

Florida Department of Law Enforcement

Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Sumter County SO

Time of Inspection:

Date of Inspection: N/A

Serial Number: 80-000816

Software:

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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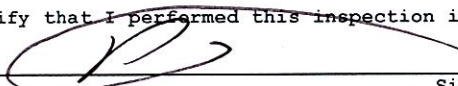
Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: _____ Number of Simulators Used: _____

Remarks:

As of 12/18/2024 instrument is currently out for repair. Unable to perform 2024 Department Inspection.

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.


 Phil Nicodemo
 Signature and Printed Name

12/18/2024
 Date



INSTRUMENT PROCESSING SHEET

Agency Sumter County SO

S/N 80-000816

Florida Department of
Law Enforcement

Date In 10/01/2024 DI Completion Date N/A

☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake	By	ALL	Date	10/02/2024	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 type="checkbox"/> Handle <input checked="" type="checkbox"/> Keyboard <input type="checkbox"/> Dry Gas Shelf <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Breath Tube <input checked="" type="checkbox"/> Ports <input 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: <u>will not power on</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			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: _____ Instrument sent to repair at request of agency. PN 11/7/2024					<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 checked="" 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: Phil Nicodemo on 10/14/2024

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000816

Bill To Address:

Sumter County Sheriff's Office

Ship to Address:

FDLE Off-Site Mail Facility

Florida Department of Law Enforcement

Alcohol Testing Program

813 B Lake Bradford Road

Tallahassee, FL 32304

Reason for Return:

instrument will not power on/maintain power.

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: Paul Caudle

Phone #: 352 569 1747

Email: pcaudle@sumtercountysheriff.org

ATP Contact Name: Phil Nicodemo

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