

Return Material Authorization

Ship to: CMI, Inc.
 Enforcement Electronics

Shipment to repair facility authorized by: Joshua Hudson on 04-02-2021

Items Returned: Instrument Supplies Other Describe: _____
Instrument Model: Intoxilyzer 8000 Serial Number: 80-007362

Bill To Address:
Pensacola Police Department

Ship to Address:
Alcohol Testing Program FDLE
Tallahassee, Florida

Reason for Return:
Instrument is displaying "Error012 Contact CMI".
Instrument displayed message after attempting to upload instrument records, agency reported
instrument was having RAM failures immediately after uploading.
Agency has had multiple instruments with "Error012 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: Joshua Hudson
Phone #: 850.221.8050 Email: JHudson@cityofpensacola.com

ATP Contact Name: Israel Soto ATP Email: israelsoto@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

Agency Pensacola Police DepartmentS/N 80-007362Florida Department of
Law EnforcementDate In 3/24/2021

DI Completion Date _____

 Ship P/U H/D CMI EE

Intake	By <u>RAW</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 checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		<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)																																	
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Notes/Suggested Service: <u>Instrument is displaying "Error012 Contact CMI". Sending instrument to CMI. IS</u> _____ _____ <u>Compliance with 11D-8 FAC 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 _____ Tech Review / Date _____ Admin Review / Date _____
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