

## **INSTRUMENT PROCESSING SHEET**

NAME:	Balla A	gency Ho	mestead F	PD		s/n <u>80-006199</u>			
Florida Dep aw Enforce		ate In <u>02/</u>	27/2023	DI Completio	n Date	🗆 Ship	□P/U □H/D	■смі	□EE
Intake	В	y TDG	Quality C	hecks By TDC	Date 02/27/2023	Flow Calib	ration By	_ Date_	
Annual  Registration  Return from CMI / EE  Visual Inspection:  Case  Handle  Keyboard  Dry Gas Shelf  Feet  Breath Tube  Ports  Screws Tight  Other Equipment / Accessories:  Power cord  Printer Cable  Static Bag  12V DC Cable  Notes:			■ Breath Tube Screen  ■ Replace External O-Rings  □ Instrument Set Up Verified  □ R-Value □ Flow Verification (L/s)  Flow Column #  32 mm (.139169)  36 mm (.156190)  53 mm (.228270)  103 mm (.447540) □ Barometric Pressure Check  Gauge ID # □ Stability Checks			Flow Column #			
140tes	7		Simulato		Lot #/Exp				
Simulator   0.000   0.040   0.100   0.200   0.300   0.080 DGS	N/A		0.050 0.080 0.200 0.080 DO	Expiration N/A	Department Inspector Barometric Pressur Gauge Mouth Alcohol Solu Acetone Stock Solu Simulator 0.000 Interferent 0.050 0.080 0.200	Battery Dry Gas Breath Other  In tion Lot #	strument	By	
	ration Adjustme	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	Checks		Attachments				
0.050 0.080 0.200 0.080 DGS	Serial #	Lot#		Expiration	Attachments  Form 41  Stability Checks  Calibration Cert Calibration Adju	tificate	Post-Stability Checks Flow Calibration Form 40 Other Form 51		
Notes/Suggested Service: Could not power up instrument. Was unable to inspect or determine compliance with Chapter 11D-8, FAC. Will send to repair. Added static bag for shipment to CMI. (TDG)					☐ 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 / Da	ate	Admin Review	/ Date	

## Return Material Authorization

<u>s</u>	Ship to: ✓ CMI, Inc.							
v.c	☐ Enforcement Electronics							
Shipment to repair facility authorized by: Raul F	Perez on 02/27/2023							
<u>Items Returned:</u> Instrument ☑ Supplies □ Other □ Describe:								
Instrument Model: Intoxilyzer 8000 Serial Number: 80-006199								
Bill To Address: Homestead Police Department	Ship to Address: Florida Department of Law Enforcement							
Attn: Raul Perez	Attn: Alcohol Testing Program							
	4700 Terminal Drive, Suite 1							
-	Fort Myers, FL 33907							
)								
Reason for Return:  Instrument will not power on. It shuts off midway through start-up procedure. Agency advised there are still records on the instrument that need to be uploaded.								
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Please choose one of the following options:								
1. I, authorize all repairs.								
2. I, authorize repairs up to \$								
☑ 3. I require an estimate <u>BEFORE</u> any repairs will be authorized and/ or conducted.								
Please contact: Name: Raul Perez								
	mail: Raul.Perez@homesteadpolice.com							
ATP Contact Name: Taylor Gutschow ATP Email: TaylorGutschow@fdle.state.fl.us								