



INSTRUMENT PROCESSING SHEET

Agency Florida Department of Law Enforcement S/N 80-000206

Florida Department of
Law Enforcement

Date In N/A DI Completion Date N/A ☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake	By	TDG	Date	03/11/2025	Quality Checks	By	TDG	Date	03/11/2025	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: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____					<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 <table border="1"><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) 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 would not power up on 3/11. Sending to CMI. (TDG)</u> _____ _____ _____ _____ _____ _____ _____ _____ _____																																																																										

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Shayla Platt on 03/11/2025

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000206

Bill To Address:

Florida Department of Law Enforcement

Attn: Shayla Platt

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:

Instrument will not power on. Heard popping noises from the back of the instrument when I tried
to power it 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: Shayla Platt

Phone #: 850-728-4200

Email: ShaylaPlatt@fdle.state.fl.us

ATP Contact Name: Taylor Gutschow

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