



## INSTRUMENT PROCESSING SHEET

Agency NAS PENSACOLA PDS/N 80-001205Florida Department of  
Law EnforcementDate In 8/21/2025DI Completion Date 09/04/2025☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake	By WKP	Date 8/21/2025	Quality Checks	By KTS	Date 8/27/25	Flow Calibration	By	Date																																																																	
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input 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 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: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			<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>220</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32 mm <u>0.156</u> (.139 - .169) 36 mm <u>0.171</u> (.156 - .190) 53 mm <u>0.242</u> (.228 - .278) 103 mm <u>0.503</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"><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 6/19/26</td></tr><tr><td>0.080</td><td>MP5089</td><td>202406L 6/19/26</td></tr><tr><td>0.200</td><td>MP5090</td><td>202406N 6/20/26</td></tr><tr><td>0.080 DGS</td><td>N/A</td><td>AG429602 10/22/26</td></tr></tbody></table>			Simulator	Serial #	Lot #/Exp	0.050	MP5088	202406K 6/19/26	0.080	MP5089	202406L 6/19/26	0.200	MP5090	202406N 6/20/26	0.080 DGS	N/A	AG429602 10/22/26	<table border="1"><thead><tr><th colspan="2">Maintenance By _____ Date _____</th></tr><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"/> Breath Tube Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Other _____</td><td></td></tr><tr><td>_____</td><td></td></tr><tr><td>_____</td><td></td></tr><tr><td>_____</td><td></td></tr><tr><td>_____</td><td></td></tr></thead></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 _____		_____		_____		_____		_____																																	
Simulator	Serial #	Lot #/Exp																																																																							
0.050	MP5088	202406K 6/19/26																																																																							
0.080	MP5089	202406L 6/19/26																																																																							
0.200	MP5090	202406N 6/20/26																																																																							
0.080 DGS	N/A	AG429602 10/22/26																																																																							
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 _____																																																																									
_____																																																																									
_____																																																																									
_____																																																																									
_____																																																																									
<b>Calibration Adjustment</b> By _____			<b>Department Inspection</b> By <u>SLH</u>																																																																						
Barometric Pressure Gauge _____ ID # _____ <table border="1"><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> <input type="checkbox"/> Post Calibration Adjustment Stability Checks <table border="1"><thead><tr><th>Simulator</th><th>Serial #</th><th>Lot #</th><th>Expiration</th></tr></thead><tbody><tr><td>0.050</td><td></td><td></td><td></td></tr><tr><td>0.080</td><td></td><td></td><td></td></tr><tr><td>0.200</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			Simulator	Serial #	Lot #	Expiration	0.050				0.080				0.200				0.080 DGS	N/A			Barometric Pressure ID# <u>28421</u> Gauge <u>1011</u> Instrument <u>1008</u> Mouth Alcohol Solution Lot # <u>2025-A</u> Acetone Stock Solution Lot # <u>2024-B</u> <table border="1"><thead><tr><th>Simulator</th><th>Serial Number</th></tr></thead><tbody><tr><td>0.000</td><td>MP6294</td></tr><tr><td>Interferent</td><td>MP6290</td></tr><tr><td>0.050</td><td>MP5088</td></tr><tr><td>0.080</td><td>MP6292</td></tr><tr><td>0.200</td><td>MP6293</td></tr></tbody></table> <b>Attachments</b> <table border="1"><tbody><tr><td><input checked="" type="checkbox"/> Form 41</td><td><input type="checkbox"/> Post-Stability Checks</td></tr><tr><td><input checked="" type="checkbox"/> Stability Checks</td><td><input type="checkbox"/> Flow Calibration</td></tr><tr><td><input checked="" type="checkbox"/> Calibration Certificate</td><td><input checked="" type="checkbox"/> Form 40</td></tr><tr><td><input type="checkbox"/> Calibration Adjustment</td><td><input type="checkbox"/> Other _____</td></tr></tbody></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 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  Taylor Gutschow <small>Digitally signed by Taylor Gutschow Date: 2025.09.09 18:55:53 +04'00'</small> <b>Shayla Platt</b> <small>Digitally signed by Shayla Platt Date: 2025.09.17 12:37:55 -04'00'</small> Tech Review / Date _____ Admin Review / Date _____			Simulator	Serial Number	0.000	MP6294	Interferent	MP6290	0.050	MP5088	0.080	MP6292	0.200	MP6293	<input checked="" type="checkbox"/> Form 41	<input type="checkbox"/> Post-Stability Checks	<input checked="" type="checkbox"/> Stability Checks	<input type="checkbox"/> Flow Calibration	<input checked="" type="checkbox"/> Calibration Certificate	<input checked="" type="checkbox"/> Form 40	<input type="checkbox"/> Calibration Adjustment	<input type="checkbox"/> Other _____
Simulator	Serial #	Lot #	Expiration																																																																						
0.000		N/A	N/A																																																																						
0.040																																																																									
0.100																																																																									
0.200																																																																									
0.300																																																																									
0.080 DGS	N/A																																																																								
Simulator	Serial #	Lot #	Expiration																																																																						
0.050																																																																									
0.080																																																																									
0.200																																																																									
0.080 DGS	N/A																																																																								
Simulator	Serial Number																																																																								
0.000	MP6294																																																																								
Interferent	MP6290																																																																								
0.050	MP5088																																																																								
0.080	MP6292																																																																								
0.200	MP6293																																																																								
<input checked="" type="checkbox"/> Form 41	<input type="checkbox"/> Post-Stability Checks																																																																								
<input checked="" type="checkbox"/> Stability Checks	<input type="checkbox"/> Flow Calibration																																																																								
<input checked="" type="checkbox"/> Calibration Certificate	<input checked="" type="checkbox"/> Form 40																																																																								
<input type="checkbox"/> Calibration Adjustment	<input type="checkbox"/> Other _____																																																																								
Notes/Suggested Service: Tech Review: Added note to stability check measurements. KTS 9/9/25 _____ _____ _____ _____ _____ _____ _____ _____ _____																																																																									

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: NAS PENSACOLA PD  
Time of Inspection: 08:38

Date of Inspection: 08/27/2025

Serial Number: 80-001205  
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:

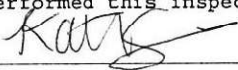
Number of Simulators Used: \_\_\_\_\_

Remarks:

BYPASSED AI TO OPERATE INSTRUMENT.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.



KATIE T SPEARIN

Signature and Printed Name

08/27/2025  
Date

NAS PENSACOLA PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001205  
08/27/2025  
Software: 8100.27

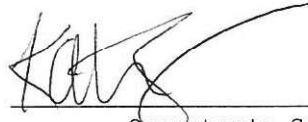
Test	g/210L	Time
Air Blank	0.000	08:40
Control Test	0.079	08:40
Air Blank	0.000	08:41
Control Test	0.079	08:41
Air Blank	0.000	08:41
Control Test	0.079	08:42
Air Blank	0.000	08:42
Control Test Stats		
Average	0.0790	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

  
Operator's Signature

DGS. KTS 9/9/25

NAS PENSACOLA PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001205  
08/27/2025  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:44
Control Test	0.049	08:45
Air Blank	0.000	08:45
Control Test	0.050	08:46
Air Blank	0.000	08:46
Control Test	0.050	08:47
Air Blank	0.000	08:47
Control Test Stats		
Average	0.0497	
Std Dev	0.0006	
Rel Std Dev(%)	1.1625	



Operator's Signature




NAS PENSACOLA PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001205  
08/27/2025  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:51
Control Test	0.080	08:52
Air Blank	0.000	08:52
Control Test	0.080	08:53
Air Blank	0.000	08:53
Control Test	0.080	08:54
Air Blank	0.000	08:54
Control Test Stats		
Average	0.0800	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

  
Operator's Signature

NAS PENSACOLA PD  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-001205  
08/27/2025  
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	08:56
Control Test	0.198	08:56
Air Blank	0.000	08:57
Control Test	0.198	08:57
Air Blank	0.000	08:58
Control Test	0.198	08:59
Air Blank	0.000	08:59
Control Test Stats		
Average	0.1980	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

  
Operator's Signature

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: NAS PENSACOLA PD  
Time of Inspection: 13:30

Date of Inspection: 09/04/2025

Serial Number: 80-001205  
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	

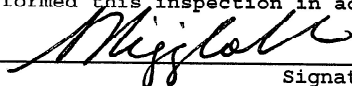
Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#:202406K Exp: 06/19/2026	0.08g/210L Test (g/210L) Lot#:202406L Exp: 06/19/2026	0.20g/210L Test (g/210L) Lot#:202406N Exp: 06/20/2026	0.08 g/210L Dry Gas Std Test (g/210L) Lot#:AG429602 Exp: 10/22/2026
0.000	0.051	0.080	0.198	0.079
0.000	0.050	0.080	0.197	0.079
0.000	0.050	0.080	0.197	0.079
0.000	0.051	0.080	0.197	0.079
0.000	0.050	0.080	0.198	0.079
0.000	0.050	0.080	0.198	0.079
0.000	0.050	0.080	0.198	0.079
0.000	0.051	0.080	0.198	0.079
0.000	0.050	0.081	0.198	0.079
0.000	0.050	0.081	0.198	0.079
Standard Deviations	0.0004	0.0004	0.0004	0.0000

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

Remarks:

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

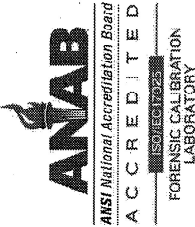
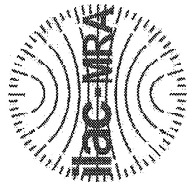
I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.



LEANDRA HIGGINBOTHAM

Signature and Printed Name

09/04/2025  
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 80-001205, manufactured by CMI, Inc. was calibrated in accordance with FDLE/ATP Form 36 - Department Inspection Procedures - Intoxilyzer 8000.

Serial Number:	<u>80-001205</u>	UNCERTAINTY* $\pm$	
Owning Agency:	<u>NAS PENSACOLA PD</u>	0.050 g/210 L	0.004
Calibration Date:	<u>09/04/2025</u>	0.080 g/210 L	0.004
Calibration Time:	<u>13:30</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  $\pm 0.005$  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.

FDLE/ATP Form 69 October 2024

Issuing Authority: Alcohol Testing Program

09/04/2025

Date

  
LEANDRA HIGINBOTHAM,

Department Inspector

Service • Integrity • Respect • Quality