

Return Material Authorization

Ship to:

☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Daniel Wright on 11-16-2020

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-005454

Bill To Address:
Ocala Police Department

Ship to Address:
Alcohol Testing Program FDLE

Reason for Return:

Agency reported simulator tipped over while running inspection. Instrument had a Purge Fail
and kept giving DSP fail during Diagnostic. At FDLE the instrument froze on the Diagnostic
Check during startup and would not enter Ready Mode.

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: Daniel Wright

Phone #: 352-812-2527 Email: dwright@ocalapd.org

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



INSTRUMENT PROCESSING SHEET

Florida Department of Law Enforcement Agency Ocala Police Department S/N 80-005454
Date In 11-13-2020 DI Completion Date _____ ☒ Ship ☐ P/U ☐ H/D ☐ CMI ☐ EE

Intake	Performed By <u>IS</u>	Quality Checks	Performed By _____	Flow Calibration	Performed By _____																																																										
<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: <u>Missing back left foot</u> <u>Instrument had purge fail</u> <u>during agency inspection,</u> <u>then had DSP fail</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 <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			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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Final Release Date				Maintenance Performed By _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____																																																											
				Temperature Checks Performed 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 #: _____																																																											
Calibration Adjustment Performed By _____		Department Inspection Performed By _____																																																													
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		Attachments <input 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 type="checkbox"/> Other _____																																																													
Notes/Suggested Service: <u>Instrument froze on</u> <u>Diagnostic check during startup, would not</u> <u>complete Diagnostic check and enter Ready Mode.</u> <u>Sent instrument to CMI for repair.</u> <u>Compliance with 11D-8 FAC not determined.</u> <u>11-16-2020</u> <u>AS</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 _____																																																											

During AI, a Sim was tipped over and was hooked up to Instrument. Control test (.20) went up to almost .3. When the instrument began to re set there was a purge Fail. We attempted to re start the test and now During the Diagnostic there is a DSP Fail.

I spoke with Israel at FDLE who advised To send it in For repair.

THERE ARE ALSO RECORDS THAT NEED TO BE OFFLOADED.