



INSTRUMENT PROCESSING SHEET

Agency Nassau County Sheriff's Office

S/N 80-001053

Florida Department of Law Enforcement

Date In 04-13-2022

DI Completion Date

Ship

P/U

H/D

CMI

EE

Intake By IS _____

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: _____
Instrument processed on
4-21-2022

Quality Checks By _____ Date _____

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 By _____ Date _____

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 By _____

Battery Replacement
 Dry Gas Regulator Replacement
 Breath Tube Replacement
 Other _____

Calibration Adjustment By _____

Barometric Pressure Gauge _____ ID # _____

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

Department Inspection 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 Post-Stability Checks
 Stability Checks Flow Calibration
 Calibration Certificate Form 40
 Calibration Adjustment Other _____

Notes/Suggested Service: _____
Instrument does not power on, sending to CMI for repair.
Compliance with 11D-8 was not determined. IS

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

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Brian Higginbotham on 4-21-2022

Items Returned: Instrument Supplies Other Describe: _____
Instrument Model: Intoxilyzer 8000 Serial Number: 80-001053

Bill To Address:
Nassau County Sheriff's Office

Ship to Address:
Alcohol Testing Program - FDLE
Tallahassee, Florida

Reason for Return:
Instrument does not power on.

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