

Instrument Processing Sheet

Agency: BRADFORD COUNTY SO Instrument Serial Number: 80-001291
 Date In: 12/17/2025 DI Completion Date: 12/18/2025 Ship P/U H/D CMI EE

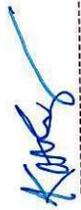
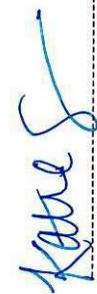
Intake By: <u>WKP</u> Date: <u>12/17/25</u>	Quality Checks By: <u>KTS</u> Date: <u>12/18/25</u>	Flow Adjustment By: _____ Date: _____
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Return from CMI / EE <input type="checkbox"/> Return 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	<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>128</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP103</u> 32 mm <u>0.144</u> (.139-.169) 36 mm <u>0.164</u> (.156-.190) 53 mm <u>0.242</u> (.228-.278) 103 mm <u>0.507</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>28427</u> Gauge: <u>1012</u> Instrument: <u>1012</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: 	<input checked="" type="checkbox"/> Stability Checks <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 6/19/2026</td> </tr> <tr> <td>0.080</td> <td>MP5089</td> <td>202406L 6/19/2026</td> </tr> <tr> <td>0.200</td> <td>MP5090</td> <td>202406N 6/20/2026</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG510701 4/17/2027</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	AG510701 4/17/2027	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Maintenance</td> <td>By: _____</td> <td>Date: _____</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement and Tank Sensor Tare <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other: _____ </td> </tr> </table>	Maintenance	By: _____	Date: _____	<input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement and Tank Sensor Tare <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other: _____		
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Optical Bench Adjustment By: _____	Department Inspection By: <u>WKP</u>																																								
Barometric Pressure Gauge: _____ ID#: _____	Barometric Pressure ID#: <u>28662</u>																																								
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Notes/Suggested Service: Instrument password reset in COBRA. KTS 12/18/25	<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="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <p>Shayla Platt</p> <p>Digitally signed by Shayla Platt Date: 2025.12.19 10:52:39 -05'00'</p> <p>Tech Review</p> </div> <div style="text-align: center;"> <p>LeAndra Higginbotham</p> <p>Digitally signed by LeAndra Higginbotham Date: 2025.12.30 10:35:56 -05'00'</p> <p>Admin Review</p> </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: BRADFORD COUNTY SO
Time of Inspection: 14:27

Date of Inspection: 12/18/2025

Serial Number: 80-001291
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	0.046	0.077	0.198	0.078
0.000	0.046	0.077	0.198	0.078
0.000	0.046	0.077	0.198	0.078
0.000	0.046	0.077	0.198	0.078
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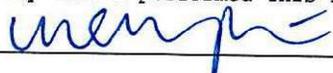
Standard Deviations	0.0005	0.0003	0.0004	0.0004
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: 0.0004 Number of Simulators Used: 5

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

Signature and Printed Name

12/18/2025
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 80-001291, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001291</u>	UNCERTAINTY* \pm	
Owning Agency:	<u>BRADFORD COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>12/18/2025</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>14:27</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: 2025.12.18 15:31:00
-05'00'

12/18/2025

Date

WEN-CHI K PIERSON,
Department Inspector

FDLE/ATP Form 69 October 2024

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Jayson Levy on 10/13/2025

Items Returned: Instrument Supplies Other Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001291

Bill To Address:
Bradford County SO
8817 NW State Road 45,
High Springs, FL 32643

Ship to Address:
FDLE Tallahassee

Reason for Return:

DSP failure occurred.

****Previous repair also relating to DSP failure, please work with customer.****

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: Jayson Levy

Phone #: 352-339-0143 Email: motorman190@gmail.com

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