



INSTRUMENT PROCESSING SHEET

Florida Department of
Law Enforcement

Agency Haines City Police Department

S/N 80-001007

Date In 11/30/2020 DI Completion Date 12/1/2020

☒ Ship ☐ P/U ☐ H/D ☐ CMI ☒ EE

Intake Performed By <u>DERR</u> <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 checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: _____ _____ _____	Quality Checks Performed By _____ <input type="checkbox"/> Breath Tube Screen <input type="checkbox"/> Replace External O-Rings <input type="checkbox"/> Instrument Set Up Verified <input type="checkbox"/> R-Value _____ <input type="checkbox"/> Flow Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # _____ <input 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></td><td></td></tr> <tr><td>0.080</td><td></td><td></td></tr> <tr><td>0.200</td><td></td><td></td></tr> <tr><td>0.080 DGS</td><td>N/A</td><td></td></tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050			0.080			0.200			0.080 DGS	N/A		Flow Calibration Performed 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 Calibration Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) Maintenance Performed By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ Temperature Checks Performed By _____ <input type="checkbox"/> Lab Temp °C _____ External Digital Therm. ID#: _____ <input type="checkbox"/> 34°C +/-2 Serial #: _____ <input type="checkbox"/> 34°C +/-2 Serial #: _____ <input type="checkbox"/> 34°C +/-2 Serial #: _____																																																													
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Return Material Authorization

15

Ship to: ☐ CMI, Inc.

☒ Enforcement Electronics

Shipment to repair facility authorized by: Cpl. Ray Weber on 12/01/2020

Items Returned: Instrument ☒ Supplies ☐ Other ☐ Describe: _____

Instrument Model: I-8000 Serial Number: 80-001007

Bill To Address:

Haines City Police Department

Attn: Cpl Ray Weber

35400 US Highway 27

Haines City, FL 33850

Ship to Address:

Florida Department of Law Enforcement

Fort Myers Regional Operations Center

4700 Terminal Drive, Suite 1

Fort Myers, FL 33907

Reason for Return:

Instrument will not cycle on. When turned on, the red power indicator light will come on, but when the Start Test button is pushed, the light turns yellow, then changes back to red after a delay. The paper advances slightly, but no information is printed or shown in the display. The instrument then goes back to Sleep mode.

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: Cpl. Ray Weber

Phone #: 863-421-3636

Email: RWeber@hainescitypd.com

ATP Contact Name: David Reyes-Rivera

ATP Email: DavidReyes@fdle.state.fl.us

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: HAINES CITY POLICE DEPARTMENT

Time of Inspection: 1:11

Date of Inspection: 12/1/2020

Serial Number: 80-001007

Software:

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK		X	Date and/or Time Adjusted		X
Minimum Sample Volume Check: OK		X	Barometric Pressure Sensor Check: OK		X
Alcohol Free Subject Test: 0.000		X	Mouth Alcohol Test: Slope Not Met		X
Interferent Detect Test: Interferent Detect		X	Diagnostic Check (Post-Inspection): OK		X

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:

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

Remarks:

INSTRUMENT WILL NOT CYCLE ON. WHEN TURNED ON THE RED POWER INDICATOR LIGHT WILL COME ON, WHEN THE START TEST BUTTON IS PRESSED THE LIGHT WILL TURNS YELLOW, THERE IS A DELAY AND THEN CHANGES BACK TO RED, THE PAPER ADVANCES SLIGHTLY BUT NO INFORMATION IS PRINTED THEN THE INSTRUMENT GOES BACK TO ITS SLEEP MODE. NO INFORMATION IS DISPLAYED IN THE DISPLAY.

INSTRUMENT NEEDS TO GO TO A REPAIR FACILITY.

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.

David Reyes Rivera DAVID E. REYES-RIVERA
Signature and Printed Name

12/1/2020

Date

15

2020.12.
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09:49:12
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