

## INSTRUMENT PROCESSING SHEET

Agency Miami Police Department

S/N 80-001179

Florida Department of  
Law Enforcement

Date In 9/20/2021

DI Completion Date

 Ship☐ P/U☐ H/D CMI

DEF

Intake	By <u>DERR</u>	Quality Checks	By <u>DER</u> Date <u>9/20/2021</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:         	<input checked="" type="checkbox"/> Breath Tube Screen <input checked="" 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	<b>Flow Calibration</b> By _____ Date _____ 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)  <b>Maintenance</b> By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ <b>DI Temp. Checks</b> 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 #: _____																																																													
<b>Calibration Adjustment</b> By _____		<b>Department Inspection</b> By _____																																																													
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Notes/Suggested Service: <u>Instrument does not come on Ready mode. The DVM shows breath tube temperature of 0.00. Instrument will be sent out for repair. DERR</u>         		<b>Attachments</b> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 41  <input type="checkbox"/> Stability Checks  <input type="checkbox"/> Calibration Certificate  <input type="checkbox"/> Calibration Adjustment         </div> <div> <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> </div> </div> <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  <div style="display: flex; justify-content: space-between;"> <div>Tech Review / Date _____</div> <div>Admin Review / Date _____</div> </div>																																																													

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Miami Police Department

Serial Number: 80-001179

Time of Inspection:

Date of Inspection: 9/20/2021

Software:

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

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 advance from the Stand-By mode. A check of the DVM's shows the breath tube temperature at 0.00. Instrument will be sent to CMI for repair and will likely not return in time for a 2021 Department Inspection.

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.

*Handwritten Signature*

Signature and Printed Name

Date

## Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Officer Pastor on 9/21/2021

Items Returned: Instrument ☒ Supplies ☐ Other ☐ Describe: \_\_\_\_\_

Instrument Model: I-8000 Serial Number: 80-001179

Bill To Address:

Miami Police Department

Attn: Officer Jose Pastor

2200 Flagler Street

Miami, Florida 33135

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 does not advance past the stand-by mode. A check of the DVM monitor shows  
that the breath tube temperature remains at 0.00

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: Officer Jose Pastor

Phone #: 305 603-6537 Email: 5533@miami-police.org

ATP Contact Name: David Reyes-Rivera ATP Email: DavidReyes@fdle.state.fl.us