



Agency Pasco County SO

S/N 80-001081

Date In 12/7/23

DI Completion Date

☐ Ship

☐ P/U

☐ H/D

Calibration Adjustment

By

☐ Post Calibration Adjustment Stability Checks

Department Inspection

By

Attachments

Notes/Suggested Service: Intoxilyzer will not power on.
Sending to CMI. Compliance with 11D-8 not
determined. IS

- ☐ Instrument Complies with Chapter 11D-8, FAC
- ☐ Instrument Does Not Comply with Chapter 11D-8, FAC
- ☐ Return to/Place into Evidentiary Use
- ☒ Remain Out of Evidentiary Use
- ☐ Conduct an Agency Inspection Before Evidentiary Use

Tech Review / Date

Admin Review / Date

Return Material Authorization

Ship to:

☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Barry Nixon on 12-6-2023

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001081

Bill To Address:

Pasco County Sheriff's Office

Florida

Ship to Address:

FDLE Off-Site Mail Facility

c/o Florida Dept of Law Enforcement

Alcohol Testing Program

813 B Lake Bradford Road

Tallahassee, FL 32304

Reason for Return:

Intoxilyzer will not power on. When plugged in and power switched turned on, red light
flashes without instrument fully powering on.

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: Barry Nixon

Phone #: 813-512-1570

Email: BNixon@pascosheriff.org

ATP Contact Name: Israel Soto

ATP Email: IsraelSoto@fdle.state.fl.us



INSTRUMENT PROCESSING SHEET

Agency Pasco County Sheriff's OfficeS/N 80-001081Florida Department of
Law EnforcementDate In 02-07-2023

DI Completion Date _____

☐ Ship☒ P/U☐ H/D☐ CMI☐ EE

Intake	By IS	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 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			<input type="checkbox"/> 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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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Pasco County SO
Time of Inspection:

Date of Inspection:

Serial Number: 80-001081
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: Compliance not determined for 2023, instrument at repair facility.

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.

Israel Soto

Israel Soto

Signature and Printed Name

01-05-2024
Date