

**Return Material Authorization**

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

Shipment to repair facility authorized by: William Jerard on 12-16-2021

Items Returned:    Instrument     Supplies     Other  Describe: \_\_\_\_\_  
Instrument Model: Intoxilyzer 8000                      Serial Number: 80-000739

Bill To Address: <u>Okaloosa County Sheriff's Office</u> _____ _____ _____ _____	Ship to Address: <u>Alcohol Testing Program - FDLE</u> <u>Tallahassee, Florida</u> _____ _____ _____
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Reason for Return:  
Instrument appears to have suffered damage when shipped to Alcohol Testing Program from agency. Gas inlet elbow cracked, exhaust port cover cracked, dry gas shelf bent, and the instrument does not fully power on.  
\_\_\_\_\_  
\_\_\_\_\_  
Instrument shipped to CMI in an FDLE trainer instrument box.

**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: William Jerard  
Phone #: 850-609-4947                      Email: bjerard@sheriff-okaloosa.org  
ATP Contact Name: Israel Soto                      ATP Email: israelsoto@fdle.state.fl.us





# INSTRUMENT PROCESSING SHEET

Agency Okaloosa County Sheriff's OfficeS/N 80-000739Florida Department of  
Law EnforcementDate In 12/3/2021

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: Instrument not sent in normal box, improperly packaged. Gas inlet elbow was cracked, exhaust port cover was cracked, dry gas shelf bent, and instrument fails to fully power on. Signs that box was damaged during shipping.		<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)			
					Maintenance			By _____
					<input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____			
					DI Temp. Checks			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 #: _____			

Calibration Adjustment	By _____	Department Inspection	By _____																																																												
Barometric Pressure Gauge _____ ID # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #</th> <th>Expiration</th> </tr> </thead> <tbody> <tr><td>0.000</td><td></td><td>N/A</td><td>N/A</td></tr> <tr><td>0.040</td><td></td><td></td><td></td></tr> <tr><td>0.100</td><td></td><td></td><td></td></tr> <tr><td>0.200</td><td></td><td></td><td></td></tr> <tr><td>0.300</td><td></td><td></td><td></td></tr> <tr><td>0.080 DGS</td><td>N/A</td><td></td><td></td></tr> </tbody> </table> <input type="checkbox"/> Post Calibration Adjustment Stability Checks <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial #</th> <th>Lot #</th> <th>Expiration</th> </tr> </thead> <tbody> <tr><td>0.050</td><td></td><td></td><td></td></tr> <tr><td>0.080</td><td></td><td></td><td></td></tr> <tr><td>0.200</td><td></td><td></td><td></td></tr> <tr><td>0.080 DGS</td><td>N/A</td><td></td><td></td></tr> </tbody> </table>	Simulator	Serial #	Lot #	Expiration	0.000		N/A	N/A	0.040				0.100				0.200				0.300				0.080 DGS	N/A			Simulator	Serial #	Lot #	Expiration	0.050				0.080				0.200				0.080 DGS	N/A				Barometric Pressure ID# _____ Gauge _____ Instrument _____ Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Simulator</th> <th>Serial Number</th> </tr> </thead> <tbody> <tr><td>0.000</td><td></td></tr> <tr><td>Interferent</td><td></td></tr> <tr><td>0.050</td><td></td></tr> <tr><td>0.080</td><td></td></tr> <tr><td>0.200</td><td></td></tr> </tbody> </table>	Simulator	Serial Number	0.000		Interferent		0.050		0.080		0.200		
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		<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 type="checkbox"/> Other _____																																																												

Notes/Suggested Service: Sending instrument to CMI for repair. Compliance with 11D-8 not determined. Instrument shipped in FDLE trainer instrument box.	<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 _____