

## **Return Material Authorization**

**Ship to:**



CMI, Inc.



Enforcement Electronics

Shipment to repair facility authorized by: Susan Barge on 07-26-2021

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

Instrument Model: Intoxilyzer 8000      Serial Number: 80-000782

**Bill To Address:**

Florida Highway Patrol Troop A

**Ship to Address:**

Alcohol Testing Program - FDLE

Tallahassee, Florida

**Reason for Return:**

Sheriff's station where instrument is housed was struck by lightning. Instrument does not fully  
power on. After switching power rocker and pushing green start button the Power light goes  
from red to orange and remains at orange without going to green.

**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: Susan Barge

Phone #: 352-620-4701

Email: susanbarge@flhsmv.gov

ATP Contact Name: Israel Soto

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



## INSTRUMENT PROCESSING SHEET

Agency FHPS/N 80-000782Florida Department of  
Law EnforcementDate In 7/26/2021

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

☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

<b>Intake</b> By <u>IS</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 type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>Agency Inspector brought instrument in, instrument will not turn on, after pushing green start button the red light goes to orange and does not turn green.</u>      	<b>Quality Checks</b> By _____ Date _____ <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" style="width:100%; border-collapse: collapse;"> <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> By _____ Date _____ 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>Maintenance</b> By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ <b>DI Temp. Checks</b> 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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Notes/Suggested Service: <u>Agency Inspector brought instrument in, light in front remains orange when trying to turn on and instrument never fully powers on. Agency Inspector state the sheriff's station where instrument is kept was struck by lightning. Sending instrument to CMI, compliance with 11D-8 not determined. IS</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>Tech Review / Date _____</div> <div>Admin Review / Date _____</div> </div>																																																												