



INSTRUMENT PROCESSING SHEET

Agency FDLES/N 80-000223Florida Department of
Law EnforcementDate In 8/5/2025DI Completion Date N/A☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

| Intake | By <u>KTS</u> | Date <u>8/5/25</u> | Quality Checks | By _____ | Date _____ | Flow Calibration | By _____ | Date _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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: Instrument arrived with phone line attached. Agency Inspector reported modem port is damaged and needs repair. KTS 8/11/25 | | | <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"><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 | | <table border="1"><thead><tr><th colspan="2">Maintenance By _____ Date _____</th></tr><tr><td><input type="checkbox"/> Battery Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Dry Gas Regulator Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Breath Tube Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Other _____</td><td></td></tr></thead></table> | | | 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 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Simulator | Serial # | Lot #/Exp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calibration Adjustment By _____ | | | Department Inspection By _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barometric Pressure Gauge _____ ID # _____ <table border="1"><thead><tr><th>Simulator</th><th>Serial #</th><th>Lot #</th><th>Expiration</th></tr></thead><tbody><tr><td>0.000</td><td></td><td>N/A</td><td>N/A</td></tr><tr><td>0.040</td><td></td><td></td><td></td></tr><tr><td>0.100</td><td></td><td></td><td></td></tr><tr><td>0.200</td><td></td><td></td><td></td></tr><tr><td>0.300</td><td></td><td></td><td></td></tr><tr><td>0.080 DGS</td><td>N/A</td><td></td><td></td></tr></tbody></table> <input type="checkbox"/> Post Calibration Adjustment Stability Checks <table border="1"><thead><tr><th>Simulator</th><th>Serial #</th><th>Lot #</th><th>Expiration</th></tr></thead><tbody><tr><td>0.050</td><td></td><td></td><td></td></tr><tr><td>0.080</td><td></td><td></td><td></td></tr><tr><td>0.200</td><td></td><td></td><td></td></tr><tr><td>0.080 DGS</td><td>N/A</td><td></td><td></td></tr></tbody></table> | | | Simulator | Serial # | Lot # | Expiration | 0.000 | | N/A | N/A | 0.040 | | | | 0.100 | | | | 0.200 | | | | 0.300 | | | | 0.080 DGS | N/A | | | Simulator | Serial # | Lot # | Expiration | 0.050 | | | | 0.080 | | | | 0.200 | | | | 0.080 DGS | N/A | | | Barometric Pressure ID# _____ Gauge _____ Instrument _____ Mouth Alcohol Solution Lot # _____ Acetone Stock Solution Lot # _____ <table border="1"><thead><tr><th>Simulator</th><th>Serial Number</th></tr></thead><tbody><tr><td>0.000</td><td></td></tr><tr><td>Interferent</td><td></td></tr><tr><td>0.050</td><td></td></tr><tr><td>0.080</td><td></td></tr><tr><td>0.200</td><td></td></tr></tbody></table> Attachments <table border="1"><tbody><tr><td><input type="checkbox"/> Form 41</td><td><input type="checkbox"/> Post-Stability Checks</td></tr><tr><td><input type="checkbox"/> Stability Checks</td><td><input type="checkbox"/> Flow Calibration</td></tr><tr><td><input type="checkbox"/> Calibration Certificate</td><td><input type="checkbox"/> Form 40</td></tr><tr><td><input type="checkbox"/> Calibration Adjustment</td><td><input checked="" type="checkbox"/> Other <u>Form 51</u></td></tr></tbody></table> <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 type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use | | | Simulator | Serial Number | 0.000 | | Interferent | | 0.050 | | 0.080 | | 0.200 | | <input type="checkbox"/> Form 41 | <input type="checkbox"/> Post-Stability Checks | <input type="checkbox"/> Stability Checks | <input type="checkbox"/> Flow Calibration | <input type="checkbox"/> Calibration Certificate | <input type="checkbox"/> Form 40 | <input type="checkbox"/> Calibration Adjustment | <input checked="" type="checkbox"/> Other <u>Form 51</u> |
| Simulator | Serial # | Lot # | Expiration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0.000 | | N/A | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Simulator | Serial # | Lot # | Expiration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Interferent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Form 41 | <input type="checkbox"/> Post-Stability Checks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Stability Checks | <input type="checkbox"/> Flow Calibration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Calibration Certificate | <input type="checkbox"/> Form 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Calibration Adjustment | <input checked="" type="checkbox"/> Other <u>Form 51</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notes/Suggested Service: _____ Repair needed to the modem port for operation. SLH 8/6/2025 Tech Review: Added note to Intake section. KTS 8/11/25 | | | Digitally signed by Taylor Gutschow Date: 2025.08.11 09:36:46 -0400 Shayla Platt Date: 2025.08.11 09:58:40 -0400 Tech Review / Date _____ Admin Review / Date _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Shayla Platt on 8/6/2025

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000223

Bill To Address:

FDLE Tallahassee

Ship to Address:

FDLE Tallahassee

Reason for Return:

Modem port inoperable

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 #: 850-617-1282

Email: shaylaplatt@fdle.state.fl.us

ATP Contact Name: LeAndra Higginbotham ATP Email: LeAndraHigginbotham@fdle.state.fl.us