





INSTRUMENT PROCESSING SHEET

Agency Santa Rosa County SO

S/N 80-001302

Florida Department of Law Enforcement

Date In 09/12/2024 DI Completion Date \_\_\_\_\_

Ship  P/U  H/D  CMI  EE

Intake	By <u>ALL</u>	Date <u>09/12/2024</u>	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 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 checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable  Notes: _____ _____ _____ _____ _____ _____			<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)			<table border="1" style="width:100%; border-collapse: collapse;"> <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		Maintenance 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: <u>Instrument won't power ON, sent to CMI for service. 9/18/24 DA</u> _____ _____ _____ _____ _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> <input type="checkbox"/> Form 41  <input type="checkbox"/> Stability Checks  <input type="checkbox"/> Calibration Certificate  <input type="checkbox"/> Calibration Adjustment         </td> <td> <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> </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC  <input checked="" type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC         </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Return to/Place into Evidentiary Use  <input checked="" type="checkbox"/> Remain Out of Evidentiary Use         </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use         </td> </tr> <tr> <td style="text-align: center;">Tech Review / Date _____</td> <td style="text-align: center;">Admin Review / Date _____</td> </tr> </table>	<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 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 _____
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# Return Material Authorization

**Ship to:**  CMI, Inc.  
 Enforcement Electronics

Shipment to repair facility authorized by: Duron Nelson on 9/18/24

Items Returned:    Instrument     Supplies     Other  Describe: \_\_\_\_\_  
Instrument Model: Intoxilyzer 8000                      Serial Number: 80-001302

Bill To Address:  
ATTN: Duron Nelson  
Santa Rosa County SO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to Address:  
FDLE Off-Site Mail Facility  
c/o Florida Department of Law Enforcement  
Alcohol Testing Program  
813 B Lake Bradford Rd  
Tallahassee, FL 32304

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: Duron Nelson  
Phone #: \_\_\_\_\_ Email: dnelson@srsso.net

ATP Contact Name: Destinee Armstrong                      ATP Email: destinee.armstrong@fdle.state.fl.us