



INSTRUMENT PROCESSING SHEET

Agency Havana Police DepartmentS/N 80-000950Florida Department of
Law EnforcementDate In 03-21-2023 DI Completion Date _____☐ Ship ☐ P/U ☐ H/D ☐ CMI ☒ EE

Intake	By <u>IS</u>	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 type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>Agency Inspector</u> <u>indicated instrument will not</u> <u>power on.</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)																	
		<table border="1"><thead><tr><th>Simulator</th><th>Serial #</th><th>Lot #/Exp</th></tr></thead><tbody><tr><td>0.050</td><td></td><td></td></tr><tr><td>0.080</td><td></td><td></td></tr><tr><td>0.200</td><td></td><td></td></tr><tr><td>0.080 DGS</td><td>N/A</td><td></td></tr></tbody></table>	Simulator	Serial #	Lot #/Exp	0.050			0.080			0.200			0.080 DGS	N/A				Maintenance By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____		
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Calibration Adjustment	By _____	Department Inspection	By _____																																																															
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Notes/Suggested Service: <u>Instrument does not power on.</u> <u>Sending to repair facility. Compliance with 11D-8 not</u> <u>determined. IS</u>																																																																		

Return Material Authorization

Ship to: ☐ CMI, Inc.

☒ Enforcement Electronics

Shipment to repair facility authorized by: Fred Hening on 04-10-2023

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000950

Bill To Address:

Havana Police Department

Florida

Ship to Address:

FDLE Off-Site Mail Facility

Alcohol Testing Program

813 B Lake Bradford Road

Tallahassee, FL 32304

Reason for Return:

Instrument does not power on. Instrument may have records that require downloading if possible.

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: Fred Hening

Phone #: 850-410-3046

Email: fredrickhening@flhsmv.gov

ATP Contact Name: Israel Soto

ATP Email: israelsoto@fdle.state.fl.us

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Havana Police Department
Time of Inspection:

Date of Inspection:

Serial Number: 80-000950
Software: 8100.27

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: Compliance not determined for 2023, instrument at repair facility.

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.

Israel Soto Israel Soto

Signature and Printed Name

01-05-2024
Date