Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Cocoa Police Time of Inspection		Da	te of Insp	ection:		al Nu ware:	mber:80	-001000
Check or Test		YES	NO	Check c	r Test	7	ES	NO
Diagnostic Check				Date and/or Time Adjusted		ed		
(Pre-Inspection)								
Minimum Sample Volume				Barometric Pressure Sensor				
Check: OK	iect			Check: (cohol Test:			
Alcohol Free Subject Test: 0.000				Slope No				
Interferent Dete	ct Test:				ic Check	_		
Interferent Dete	ct				spection): OK			
Alcohol Free	0.05g/210L	Test	0.08g/210I	Test	0.20g/210L Test	0.0	8 g/2101	<u>. </u>
Test (g/210L) (g/210L) Lot#: Exp:			(g/210L) Lot#: Exp:		(g/210L) Lot#: Exp:			d Test
				11-11-11-11-11-11-11-11-11-11-11-11-11-				
Standard Deviations								ELVERON TO LOCASE
everage Standard Devis Remarks: At CMI	12/31/ BK		1 0.20 g/210	OL Tests: _	Number of Si	mulato	rs Used:	
he above instrument c					ith Chapter 11D-8, FA		-8, FAC.	
		C+	gnature and	Drinted W				
		51	gnature and	rrinted Na	ame			

Date

Return Material Authorization

Ship	oto: 🔀 CMI, Inc.
Spoke to John Hankins	Enforcement Electronics
	, , , , , , , , , , , , , , , , , , , ,
Shipment to repair facility authorized by: James Fra	on 6/8/19 7 8 1
<u>Items Returned:</u> Instrument ☑ Supplies □	Other Describe:
Instrument Model: Intoxilyzer 8000	Serial Number: 80-001000
	nip to Address: DLE-ATP Tallahassee
Reason for Return:	
Instrument will not power on.	
Please choose one of the following options:	
1. I, authorize all re	epairs.
2. I, authorize repa	irs up to \$
√ 3. I require an estimate <u>BEFORE</u> any repairs wi	ll be authorized and/ or conducted.
Please contact: Name: James Frazier	
Phone #: 321-639-7620 Email:	ifrazier@cocoapolice.com
ATP Contact Name: Shayla Platt	ATP Email: shaylaplatt@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

	Age	ency <u>Co</u>	ocoa Pl)			S/N 80	0-001000		
Florida Depa Law Enforce		e In <u>5/2</u>	22/2019	9	I Completi	on Date	□Ship	□P/U □H/D □CMI □E		
Intake	Performed By D	<u>P</u>	Qualit	y Chec	ks Po	erformed By	Flow Cali	bration Performed By		
Annual Registration Return from CMI / EE Visual Inspection: Case Handle Keyboard Feet Ports Screws Tight Other Equipment/ Accessories: Power cord Static Bag 12V DC Cable Notes:			□ Breath Tube Screen □ Replace External O-R □ Instrument Set Up Ve □ R-Value □ Flow Verification (L/s) Flow Column # 32 mm 36 mm 53 mm 103 mm □ Barometric Pressure Gauge ID # □ Stability Checks Simulator Serial #		c Pressure	(.139169) (.156190) (.228278) (.447547)	Flow Calibration Performed By Flow Column #			
			0.050					☐ Dry Gas Regulator Replacement☐ Breath Tube Replacement		
Final Release	Date	Par le le					□ Other			
			0.080				Temperat	ure Checks Performed By		
			0.200	DGS	N/A		External D 34º	o Temp °C Digital Therm. ID#: C +2 Serial #: C +2 Serial #: C +2 Serial #:		
Calibration Ad		Pe	erformed	d Ву		Department Inspec	tion	Performed By		
Barometric Pr		1	ID #_			Barometric Pressur	e ID#			
	Serial Number		umber		ration	Gauge	In:	strument		
0.000		N/A		N/A		Mouth Alcohol Solution Lot #				
0.040						Acetone Stock Solution Lot #				
0.100						Simulator		Serial Number		
0.200						0.000				
0.300						Interferent 0.050				
0.080 DGS	N/A					0.080				
☐ Post Calibra	ntion Adjustment S	Stability	Chacks			0.200	7755W 3964			
Simulator	Serial Number	Lot Nu		Expir	ation	0.200				
0.050	- and the state of	LOCIAC	JIIIDCI	rybu	ation	Attachments				
0.080						☐ Form 41		☐ Post-Stability Checks		
						☐ Stability Checks ☐ Flow Calibration				
0.200			-0.000a			Calibration Cert		Form 40		
0.080 DGS	N/A					☐ Calibration Adju	istment	Other		
Notes/Suggested Service: [NSTRUMENT WILL NOT POWER ON-SP					☐ Instrument Complies with Chapter 11D-8, FAC ☐ Instrument Does Not Comply with Chapter 11D-8, FAC ☐ Return to/Place into Evidentiary Use ☐ Remain Out of Evidentiary Use					
					Conduct an Agency Inspection Before Evidentiary Use					
						Tech Review / Da	te	Admin Review / Date		