

Alcohol Testing Program - Instrument Processing Sheet

Agency: WAKULLA COUNTY SO Instrument Serial Number: 80-000961
 Date In: 1/29/2026 DI Completion Date: 2/9/2026 Ship P/U H/D CMI EE

Intake By: <u>WKP</u> Date: <u>1/29/2026</u> <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 Notes: Instrument arrived with dent in exhaust port cover and one missing foot. WKP 1/29/2026	Quality Checks By: <u>WKP</u> Date: <u>2/9/2026</u> <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>163</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP 105</u> 32 mm <u>0.167</u> (.139-.169) 36 mm <u>0.183</u> (.156-.190) 53 mm <u>0.250</u> (.228-.278) 103 mm <u>0.507</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>28421</u> Gauge: <u>1023</u> Instrument: <u>1018</u> <input checked="" type="checkbox"/> Stability Checks	Flow Adjustment By: _____ 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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Optical Bench Adjustment By: _____	Department Inspection By: <u>WKP</u>																																								
Barometric Pressure Gauge: _____ ID#: _____	Barometric Pressure ID#: <u>34418</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			
	<table style="width:100%;"> <tr> <td style="width:33%;"> Digitally signed by Taylor Gutschow Date: 2026.02.10 10:04:01 -05'00' </td> <td style="width:33%; text-align: center;"> LeAndra Higginbotham </td> <td style="width:33%; text-align: right;"> Digitally signed by LeAndra Higginbotham Date: 2026.02.13 13:35:05 -05'00' </td> </tr> </table>	Digitally signed by Taylor Gutschow Date: 2026.02.10 10:04:01 -05'00'	LeAndra Higginbotham	Digitally signed by LeAndra Higginbotham Date: 2026.02.13 13:35:05 -05'00'
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Stability Checks

0.05g/210L 0.047 to 0.053	0.08g/210L 0.077 to 0.083	0.20g/210L 0.194 to 0.206	DGS 0.08g/210L 0.077 to 0.083 <input checked="" type="checkbox"/> ≤ 0.003 of Wet <input checked="" type="checkbox"/>																																																																																																																																																
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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: WAKULLA COUNTY SO
Time of Inspection: 11:56

Date of Inspection: 02/09/2026

Serial Number: 80-000961
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	0.050	0.080	0.198	0.082
0.000	0.050	0.079	0.199	0.081
0.000	0.050	0.080	0.199	0.081
0.000	0.050	0.080	0.199	0.081
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0.000	0.051	0.080	0.199	0.080
0.000	0.051	0.080	0.200	0.080
0.000	0.050	0.080	0.200	0.080

Standard Deviations	0.0004	0.0004	0.0005	0.0006
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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

02/09/2026
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 80-000961, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-000961</u>	UNCERTAINTY* \pm	
Owning Agency:	<u>WAKULLA COUNTY SO</u>	0.050 g/ 210 L	0.004
Calibration Date:	<u>02/09/2026</u>	0.080 g/ 210 L	0.004
Calibration Time:	<u>11:56</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: 2026.02.10 08:43:10 -05'00'

02/09/2026

Date

WEN-CHI K PIERSON,
Department Inspector

FDLE/ATP Form 69 January 2026

Issuing Authority: Alcohol Testing Program

Service • Integrity • Respect • Quality