



Agency Lake County Sheriff's Office

S/N 80-000823

Date In 07/01/2025 DI Completion Date N/A

☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake By TDG Date 07/22/2025

- ☒ Annual
- ☐ Registration
- ☒ Return from CMI / EE

- Case
- Keyboard
- Feet
- Ports
- Handle
- Dry Gas Shelf
- Breath Tube
- Screws Tight

- ☐ Power cord
- ☐ Printer Cable
- ☒ Static Bag
- ☐ 12V DC Cable

Notes: _____

Quality Checks	By _____	Date _____
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☐ Breath Tube Screen

☐ Replace External O-Rings

☐ Instrument Set Up Verified

☐ R-Value _____

☐ Flow Verification (L/s)

Flow Column # _____

32 mm _____	(.139 - .169)
36 mm _____	(.156 - .190)
53 mm _____	(.228 - .278)
103 mm _____	(.447 - .547)

☐ Barometric Pressure Check
Gauge ID # _____
☐ Stability Checks

Flow Calibration By_____ Date_____

Flow Column # _____

☐ 5L/min – 17mm

☐ 15L/min – 53mm

☐ 30L/min – 103mm

☐ R-Value _____

☐ 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 _____

☐ Battery Replacement
☐ Dry Gas Regulator Replacement
☐ Breath Tube Replacement
☐ Other _____

Calibration Adjustment By _____

Barometric Pressure Gauge _____ ID # _____

☐ Post Calibration Adjustment Stability Checks

Department Inspection By _____

Barometric Pressure ID# _____
 Gauge _____ Instrument _____
 Mouth Alcohol Solution Lot # _____
 Acetone Stock Solution Lot # _____

Attachments

<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>
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Notes/Suggested Service: Instrument returned from repair with same power-up issue as before. Returning to CMI.
(TDG 7/22/25)

- ☐ Instrument Complies with Chapter 11D-8, FAC
- ☒ Instrument Does Not Comply with Chapter 11D-8, FAC
- ☐ Return to/Place into Evidentiary Use
- ☒ Remain Out of Evidentiary Use
- ☐ Conduct an Agency Inspection Before Evidentiary Use

Phil Nicodemo

Tech Review / Date

Admin Review / Date

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Jeff DeSantis on 07/22/2025

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000823

Bill To Address:

Lake County SO

Attn: Sgt. Jeff DeSantis

Ship to Address:

FDLE Tallahassee

Reason for Return:

Instrument returned from repair (see work order 409024) and has the same power-up issue
described previously. Returning for evaluation.

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: Sgt. Jeff DeSantis

Phone #: 352-602-9722 Email: jeff.desantis@lcso.org

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