



## INSTRUMENT PROCESSING SHEET

Agency ESCAMBIA COUNTY SOS/N 80-000749Florida Department of  
Law EnforcementDate In 7/2/25

DI Completion Date \_\_\_\_\_

☐ Ship☐ P/U☐ H/D☒ CMI☐ EE

<b>Intake</b> By <u>KTS</u> Date <u>7/2/25</u>		<b>Quality Checks</b> By <u>KTS</u> Date <u>7/8/25</u>		<b>Flow Calibration</b> By _____ Date _____																																																													
<div><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Return from CMI / EE</div> <div>Visual Inspection: <div><input checked="" type="checkbox"/> Case                      <input checked="" type="checkbox"/> Handle</div><div><input checked="" type="checkbox"/> Keyboard                  <input checked="" type="checkbox"/> Dry Gas Shelf</div><div><input checked="" type="checkbox"/> Feet                        <input checked="" type="checkbox"/> Breath Tube</div><div><input checked="" type="checkbox"/> Ports                      <input checked="" type="checkbox"/> Screws Tight</div></div> <div>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</div> <div>Notes: _____ _____ _____ _____ _____ _____ _____ _____</div>		<div><input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace External O-Rings <input checked="" type="checkbox"/> Instrument Set Up Verified <input checked="" type="checkbox"/> R-Value <u>217</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP103</u> 32 mm <u>0.167</u> (.139 - .169) 36 mm <u>0.183</u> (.156 - .190) 53 mm <u>0.246</u> (.228 - .278) 103 mm <u>0.488</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</u> <input checked="" type="checkbox"/> Stability Checks</div> <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>MP5088</td><td>202406K 6/19/26</td></tr><tr><td>0.080</td><td>MP5089</td><td>202406L 6/19/26</td></tr><tr><td>0.200</td><td>MP5090</td><td>202406N 6/20/26</td></tr><tr><td>0.080 DGS</td><td>N/A</td><td>AG429602 10/22/26</td></tr></tbody></table>		Simulator	Serial #	Lot #/Exp	0.050	MP5088	202406K 6/19/26	0.080	MP5089	202406L 6/19/26	0.200	MP5090	202406N 6/20/26	0.080 DGS	N/A	AG429602 10/22/26	<div>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)</div> <div style="background-color: #d3d3d3; padding: 2px;"><b>Maintenance</b> By _____ Date _____</div> <div><input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____ _____ _____ _____ _____</div>																																														
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<div>Notes/Suggested Service: <u>Missing breath tube screen. KTS</u> <u>7/8/25 KTS 7/24/25</u></div> <div>Tech review: Added date to note above. KTS 7/24/25 Instrument unable to read simulator solutions. Sending to repair. SP 7/24/25</div> <div>_____ _____ _____ _____</div>		<div><div>Taylor Gutschow <small>Digitally signed by Taylor Gutschow Date: 2025.07.24 10:25:32 +04'00'</small></div><div>Phil Nicodemo <small>Digitally signed by Phil Nicodemo Date: 2025.07.28 13:36:22 -04'00'</small></div><div>Tech Review / Date _____ Admin Review / Date _____</div></div>																																																															

[illegible]

Time	Temp	Pressure	Flow	Humidity	Wind	Clouds	Visibility	Remarks
00:00	15.0	1013.2	1.0	65	0.0	0.0	10.0	Clear
01:00	14.5	1013.5	1.0	65	0.0	0.0	10.0	Clear
02:00	14.0	1013.8	1.0	65	0.0	0.0	10.0	Clear
03:00	13.5	1014.1	1.0	65	0.0	0.0	10.0	Clear
04:00	13.0	1014.4	1.0	65	0.0	0.0	10.0	Clear
05:00	12.5	1014.7	1.0	65	0.0	0.0	10.0	Clear
06:00	12.0	1015.0	1.0	65	0.0	0.0	10.0	Clear
07:00	11.5	1015.3	1.0	65	0.0	0.0	10.0	Clear
08:00	11.0	1015.6	1.0	65	0.0	0.0	10.0	Clear
09:00	10.5	1015.9	1.0	65	0.0	0.0	10.0	Clear
10:00	10.0	1016.2	1.0	65	0.0	0.0	10.0	Clear
11:00	9.5	1016.5	1.0	65	0.0	0.0	10.0	Clear
12:00	9.0	1016.8	1.0	65	0.0	0.0	10.0	Clear
13:00	8.5	1017.1	1.0	65	0.0	0.0	10.0	Clear
14:00	8.0	1017.4	1.0	65	0.0	0.0	10.0	Clear
15:00	7.5	1017.7	1.0	65	0.0	0.0	10.0	Clear
16:00	7.0	1018.0	1.0	65	0.0	0.0	10.0	Clear
17:00	6.5	1018.3	1.0	65	0.0	0.0	10.0	Clear
18:00	6.0	1018.6	1.0	65	0.0	0.0	10.0	Clear
19:00	5.5	1018.9	1.0	65	0.0	0.0	10.0	Clear
20:00	5.0	1019.2	1.0	65	0.0	0.0	10.0	Clear
21:00	4.5	1019.5	1.0	65	0.0	0.0	10.0	Clear
22:00	4.0	1019.8	1.0	65	0.0	0.0	10.0	Clear
23:00	3.5	1020.1	1.0	65	0.0	0.0	10.0	Clear



Operational Significance

# Stability Checks

0.050 g/210L	0.080 g/210L	0.200 g/210L	DGS 0.080 g/210L
0.047 to 0.053 g/210L	0.077 to 0.083 g/210L	0.194 to 0.206 g/210L	0.077 to 0.083 g/210L ≤ 0.003 g/210L of Wet
Performed Root Case Analysis	Performed Root Case Analysis	Performed Root Case Analysis	Performed Root Case Analysis
<p>ESSEX COUNTY SC Prokollagen - Alcohol Analyze Wet: 8.00 17/19/2025 Sofware: 8.00.27</p> <p>Test g/210L Time</p> <p>AP: Blank 0.000 15:05 Control Test 0.000 15:06 AP: Blank 0.000 15:07 Control Test 0.000 15:07 AP: Blank 0.000 15:08 Control Test 0.000 15:08 AP: Blank 0.000 15:09 Control Test 0.000 15:09</p> <p>Average 0.000 Std Dev 0.000 Rel. Std Dev(%) 0.000</p>	<p>ESSEX COUNTY SC Prokollagen - Alcohol Analyze Wet: 8.00 17/19/2025 Sofware: 8.00.27</p> <p>Test g/210L Time</p> <p>AP: Blank 0.000 15:05 Control Test 0.000 15:06 AP: Blank 0.000 15:07 Control Test 0.000 15:07 AP: Blank 0.000 15:08 Control Test 0.000 15:08 AP: Blank 0.000 15:09 Control Test 0.000 15:09</p> <p>Average 0.000 Std Dev 0.000 Rel. Std Dev(%) 0.000</p>	<p>ESSEX COUNTY SC Prokollagen - Alcohol Analyze Wet: 8.00 17/19/2025 Sofware: 8.00.27</p> <p>Test g/210L Time</p> <p>AP: Blank 0.000 15:05 Control Test 0.000 15:06 AP: Blank 0.000 15:07 Control Test 0.000 15:07 AP: Blank 0.000 15:08 Control Test 0.000 15:08 AP: Blank 0.000 15:09 Control Test 0.000 15:09</p> <p>Average 0.000 Std Dev 0.000 Rel. Std Dev(%) 0.000</p>	<p>ESSEX COUNTY SC Prokollagen - Alcohol Analyze Wet: 8.00 17/19/2025 Sofware: 8.00.27</p> <p>Test g/210L Time</p> <p>AP: Blank 0.000 15:05 Control Test 0.000 15:06 AP: Blank 0.000 15:07 Control Test 0.000 15:07 AP: Blank 0.000 15:08 Control Test 0.000 15:08 AP: Blank 0.000 15:09 Control Test 0.000 15:09</p> <p>Average 0.000 Std Dev 0.000 Rel. Std Dev(%) 0.000</p>

*KATS*  
Operator Signature

*KATS*  
Operator Signature

*KATS*  
Operator Signature

*KATS*  
Operator Signature

0.08  
Stability Check

Raw additional  
Stability  
check to confirm  
previous findings.  
Instrument not  
pumping air  
to simulator.  
7/23/25 SP

ESCAMBIA COUNTY SO  
Intoxilyzer - Alcohol Analyzer  
Model: 8000 SN: 80-100749  
07/23/2025  
Software: 8101.27

Test	g/210L	Time
Air Blank	0.000	11:08
Control Test	0.000	11:09
Air Blank	0.000	11:09
Control Test	0.000	11:10
Air Blank	0.000	11:10
Control Test	0.000	11:11
Air Blank	0.000	11:11
Control Test Stats		
Average	0.0000	
Std Dev	0.0000	
Rel. Std Dev(%)	0.0000	

SP

Operator's Signature

## Return Material Authorization

**Ship to:** ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Sam Shelley on 7/23/2025

Items Returned: Instrument ☒ Supplies ☐ Other ☐ Describe: 217 SP

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000749

Bill To Address:  
Escambia County SO

Ship to Address:  
FDLE Tallahassee

Reason for Return:

Instrument returned from repair and will not pump air to simulator. Breath tube screen also  
needed.

**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: Sam Shelley

Phone #: 850-384-2906

Email: sishelley@escambiaso.com

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