

# Florida Department of Law Enforcement Alcohol Testing Program

## DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: Lake Helen PD

Time of Inspection:

Date of Inspection: N/A

Serial Number: 80-001149

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 12/27/24, instrument is out for repair so unable to perform 2024 Department Inspection.

N/A - Compliance not determined 12/27/24 DA

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.



Destinee Armstrong

Signature and Printed Name

12/27/2024

Date



## INSTRUMENT PROCESSING SHEET

Agency Lake Helen PDS/N 80-001149Florida Department of  
Law EnforcementDate In 08/22/2024 DI Completion Date N/A☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

<b>Intake</b> By <u>TDG</u> Date <u>08/26/2024</u>		<b>Quality Checks</b> By _____ Date _____		<b>Flow Calibration</b> 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 type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable  Notes: <u>Could not get instrument to power on. Two documents included in the box.</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 <table border="1" style="width:100%"><thead><tr><th>Simulator</th><th>Serial #</th><th>Lot #/Exp</th></tr></thead><tbody><tr><td>0.050</td><td></td><td></td></tr><tr><td>0.080</td><td></td><td></td></tr><tr><td>0.200</td><td></td><td></td></tr><tr><td>0.080 DGS</td><td>N/A</td><td></td></tr></tbody></table>		Simulator	Serial #	Lot #/Exp	0.050			0.080			0.200			0.080 DGS	N/A		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)  <b>Maintenance</b> By _____ Date _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____																																																
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Notes/Suggested Service: _____ _____ _____ _____ _____ _____																																																																			



## Return Material Authorization

**Ship to:**

☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Robert Mullins on 08/15/2024

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

Instrument Model: Intoxilyzer 8000      Serial Number: 80-001149

Bill To Address:

Lake Helen PD

Attn: Robert Mullins

Ship to Address:

Florida Department of Law Enforcement

Fort Myers Regional Operations Center

Attn: Taylor Gutschow

4700 Terminal Drive, Suite 1

Fort Myers, FL 33907

Reason for Return:

Agency reports the instrument locked up and the fluorescent display is no longer working. When the instrument arrived at FDLE, I could not get it to power on. Instrument contains records that need to be uploaded.

**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: Robert Mullins

Phone #: 386-785-5330

Email: RMullins@lakehelen.org

ATP Contact Name: Taylor Gutschow

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

To: Taylor Gutschow

From: Chief Robert Mullins

Date: 08/15/2024

The monthly inspection for March 2024 was completed on 3/28. While attempting to upload the instrument records, the instrument locked up. I reset the instrument. The fluorescent display quit working after resetting the instrument.

I have been unable to upload the instrument records.

Attached is a CMI Service Evaluation Form I completed.

I authorize all repairs that need to be performed.



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Robert Mullins

Chief of Police

Lake Helen Police Department



## Service Evaluation Form

**\*\*\* Hazardous Material Warning! – DO NOT return gas cylinder with instrument! \*\*\***

### Contact information:

Name ROBERT MULLINS Phone: (386) 785-5330  
Email: rmullins@lakehelen.org Customer # \_\_\_\_\_ (contact Customer Service)

### Your Billing Address

Agency Name: LAKE HELEN POLICE DEPT.  
Address: 493 S. LAKEVIEW DR  
City: LAKE HELEN State: FL Zip: 32747  
Credit Card/PO #: 2100  
Name on Card: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV \_\_\_\_\_

### Your Shipping Address

Agency Name: LAKE HELEN POLICE DEPT.  
Address: 493 S. LAKEVIEW DR  
City: LAKE HELEN State: FL Zip: 32747  
Contact Person: ROBERT MULLINS  
Contact Phone: 386-785-5330  
Email: rmullins@lakehelen.org

Instrument Serial Number: 80-001149

### Detailed Description of Problem:

THE INSTRUMENT DISPLAY IS NOT WORKING. THE DISPLAY  
QUIT WORKING AFTER THE INSTRUMENT LOCKED UP WHILE  
UPLOADING THE MONTHLY INSPECTION.

**Note:** For instruments not under warranty, an evaluation fee of \$90.<sup>00</sup> (infrared) or \$47.<sup>50</sup> (fuel cell), plus return shipping cost, will apply to all service items.

**End of Life (EOL) –** Customers who send in instrument(s) which CMI considers end-of-life (S-D2, SD5, I-200, I-300, I-5000), will be provided options for either upgrade or replacement opportunities, as well as, choices for the disposal of end-of-life instrument(s).

☐ **Calibration-Only Service (Alcoblow, I-500, I-800 only) - \$47.<sup>50</sup>**

*Any instrument which cannot be calibrated will receive a repair estimate for approval.*

☒ **I authorize all repairs to be performed.** ☐ **Please send estimate for approval**

☐ **Certificate of Calibration (\$25 for I-500 and I-800) (\$43 for I-240, I-400, and I-900)**

### Authorized By:

ROBERT MULLINS CHIEF OF POLICE  
Name (Please Print) Title

[Signature]  
Signature

8/14/24  
Date

Ship item to:

**CMI, Inc.**  
**Attn: Service Dept.**  
**316 East Ninth Street**  
**Owensboro, KY 42303**

**Note:** Please ship items in their original shipping container