

Alcohol Testing Program - Instrument Processing Sheet

Agency: MIAMI PD Instrument Serial Number: 80-001178
 Date In: 12/30/2025 DI Completion Date: 01/05/2026 Ship P/U H/D CMI EE

| Intake By: <u>WKP</u> Date: <u>12/31/2025</u> | Quality Checks By: <u>WKP</u> Date: <u>01/05/2026</u> | Flow Adjustment By: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|-------|--------|-----------------------|-------|--------|-----------------------|-------|--------|-----------------------|-----------|-----|------------------------|--|-----------------|-------|--|---|--|---------------|---|-----------|--|--------|---------------------------------|--|-------|--------|-------|--------|--|
| <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 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>91</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP 105</u> 32 mm ** 0.105 (.139-.169) 36 mm ** 0.121 (.156-.190) 53 mm ** 0.195 (.228-.278) 103 mm 0.496 (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>28662</u> Gauge: <u>1018</u> Instrument: <u>1008</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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <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 06/19/2026</td> </tr> <tr> <td>0.080</td> <td>MP5089</td> <td>202406L 06/19/2026</td> </tr> <tr> <td>0.200</td> <td>MP5090</td> <td>202406N 06/20/2026</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG510701 04/17/2027</td> </tr> </tbody> </table> | Simulator | Serial # | Lot#/Exp | 0.050 | MP5088 | 202406K 06/19/2026 | 0.080 | MP5089 | 202406L 06/19/2026 | 0.200 | MP5090 | 202406N 06/20/2026 | 0.080 DGS | N/A | AG510701 04/17/2027 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Maintenance By:</th> <th>Date:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Battery Replacement</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dry Gas Regulator Replacement</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Tank Sensor Tare</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Breath Tube Replacement</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </tbody> </table> | Maintenance By: | Date: | <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: | | | | | | |
| Simulator | Serial # | Lot#/Exp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.050 | MP5088 | 202406K 06/19/2026 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.080 | MP5089 | 202406L 06/19/2026 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.200 | MP5090 | 202406N 06/20/2026 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.080 DGS | N/A | AG510701 04/17/2027 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maintenance By: | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Optical Bench Adjustment By: _____ | Department Inspection By: <u>WKP</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barometric Pressure Gauge: _____ ID#: _____ | Barometric Pressure ID#: <u>28427</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td>0.000</td> <td></td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>0.040</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.100</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.200</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.300</td> <td></td> <td></td> <td></td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table> | Simulator | Serial # | Lot # | Expiration | 0.000 | | N/A | N/A | 0.040 | | | | 0.100 | | | | 0.200 | | | | 0.300 | | | | 0.080 DGS | N/A | | | Gauge: <u>1015</u> Instrument: <u>1007</u> Mouth Alcohol Solution Lot #: <u>2025-D</u> Exp: <u>09/25/2027</u> Acetone Stock Solution Lot #: <u>2025-B</u> Exp: <u>09/22/2027</u> | | | | | |
| Simulator | Serial # | Lot # | Expiration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.000 | | N/A | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.040 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.080 DGS | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Simulator | Serial # | Lot # | Expiration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.050 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.080 DGS | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Simulator | Serial Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.000 | MP6289 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interferent | MP6290 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.050 | MP5088 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.080 | MP5089 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.200 | MP5090 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Post Optical Bench Adjustment Stability Checks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gauge ID #: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gauge: _____ Instrument: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes/Suggested Service: | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> <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 </td> <td> <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Adjustment <input type="checkbox"/> Form 40 <input checked="" type="checkbox"/> Other: Return Material Authorization </td> </tr> </table> | | <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 | <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Adjustment <input type="checkbox"/> Form 40 <input checked="" type="checkbox"/> Other: Return Material Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| * R-Value less than 100. Sending to repair. WKP 01/05/2026 | Digitally signed by Shayla Platt Date: 2026.02.02 10:45:11 -05'00' | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ** Outside nominal range, did not perform flow adjustment due to instrument being sent to repair. WKP 01/05/2026 | Digitally signed by LeAndra Higginbotham Date: 2026.02.03 13:27:47 -05'00' | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tech Review | Admin Review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Return Material Authorization

Ship to:

CMI, Inc.

Enforcement Electronics

Shipment to repair facility authorized by: Angel Fernandez on 1/26/2026

Items Returned: Instrument Supplies Other Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001178

| | |
|---|---|
| Bill To Address: 2200 West Flagler St, Miami, FL 33135 | Ship to Address: FDLE Offsite Facility c/o FDLE HQ 813-B Lake Bradford Road Tallahassee, FL 32304 |
|---|---|

Reason for Return:
Instrument flow sensor R- value is below 100.

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

Please contact: Angel Fernandez Phone #: 305-710-3239

Email: 28394@miami-police.org

ATP Contact Name: Wen-Chi Pierson ATP Email: Wen-ChiPierson@fdle.state.fl.us

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: MIAMI PD
Time of Inspection: 14:24

Date of Inspection: 01/05/2026

Serial Number: 80-001178
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 | 0.195 | 0.081 |
| 0.000 | 0.047 | 0.077 | 0.194 | 0.081 |
| 0.000 | 0.047 | 0.076 | 0.194 | 0.081 |
| 0.000 | 0.047 | 0.076 | 0.193 | 0.080 |
| 0.000 | 0.046 | 0.076 | 0.194 | 0.081 |
| 0.000 | 0.047 | 0.076 | 0.194 | 0.081 |
| 0.000 | 0.046 | 0.076 | 0.194 | 0.080 |
| 0.000 | 0.047 | 0.076 | 0.193 | 0.081 |
| 0.000 | 0.046 | 0.076 | 0.193 | 0.080 |
| 0.000 | 0.046 | 0.076 | 0.194 | 0.081 |

| | | | | |
|---------------------|--------|--------|--------|--------|
| Standard Deviations | 0.0005 | 0.0004 | 0.0006 | 0.0004 |
|---------------------|--------|--------|--------|--------|

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

WEN-CHI K PIERSON

01/05/2026
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 80-001178, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

| | | | |
|-------------------|-------------------|--------------------------------|-------|
| Serial Number: | <u>80-001178</u> | UNCERTAINTY* \pm | |
| Owning Agency: | <u>MIAMILPD</u> | 0.050 g/ 210 L | 0.004 |
| Calibration Date: | <u>01/05/2026</u> | 0.080 g/ 210 L | 0.004 |
| Calibration Time: | <u>14:24</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 ± 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: 2026.02.02 09:15:44
-05'00'

01/05/2026

Date

WEN-CHI K PIERSON,
Department Inspector

FDLE/ATP Form 69 January 2026

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality