



# INSTRUMENT PROCESSING SHEET

Agency Niceville PDS/N 80-001310Florida Department of  
Law EnforcementDate In 10/27/17 DI Completion Date 11/15/17 Ship  P/U  H/D  CMI  EE

Intake	Quality Checks	Flow Calibration															
Performed By <u>[Signature]</u> <input type="checkbox"/> Annual <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE Visual Inspection: <input type="checkbox"/> Case <input type="checkbox"/> Handle <input type="checkbox"/> Keyboard <input type="checkbox"/> Dry Gas Shelf <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Breath Tube <input type="checkbox"/> Ports <input 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: _____ _____ _____	Performed By _____ <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	Performed By _____ 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>Final Release Date</b>  <div style="text-align: center; font-size: 24px; font-weight: bold;">NOV 15 2017</div>		<b>Maintenance</b> Performed By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____															
		<b>Temperature Checks</b> Performed 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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<b>Attachments</b> <input type="checkbox"/> Form 41 <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Stability Checks <input type="checkbox"/> Form 40 <input type="checkbox"/> Calibration Adjustment <input type="checkbox"/> Other _____ <input type="checkbox"/> Post-Stability Checks																																																													

Notes/Suggested Service: _____ <u>Power Supply Problem - UNABLE TO OPERATE INSTRUMENT, RECOMMEND SENDING INSTRUMENT TO REPAIR JGM</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 checked="" type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>[Signature]</u>            Tech Review / Date         </div> <div style="text-align: center;"> <u>[Signature]</u>            Admin Review / Date         </div> </div>
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