

**Return Material Authorization**

**Ship to:**     CMI, Inc.  
                   Enforcement Electronics

Shipment to repair facility authorized by: Michael Weiskopf on 1/17/2019

**Items Returned:**    Instrument     Supplies     Other  Describe: \_\_\_\_\_  
Instrument Model: Intoxilyzer 8000                      Serial Number: 80-001653

<b>Bill To Address:</b> <u>St. Petersburg Police Dept.</u> <u>1300 First Ave. N</u> <u>St. Petersburg, FL 33705</u>	<b>Ship to Address:</b> <u>FDLE - Alcohol Testing Program</u> <u>813B Lake Bradford Road</u> <u>Tallahassee, FL 32304</u>
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**Reason for Return:**  
DSP Fail during Diagnostic Checks.

**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: Michael Weiskopf  
Phone #: 727-744-3251                      Email: Michael.Weiskopf@stpete.org

ATP Contact Name: TJ Graham                      ATP Email: thomasgraham@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

Agency St Petersburg PD

S/N 80-001653

Florida Department of Law Enforcement

Date In 1/16/2019 DI Completion Date

Ship P/U H/D CMI EE

<b>Intake</b> Performed By <u>JD</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: _____ _____ _____		<b>Quality Checks</b> Performed By <u>JD</u> <input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace External O-Rings <input checked="" type="checkbox"/> Instrument Set Up Verified <input checked="" type="checkbox"/> R-Value <u>184</u> <input type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP 102 JD</u> 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) <input type="checkbox"/> Barometric Pressure Check Gauge ID # <u>30793 JD</u> <input type="checkbox"/> Stability Checks		<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)																
<b>Final Release Date</b> _____ _____		<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>201707D 07/25/2019</td> </tr> <tr> <td>0.080</td> <td></td> <td>201707E 07/25/2019</td> </tr> <tr> <td>0.200</td> <td></td> <td>201707C 07/24/2019</td> </tr> <tr> <td>0.080 DGS</td> <td>N/A</td> <td></td> </tr> </tbody> </table>		Simulator	Serial #	Lot #/Exp	0.050		201707D 07/25/2019	0.080		201707E 07/25/2019	0.200		201707C 07/24/2019	0.080 DGS	N/A		<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 _____	
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		<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 #: _____																		

<b>Calibration Adjustment</b> Performed By _____ Barometric Pressure Gauge _____ ID # _____				<b>Department Inspection</b> Performed By _____ Barometric Pressure ID# _____ Gauge _____ Instrument _____ Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____																																											
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Notes/Suggested Service: <u>Repeated DSP Fail. Send to repair facility. JD</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 type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use	
Tech Review / Date _____		Admin Review / Date _____	