

Alcohol Testing Program - Instrument Processing Sheet

Agency: Broward County Sheriff's Office Instrument Serial Number: 80-007107  
 Date In: 1/20/2026 DI Completion Date: 3/5/2026  Ship  P/U  H/D  CMI  EE

<b>Intake By:</b> <u>TDG</u> <b>Date:</b> <u>2/27/2026</u>	<b>Quality Checks By:</b> <u>TDG</u> <b>Date:</b> <u>2/27/2026</u>	<b>Flow Adjustment By:</b> _____															
<input checked="" type="checkbox"/> Annual <input 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 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>219</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP101</u> 32 mm <u>0.160</u> (.139-.169) 36 mm <u>0.175</u> (.156-.190) 53 mm <u>0.250</u> (.228-.278) 103 mm <u>0.500</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>33364</u> Gauge: <u>1013</u> Instrument: <u>1013</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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Simulator	Serial #	Lot#/Exp															
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0.200	MP6288	202406N 6/20/2026															
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<b>Optical Bench Adjustment</b> By: _____	<b>Department Inspection</b> By: <u>TDG</u>																																								
Barometric Pressure Gauge: _____ ID#: _____	Barometric Pressure ID#: <u>33364</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 Shayla Platt Date: 2026.03.07 14:08:00 -05'00' Digitally signed by Shayla Platt Date: 2026.03.07 14:08:24 -05'00'
	Tech Review <span style="float:right">Admin Review</span>

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO  
Time of Inspection: 15:46

Date of Inspection: 02/27/2026

Serial Number: 80-007107  
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		No
Alcohol Free Subject Test: 0.000		No
Mouth Alcohol Test: Slope Not Met		No
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: _____

Number of Simulators Used: \_\_\_\_\_

**Remarks:**

AI NOT CONDUCTED. COMPLIANCE NOT DETERMINED.

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

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.



TAYLOR D GUTSCHOW

Signature and Printed Name

02/27/2026  
Date



# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: BROWARD COUNTY SO  
Time of Inspection: 13:25

Date of Inspection: 03/05/2026

Serial Number: 80-007107  
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#:AG526603 Exp: 09/23/2027
0.000	0.048	0.079	0.197	0.078
0.000	0.049	0.079	0.197	0.078
0.000	0.049	0.079	0.197	0.078
0.000	0.048	0.078	0.198	0.078
0.000	0.049	0.079	0.197	0.078
0.000	0.049	0.078	0.197	0.079
0.000	0.049	0.079	0.197	0.078
0.000	0.049	0.079	0.197	0.079
0.000	0.049	0.079	0.196	0.078
0.000	0.049	0.079	0.196	0.078

Standard Deviations	0.0004	0.0004	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.



TAYLOR D GUTSCHOW

Signature and Printed Name

03/05/2026  
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 80-007107, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-007107</u>	UNCERTAINTY* $\pm$	
Owning Agency:	<u>BROWARD COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>03/05/2026</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>13:25</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: 2026.03.05 14:41:53  
-05'00'

03/05/2026 Date  
TAYLOR D GUTSCHOW,  
Department Inspector

FDLE/ATP Form 69 January 2026  
Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality