

INSTRUMENT PROCESSING SHEET

Agency Lake County Sheriff's Office S/N 80-000823

Florida Department of Law Enforcement

Date In <u>07/01/2025</u> DI Completion Date <u>N/A</u> □Ship □P/U □H/D ■CMI □EE

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Intake By TD0	<u>G</u> Date_07/2		Quality Cho		By		Date		ation By	_ Date
Annual			☐ Breath Tube Screen					Flow Column #		
Registration			☐ Replace External O-Rings					□ 5L/min – 17mm		
Return from CMI / EE			☐ Instrument Set Up Verified					☐ 15L/min – 53mm		
Visual Inspection:			R-Value					☐ 30L/	′min – 103mm	
Visual Inspection:			☐ Flow Verification (L/s)					☐ R-Value		
■ Case ■ Handle			Flow Column #					☐ Post Calibration Verification (L/s)		
■ Keyboard ■ Dry Gas Shelf			32 mm (.1				(.139169)		nn #	, . ,
Feet Breath Tube		36 mm								
■ Ports ■ Screws Tight		53 mm								
Other Equipment/ Accessories:			103 mm							
☐ Power cord ☐ Printer Cable							(.447547)			
■ Static Bag □ 12V DC Cable			☐ Barometric Pressure Check					103 11111 -		(.447547)
				Gauge ID #						
Notes:			☐ Stability			1				
			Simulator	r S	Serial #	Lot #	#/Exp	Maintenan	ce By[Date
			0.050					☐ Battery I	Replacement	
			0.030						Regulator Replac	cement
			0.000					☐ Breath Tube Replacement		
			0.080							
			0.200					-		
								-		
			0.080 DG	S	N/A					
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		الاخدا	ID #	Fun:			netric Pressure			
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Return Material Authorization

<u>SI</u>	nip to: CMI, Inc.							
	☐ Enforcement Electronics							
Shipment to repair facility authorized by:								
Shipment to repair facility authorized by:	011							
<u>Items Returned:</u> Instrument ☑ Supplies	□ Other □ Describe:							
Instrument Model: Intoxilyzer 8000	Serial Number: 80-000823							
Bill To Address:	Ship to Address:							
Lake County SO	FDLE Tallahassee							
Attn: Sgt. Jeff DeSantis								
Reason for Return:								
	409024) and has the same power-up issue							
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 a	all repairs.							
☐ 2. I, authorize repairs up to \$								
☑ 3. I require an estimate <u>BEFORE</u> any repair	s will be authorized and/ or conducted.							
Please contact: Name: Sgt. Jeff DeSantis								
Phone #: 352-602-9722 Em	nail: jeff.desantis@lcso.org							
ATP Contact Name: LeAndra Higginbotham	ATP Email:eandrahigginbotham@fdle.state.fl.us							