

**Return Material Authorization**

**Ship to:**  CMI, Inc.

Enforcement Electronics

Shipment to repair facility authorized by: Lt. Jeffery Raker on 1/26/19

Items Returned: Instrument  Supplies  Other  Describe: \_\_\_\_\_

Instrument Model: 8000 Serial Number: 80-000752

Bill To Address:  
Marion County Sheriff's Office  
700 NW 30th Ave  
Ocala, FL 34475

Ship to Address:  
FDLE Off-site Mail Facility  
c/o Florida Department Law Enforcement  
Alcohol Testing Program  
813 B Lake Bradford Road  
Tallahassee, FL 32304

Reason for Return:

Breath hose won't heat up even when new hose is attached.

**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: Jeffery Raker

Phone #: 352-843-4215 Email: jraker@marionso.com

ATP Contact Name: Brett Kirkland ATP Email: brettkirkland@fdle.state.fl.us



### INSTRUMENT PROCESSING SHEET

Agency Marion County SO

S/N 80-000752

Florida Department of Law Enforcement

Date In 01/18/19

DI Completion Date \_\_\_\_\_

Ship  P/U  H/D  CMI  EE

<b>Intake</b> Performed By <u>SQC</u> <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 checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>see note</u> _____ _____	<b>Quality Checks</b> 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 <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		<b>Flow Calibration</b> 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)
Simulator	Serial #	Lot #/Exp															
0.050																	
0.080																	
0.200																	
0.080 DGS	N/A																

<b>Final Release Date</b> _____ _____	<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>Calibration Adjustment</b> Performed By _____ ID # _____ Barometric Pressure Gauge			
Simulator	Serial Number	Lot Number	Expiration
0.000		N/A	N/A
0.040			
0.100			
0.200			
0.300			
0.080 DGS	N/A		
<input type="checkbox"/> Post Calibration Adjustment Stability Checks			
Simulator	Serial Number	Lot Number	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		

<b>Department Inspection</b> Performed 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	

<b>Attachments</b> <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>Diagnostic</u>	
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Notes/Suggested Service: \_\_\_\_\_  
Sending for repair. Breath hose won't heat up even when new hose is attached. BK  
1/23/19

<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	Tech Review / Date _____ Admin Review / Date _____
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MARION COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model 8000 SN 80-000752  
01/23/2019  
Software: 8100.27

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DIAGNOSTICS  
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Voltage/Current Test	OK
RAM Test	OK
EEPROM Checksum Test	OK
Real Time Clock Test	OK
DSP Test	OK
Analytical Stability Test	OK
Internal Printer Test	OK
Modem Test	OK
Temperature Regulation Test	Fail

Ran diagnostic to  
check breath hose.  
BK