



Agency Sumter County SO

S/N 80-001471

Date In 10-30-2023

DI Completion Date

☐ Ship

☐ P/U

☐ H/D

Intake		By ALL		Quality Checks		By IS		Date 10-31-2023		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: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____				<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				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 _____ _____ _____ _____ _____ _____			
		Simulator		Serial #		Lot #/Exp									
		0.050													
		0.080													
		0.200													
		0.080 DGS		N/A											

Calibration Adjustment				By _____	
Barometric Pressure Gauge _____				ID # _____	
Simulator	Serial #	Lot #	Expiration		
0.000		N/A	N/A		
0.040					
0.100					
0.200					
0.300					
0.080 DGS	N/A				
<input type="checkbox"/> Post Calibration Adjustment Stability Checks					
Simulator	Serial #	Lot #	Expiration		
0.050					
0.080					
0.200					
0.080 DGS	N/A				
Notes/Suggested Service: Instrument has DSP Fail on initial Diagnostic Check, will not enter Ready Mode. Sending to repair. Compliance with 11D-8 not determined. IS 					

Department Inspection		By _____	
Barometric Pressure ID# _____			
Gauge _____	Instrument _____		
Mouth Alcohol Solution Lot # _____			
Acetone Stock Solution Lot # _____			
Simulator	Serial Number		
0.000			
Interferent			
0.050			
0.080			
0.200			
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 checked="" type="checkbox"/> Other <u>Form 51</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 _____	

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Terence Hollis on 11-13-2023

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001471

Bill To Address:

Sumter 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:

Instrument produces DSP Fail during Diagnostic Checks, instrument will 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: Terence Hollis

Phone #: 352-569-1710

Email: thollis@sumtercountysheriff.org

ATP Contact Name: Israel Soto

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

Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Sumter County SO
Time of Inspection:

Date of Inspection:

Serial Number: 80-001471
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