

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Teaquilia Hammonds on 11/10/2021

Items Returned: Instrument ☒ Supplies ☐ Other ☐ Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-007504

Bill To Address:

Polk County Sheriff's Office (warranty)

Ship to Address:

Florida Department of Law Enforcement

Fort Myers Regional Operations Center

Attn: Taylor Gutschow (Alcohol Testing)

4700 Terminal Drive, Suite 1

Fort Myers, FL 33907

Reason for Return:

Instrument is brand new and under warranty, and it has not been used by the agency yet. The instrument will not power up properly. Tried five different times to power on, and each time it responded differently. It froze on the startup screen, displayed gibberish on the startup screen, displayed nothing on the startup screen, refused to power on, or it powered on with a several minute delay before it displayed anything on the startup screen.

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: _____

Phone #: _____ Email: _____

ATP Contact Name: Taylor Gutschow ATP Email: TaylorGutschow@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

Agency Polk CSO

S/N 80-007504

Florida Department of
Law Enforcement

Date In 10/28/2021 DI Completion Date _____

☒ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake By <u>TDG</u> <input checked="" type="checkbox"/> Annual <input checked="" 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 checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input checked="" type="checkbox"/> 12V DC Cable Notes: <u>Pink baggie with female adapter, male adapter, and zip tie.</u> _____ _____ _____ _____ _____ _____ _____ _____	Quality Checks By <u>TDG</u> Date <u>11/08/2021</u> <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" 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		Flow Calibration 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) 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 #: _____																																												
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Notes/Suggested Service: <u>Checked breath tube screen and replaced external o-rings on 11/8/2021. (TDG)</u> <u>Instrument will not start up properly (see Form 51). It is under warranty and will be returned to CMI. It belongs to Polk CSO, but the agency name has not been set in the Level 3 menu. (TDG)</u> _____ _____	Attachments <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Form 41 <input type="checkbox"/> Stability Checks <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment </div> <div> <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Form 40 <input checked="" type="checkbox"/> Other <u>Form 51</u> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Tech Review / Date _____ </div> <div> Admin Review / Date _____ </div> </div>																																																												