



INSTRUMENT PROCESSING SHEET

Agency Haines City Police DepartmentS/N 80-001007Florida Department of
Law EnforcementDate 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	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)																																																											
Final Release Date FDLE Alcohol Testing Program Digitally signed by FDLE Alcohol Testing Program Date: 2020.12.04 09:52:38 -05'00'	<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		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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Notes/Suggested Service: <u>Instrument needs to go to a repair facility, does not cycle to on position.</u> Admin review notes: <u>Update, as of 12/2/2020 the agency contacted us to send the instrument to EE for repair. DERR 12/3/2020 Technical Review</u> <u>Corection 12/3/2020 DERR 12/3/2020</u>	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input type="checkbox"/> Return to/Place into Evidentiary Use <input checked="" type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use	Attachments <input checked="" type="checkbox"/> Form 41 <input type="checkbox"/> Stability Checks <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Form 40 <input checked="" type="checkbox"/> Other <u>Form 51</u>																																																											
Israel Soto Tech Review / Date	Digitally signed by Israel Soto Date: 2020.12.03 10:32:56 -05'00' 2020.12.03 4 09:50:28 05'00' Admin Review / Date																																																												

Return Material Authorization

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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

