



# INSTRUMENT PROCESSING SHEET

Agency Miami Gardens PDS/N 80-002987Florida Department of  
Law EnforcementDate In 08/21/2023 DI Completion Date \_\_\_\_\_ ☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake	By TDG	Quality Checks	By TDG	Date <u>08/21/2023</u>	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: <u>Agency Inspector reports an error message during startup. Was unable to evaluate because the instrument would not power on.</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			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: _____ _____ _____ _____ _____ _____				<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" 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: Brian O'Malley on 08/21/2023

**Items Returned:** Instrument ☒ Supplies ☐ Other ☐ Describe: \_\_\_\_\_

Instrument Model: Intoxilyzer 8000 Serial Number: 80-002987

**Bill To Address:**

Miami Gardens PD

Attn: Brian O'Malley

**Ship to Address:**

Florida Department of Law Enforcement

Attn: Alcohol Testing Program

4700 Terminal Drive, Suite 1

Fort Myers, FL 33907

**Reason for Return:**

Instrument will not power 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: Brian O'Malley

Phone #: 954-873-2871

Email: brian.omalley@mgsdfl.org

ATP Contact Name: Taylor Gutschow

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