



Agency St. Johns County Sheriff's Office

S/N 80-001134

Date In 11/1/2023

DI Completion Date N/A

☐ Ship

☐ P/U

☐ H/D CMI

Calibration Adjustment

By

☐ Post Calibration Adjustment Stability Checks

Notes/Suggested Service: Screen display is almost illegible. When separating breath tube to inspect screen, cylinder connecting to chamber pulled out, with broken adhesive. We will send the instrument to CMI for repair. (BS 11/13/2023)

Department Inspection

By

Attachments

<input type="checkbox"/> Form 41	<input type="checkbox"/> Post-Stability Checks
<input type="checkbox"/> Stability Checks	<input type="checkbox"/> Flow Calibration
<input type="checkbox"/> Calibration Certificate	<input type="checkbox"/> Form 40
<input type="checkbox"/> Calibration Adjustment	<input checked="" type="checkbox"/> Other Form 51

- ☐ 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: Alexander Ellis on 11/13/2023

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001134

Bill To Address:

Alexander Ellis

St. Johns County Sheriff's Office

Ship to Address:

FDLE Off-Site Mail Facility

c/o Florida Dept of Law Enforcement

Alcohol Testing Program

813 B Lake Bradford Road

Tallahassee, FL 32304

Reason for Return:

Instrument had problems with breath hose. When separating breath hose to inspect screen,
cylinder connecting hose to chamber pulled out of the instrument. The glue securing it
appeared to have broken apart.

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: Alexander Ellis

Phone #: 904-824-8304

Email: aellis@sjso.org

ATP Contact Name: Benjamin Siddoway

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



INSTRUMENT PROCESSING SHEET

Agency St. Johns County Sheriff's Office

S/N 80-001134

Florida Department of
Law Enforcement

Date In 11/1/2023

DI Completion Date n/a

☐ Ship

☐ P/U

☐ H/D

☒ CMI

☐ EE

Intake	By BS	Quality Checks	By BS	Date <u>11/3/2023</u>	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: _____ _____ _____ _____ _____ _____ _____ _____ _____ 		<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			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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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: St Johns County SO
Time of Inspection: n/a

Date of Inspection: n/a

Serial Number: 80-001134
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:

This instrument did not receive a 2023 Department Inspection. It was sent to repair and did not return within the calendar year.

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.

Benjamin Siddoway

Signature and Printed Name

12/27/2023

Date