



INSTRUMENT PROCESSING SHEET

Agency Miami-Dade Police Department

S/N 80-000884

Florida Department of Law Enforcement

Date In 9/24/2021

DI Completion Date

Ship P/U H/D CMI EE

<b>Intake</b> <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: Instrument was displaying ERROR 012 Contact CMI. Uploaded data and ran defrag on the instrument.	<b>Quality Checks</b> By DER Date 09/27/2021 <input checked="" type="checkbox"/> Breath Tube Screen <input checked="" 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> 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)
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		<b>Maintenance</b> By DERR <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input checked="" type="checkbox"/> Other Defragmenting															
		<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 #: _____															

<b>Calibration Adjustment</b> By _____ Barometric Pressure Gauge _____ ID # _____ <table border="1"> <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"> <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			<b>Department Inspection</b> By _____ Barometric Pressure ID# _____ Gauge _____ Instrument _____ Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____ <table border="1"> <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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	<b>Attachments</b> <input checked="" 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 Form 51																																																												

Notes/Suggested Service: Instrument will be sent to repair at CMI. DERR	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" 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 _____

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Miami-Dade Police Department  
Time of Inspection:

Serial Number: 80-000884

Date of Inspection: 9/27/2021  
Software:

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK			Date and/or Time Adjusted		
Minimum Sample Volume Check: OK			Barometric Pressure Sensor Check: OK		
Alcohol Free Subject Test: 0.000			Mouth Alcohol Test: Slope Not Met		
Interferent Detect Test: Interferent Detect			Diagnostic Check (Post-Inspection): OK		

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot#: Exp:

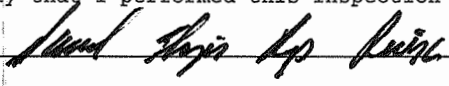
Standard Deviations				
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Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: \_\_\_\_\_ Number of Simulators Used: \_\_\_\_\_

Remarks: Instrument displays ERROR 012 Contact CMI. Instrument was sent out for repair at CMI

The above instrument complies ( ) does not comply ( ) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.



David E. Reyes-Rivera

Signature and Printed Name

9/27/2021  
Date

**Return Material Authorization**

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

Shipment to repair facility authorized by: David Reyes-Rivera on 09/28/2021

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

Instrument Model: I-8000 Serial Number: 80-000884

**Bill To Address:**  
Miami-Dade Police Department  
ATTN: Sgt Myrtil  
1567 NW 79th Avenue  
Miami, Florida 33126

**Ship to Address:**  
Florida Department of Law Enforcement  
4700 Terminal Drive, Suite 1  
Fort Myers, FL 33907

**Reason for Return:**

Instrument displays ERROR 012 Contact CMI

**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: Sergeant Myrtil

Phone #: (305) 785-3706 Email: u305383@MDPD.com

ATP Contact Name: David Reyes-Rivera ATP Email: DavidReyes@fdle.state.fl.us