Return Material Authorization

Ship to: ☑ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Jayson Levy on 12-15-2020

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001292

Bill To Address:	Ship to Address:
Levy County Sheriff's Office	Alcohol Testing Program - FDLE
	Tallahassee, Florida

Reason for Return:

Instrument fails DSP during Diagnostic Check, cannot enter Ready 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: Jayson Levy

Phone #: 352-339-0143 Email: motorman190@gmail.com

ATP Contact Name: Israel Soto ATP Email: israelsoto@fdle.state.fl.us

FDLE
Florida Department of Law Enforcement

INSTRUMENT PROCESSING SHEET

Agency Levy County Sheriff's Office S/N 80-001292

Date In 12/15/2020 DI Completion Date _____ ☑Ship ☐P/U ☐H/D ☑CMI ☐EE

Intake Performed By RAW

☑ Annual
☐ Registration
☐ Return from CMI / EE

Visual Inspection:
☑ Case ☑ Handle
☑ Keyboard ☑ Dry Gas Shelf
☑ Feet ☑ Breath Tube
☑ Ports ☑ Screws Tight

Other Equipment/ Accessories:
☑ Power cord ☐ Printer Cable
☑ Static Bag ☐ 12V DC Cable

Notes: _____

Final Release Date

Quality Checks Performed By _____

☐ Breath Tube Screen
☐ Replace External O-Rings
☐ Instrument Set Up Verified
☐ R-Value _____
☐ Flow Verification (L/s)
Flow Column # _____
32 mm _____ (.139 - .169)
36 mm _____ (.156 - .190)
53 mm _____ (.228 - .278)
103 mm _____ (.447 - .547)
☐ Barometric Pressure Check
Gauge ID # _____
☐ Stability Checks

Simulator	Serial #	Lot #/Exp
0.050		
0.080		
0.200		
0.080 DGS	N/A	

Flow Calibration Performed By _____

Flow Column # _____
☐ 5L/min – 17mm
☐ 15L/min – 53mm
☐ 30L/min – 103mm
☐ R-Value _____
☐ 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 _____

☐ Battery Replacement
☐ Dry Gas Regulator Replacement
☐ Breath Tube Replacement
☐ Other _____

Temperature Checks Performed By _____

☐ Lab Temp °C _____
External Digital Therm. ID#: _____
☐ 34°C +-.2 Serial #: _____
☐ 34°C +-.2 Serial #: _____
☐ 34°C +-.2 Serial #: _____

Calibration Adjustment Performed By _____

Barometric Pressure Gauge _____ ID # _____

Simulator	Serial Number	Lot Number	Expiration
0.000		N/A	N/A
0.040			
0.100			
0.200			
0.300			
0.080 DGS	N/A		

☐ Post Calibration Adjustment Stability Checks

Simulator	Serial Number	Lot Number	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		

Department Inspection Performed By _____

Barometric Pressure ID# _____
Gauge _____ Instrument _____
Mouth Alcohol Solution Lot # _____
Acetone Stock Solution Lot # _____

Simulator	Serial Number
0.000	
Interferent	
0.050	
0.080	
0.200	

Attachments

☐ Form 41
☐ Stability Checks
☐ Calibration Certificate
☐ Calibration Adjustment
☐ Post-Stability Checks
☐ Flow Calibration
☐ Form 40
☐ Other _____

Notes/Suggested Service: Instrument fails DSP check during Diagnostic check and does not enter Ready Mode. Sending to CMI.
Compliance with 11D-8 FAC not determined.
Israel Soto

☐ **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 / Date _____ Admin Review / Date _____