

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Brad Collito on 2/22/2022

Items Returned: Instrument Supplies Other Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000814

Bill To Address:
Hernando CSO
Attn: Brad Collito

Ship to Address:
Florida Department of Law Enforcement
Fort Myers Regional Operations Center
Attn: Alcohol Testing Program
4700 Terminal Drive, Suite 1
Fort Myers, FL 33907

Reason for Return:

Error 12. Records were uploaded at FDLE.

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: Brad Collito

Phone #: 352-544-2334 Email: bcollito@hernandosheriff.org

ATP Contact Name: Taylor Gutschow ATP Email: TaylorGutschow@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

Agency Hernando CSO

S/N 80-000814

Florida Department of Law Enforcement

Date In 2/28/2022

DI Completion Date _____

Ship

P/U

H/D

CMI

EE

| Intake | By TDG | Quality Checks | By | Date | Flow Calibration | By | Date | | | | | | | | | | | | | | | | | | | |
|---|----------|--|---|-----------|--|-----------|-------|--|--|-------|--|--|-------|--|--|-----------|-----|--|---|--|--|--|-------------|--------|---|--|
| <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 checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>AI reports the instrument shows an Error 12 message and is unable to upload the records. Internal printer cover is missing the pin and grommet. AI gave email approval on 2/22 to send to repair at EE after upload.</u> | | <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 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) | | | | | | | | | | | | | | | | | | | | | |
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| Calibration Adjustment | By | Department Inspection | By | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input 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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Notes/Suggested Service: <u>Uploaded via direct-connect on 3/3/2022. Instrument still in Disabled Mode with Error 12 displayed on screen after upload. Will send to EE per agency's request. Added 5 plastic caps to protect instrument during shipping. (TDG)</u> | <input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use |
| Tech Review / Date _____ | Admin Review / Date _____ |