



## INSTRUMENT PROCESSING SHEET

Agency Broward County Sheriff's OfficeS/N 80-007107Florida Department of  
Law EnforcementDate In 2/17/2021

DI Completion Date \_\_\_\_\_

☒ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

<b>Intake</b> 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:         	<b>Quality Checks</b> By <u>DER</u> Date <u>2/18/2021</u> <input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace External O-Rings <input checked="" type="checkbox"/> Instrument Set Up Verified <input checked="" type="checkbox"/> R-Value <u>76</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP106</u> 32 mm <u>0.</u> (.139 - .169) 36 mm <u>0.</u> (.156 - .190) 53 mm <u>0.</u> (.228 - .278) 103 mm <u>0.</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28663</u> <input checked="" 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>SD3967</td> <td>202010A 10/05/2022</td> </tr> <tr> <td>0.080</td> <td>SD3968</td> <td>202010B 10/05/2022</td> </tr> <tr> <td>0.200</td> <td>SD3969</td> <td>202010D 10/06/2022</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td>AG026705 09/23/2022</td> </tr> </tbody> </table>	Simulator	Serial #	Lot #/Exp	0.050	SD3967	202010A 10/05/2022	0.080	SD3968	202010B 10/05/2022	0.200	SD3969	202010D 10/06/2022	0.080 DGS	N/A	AG026705 09/23/2022	<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 #: _____																																												
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Notes/Suggested Service: Instrument has a dry gas leak and will be sent to CMI at the agency's request. Original IPS is missing so Flow and stability data could not be replicated. DERR 12/15/2021         	<div style="border: 1px solid black; padding: 5px;"> <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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <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: Broward County Sheriff's Office

Serial Number: 80-007107

Time of Inspection:

Date of Inspection: 2/18/2021

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 has a dry gas leak, the R value is at 76. Instrument is being sent out for repair.

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 E. Reyes-Rivera*

David E. Reyes-Rivera

Signature and Printed Name

2/18/2021  
Date

# Return Material Authorization

**Ship to:**

☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: \_\_\_\_\_ on \_\_\_\_\_

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

Instrument Model: \_\_\_\_\_ Intoxilyzer 8000      Serial Number: 80-007107\_

**Bill To Address:**

Broward County Sheriff's Office

**Ship to Address:**

FDLE FMROC

4700 Terminal Drive Suite 1

Ft. Myers, FL 33907      ers

**Reason for Return:**

Dry gas leak

**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: Deputy Joshua Sapp\_\_\_\_\_

Phone #: 954 321-4849\_\_\_\_\_ Email: joshua\_sapp@sheriff.org\_\_\_\_\_

ATP Contact Name: David Reyes      ATP Email: davidreyes@fdle.state.fl.us

## Return Material Authorization

**Ship to:** ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: \_\_\_\_\_ on \_\_\_\_\_

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-007107

**Bill To Address:**

Broward County Sheriff's Office

**Ship to Address:**

FDLE FMROC

4700 Terminal Drive Suite 1

Ft. Myers, FL 33907 ers

**Reason for Return:**

Flow R value at 76

**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: Deputy Joshua Sapp \_\_\_\_\_

Phone #: 954 321-4849 \_\_\_\_\_ Email: joshua\_sapp@sheriff.org \_\_\_\_\_

ATP Contact Name: David Reyes ATP Email: davidreyes@fdle.state.fl.us