

Return Material Authorization

Ship to:

☐ CMI, Inc.

☒ Enforcement Electronics

Shipment to repair facility authorized by: Brad Collito on 2/22/2022

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000814

Bill To Address:

Hernando CSO

Attn: Brad Collito

Ship to Address:

Florida Department of Law Enforcement

Fort Myers Regional Operations Center

Attn: Alcohol Testing Program

4700 Terminal Drive, Suite 1

Fort Myers, FL 33907

Reason for Return:

Error 12. Records were uploaded at FDLE.

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: Brad Collito

Phone #: 352-544-2334 Email: bcollito@hernandosheriff.org

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



INSTRUMENT PROCESSING SHEET

Agency Hernando CSOS/N 80-000814Florida Department of
Law EnforcementDate In 2/28/2022 DI Completion Date _____ ☒ Ship ☐ P/U ☐ H/D ☐ CMI ☒ EE

Intake	By TDG	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 checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>AI reports the instrument shows an Error 12 message and is unable to upload the records. Internal printer cover is missing the pin and grommet. AI gave email approval on 2/22 to send to repair at EE after upload.</u>		<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>Uploaded via direct-connect on 3/3/2022. Instrument still in Disabled Mode with Error 12 displayed on screen after upload. Will send to EE per agency's request. Added 5 plastic caps to protect instrument during shipping. (TDG)</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 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: Hernando CSO
Time of Inspection: n/a

Date of Inspection: 2022

Serial Number: 80-000814
Software: 8100.27

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 did not receive a Department Inspection for 2022. It was sent to repair in February 2022 and did not return within the calendar year.

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.

Taylor Gutschow Digitally signed by Taylor Gutschow
Date: 2022.12.29 14:32:30 -0500

Taylor D. Gutschow

Signature and Printed Name

12/29/2022
Date