	Quality Checks	By <u>KTS</u>	Date <u>7/22/25</u>	Flow Calibration	By _____	Date _____																																																						
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" 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 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>174</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>0.246</u> (.228 - .278) 103 mm <u>0.496</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</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 Calibration 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 rowspan="2">0.050</td> <td rowspan="2">MP5088</td> <td>202406K</td> </tr> <tr> <td>6/19/2026</td> </tr> <tr> <td rowspan="2">0.080</td> <td rowspan="2">MP5089</td> <td>202406L</td> </tr> <tr> <td>6/19/2026</td> </tr> <tr> <td rowspan="2">0.200</td> <td rowspan="2">MP5090</td> <td>202406N</td> </tr> <tr> <td>6/20/2026</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG429602</td> </tr> <tr> <td></td> <td></td> <td>10/22/2026</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	AG429602			10/22/2026	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Maintenance By _____</th> <th>Date _____</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Battery Replacement</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Dry Gas Regulator Replacement</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Breath Tube Replacement</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Maintenance By _____		Date _____	<input type="checkbox"/>	Battery Replacement		<input type="checkbox"/>	Dry Gas Regulator Replacement		<input type="checkbox"/>	Breath Tube Replacement		<input type="checkbox"/>	Other _____													
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Notes/Suggested Service: <u>Repeated Department Inspection due to alcohol free mouth sample not 0.000g/210L. SLH 7/29/2025</u> _____ _____ _____ _____ _____	<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: right;">             Digitally signed by  <b>Shayla Platt</b>              Date: 2025.08.07              08:13:02 -04'00'           </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">             Taylor Gutschow  <small>Digitally signed by Taylor Gutschow Date: 2025.07.30 17:55:48 -04'00'</small> </div> <div style="text-align: center;">             Tech Review / Date _____           </div> <div style="text-align: center;">             Admin Review / Date _____           </div> </div>
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# 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 ≤0.003 g/210L of Wet																																																																																																																																																
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# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: BAKER COUNTY SO  
Time of Inspection: 14:11

Date of Inspection: 07/29/2025

Serial Number: 80-007439  
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	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: <del>10/22/2026</del> <sup>SUT</sup> 06/20/2026	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG429602 Exp: 10/22/2026
0.000	0.049	0.080	0.200	0.079
0.000	0.049	0.078	0.200	0.079
0.000	0.049	0.079	0.200	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.079	0.200	0.078
0.000	0.049	0.079	0.200	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.050	0.079	0.199	0.079

Standard Deviations	0.0003	0.0004	0.0005	0.0003
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0003 Number of Simulators Used: 5

Remarks:

The alcohol free subject sample result was not 0.000 g/210L due to residual mouth alcohol present for another inspection. *SUT*

The above instrument complies ( *SUT* ) 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.

*Leandra Higginbotham*

Signature and Printed Name

LEANDRA HIGGINBOTHAM

07/29/2025  
Date

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: BAKER COUNTY SO  
Time of Inspection: 18:42

Date of Inspection: 07/29/2025

Serial Number: 80-007439  
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	0.078	0.197	0.079
0.000	0.049	0.079	0.198	0.078
0.000	0.048	0.078	0.198	0.078
0.000	0.049	0.078	0.198	0.079
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0.000	0.048	0.078	0.199	0.079
0.000	0.049	0.079	0.199	0.079
0.000	0.049	0.078	0.199	0.079
0.000	0.048	0.079	0.200	0.079
0.000	0.049	0.078	0.200	0.079

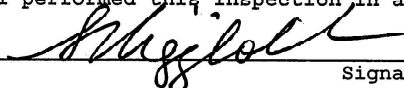
Standard Deviations	0.0005	0.0004	0.0009	0.0004
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0005 Number of Simulators Used: 5

Remarks:

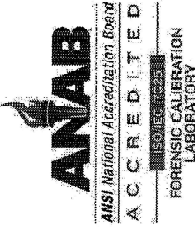
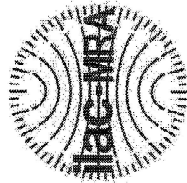
The above instrument complies (  ) does not comply (  ) with Chapter 11D-8, FAC.

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

  
 LEANDRA HIGGINBOTHAM  
 Signature and Printed Name

07/29/2025  
 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 80-007439, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-007439</u>	UNCERTAINTY* ±	
Owning Agency:	<u>BAKER COUNTY SO</u>	0.050 g/210 L	0.004
Calibration Date:	<u>07/29/2025</u>	0.080 g/210 L	0.004
Calibration Time:	<u>18:42</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.

07/29/2025

Date

**LEANDRA HAGGINBOTHAM,**

Department Inspector

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

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