



INSTRUMENT PROCESSING SHEET

Agency Ormond Beach PDS/N 80-001156Florida Department of
Law EnforcementDate In 01/28/2025 DI Completion Date N/A☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake	By <u>ALL</u>	Date <u>01/28/2025</u>	Quality Checks	By <u>DA</u>	Date <u>02/26/2025</u>	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: <u>arrived in pelican case</u> <u>inside a cardboard box</u>			<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>86</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP102</u> 32 mm <u>0.062</u> (.139 - .169) 36 mm <u>0.078</u> (.156 - .190) 53 mm <u>0.152</u> (.228 - .278) 103 mm <u>0.445</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>30793</u> <input checked="" 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>MP5088</td><td>202406K 06/19/2026</td></tr><tr><td>0.080</td><td>MP5089</td><td>202406L 06/19/2026</td></tr><tr><td>0.200</td><td>MP5090</td><td>202406N 06/20/2026</td></tr><tr><td>0.080 DGS</td><td>N/A</td><td>AG429602 10/22/2026</td></tr></tbody></table>			Simulator	Serial #	Lot #/Exp	0.050	MP5088	202406K 06/19/2026	0.080	MP5089	202406L 06/19/2026	0.200	MP5090	202406N 06/20/2026	0.080 DGS	N/A	AG429602 10/22/2026	<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																															
0.050	MP5088	202406K 06/19/2026																															
0.080	MP5089	202406L 06/19/2026																															
0.200	MP5090	202406N 06/20/2026																															
0.080 DGS	N/A	AG429602 10/22/2026																															
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> <table border="1"><thead><tr><th colspan="2">Attachments</th></tr></thead><tbody><tr><td><input type="checkbox"/> Form 41 <input checked="" type="checkbox"/> Stability Checks <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Calibration Adjustment</td><td><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></td></tr></tbody></table> <table border="1"><tbody><tr><td><input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" 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</td><td>Digitally signed by Shayla Platt Date: 2025.03.05 15:12:40 -05'00'</td></tr></tbody></table> <table border="1"><tbody><tr><td>Phil Nicodemus Digitally signed by Phil Nicodemus Date: 2025.03.05 15:09:09 -05'00'</td><td>Tech Review / Date _____</td></tr></tbody></table>		Simulator	Serial Number	0.000		Interferent		0.050		0.080		0.200		Attachments		<input type="checkbox"/> Form 41 <input checked="" 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>	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" 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	Digitally signed by Shayla Platt Date: 2025.03.05 15:12:40 -05'00'	Phil Nicodemus Digitally signed by Phil Nicodemus Date: 2025.03.05 15:09:09 -05'00'	Tech Review / Date _____
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																																																																						
Simulator	Serial Number																																																																						
0.000																																																																							
Interferent																																																																							
0.050																																																																							
0.080																																																																							
0.200																																																																							
Attachments																																																																							
<input type="checkbox"/> Form 41 <input checked="" 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>																																																																						
<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" 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	Digitally signed by Shayla Platt Date: 2025.03.05 15:12:40 -05'00'																																																																						
Phil Nicodemus Digitally signed by Phil Nicodemus Date: 2025.03.05 15:09:09 -05'00'	Tech Review / Date _____																																																																						

Stability Checks 80-001156 DA 2/26/25

ORMOND BEACH PD
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001156
02/26/2025
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:34
Control Test	0.050	11:35
Air Blank	0.000	11:35
Control Test	0.050	11:36
Air Blank	0.000	11:36
Control Test	0.050	11:37
Air Blank	0.000	11:38
Control Test Stats		
Average	0.0500	
Std Dev	0.0000	
Rel Std Dev(%)	0.0000	

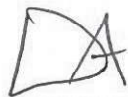


Operator's Signature

ORMOND BEACH PD
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001156
02/26/2025
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:39
Control Test	0.080	11:40
Air Blank	0.000	11:41
Control Test	0.080	11:41
Air Blank	0.000	11:42
Control Test	0.079	11:43
Air Blank	0.000	11:43
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

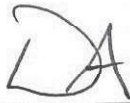
Wet



Operator's Signature

ORMOND BEACH PD
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001156
02/26/2025
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:44
Control Test	0.201	11:45
Air Blank	0.000	11:46
Control Test	0.200	11:46
Air Blank	0.000	11:47
Control Test	0.198	11:48
Air Blank	0.000	11:48
Control Test Stats		
Average	0.1997	
Std Dev	0.0015	
Rel Std Dev(%)	0.7650	



Operator's Signature

ORMOND BEACH PD
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-001156
02/26/2025
Software: 8100.27

Test	g/210L	Time
Air Blank	0.000	11:49
Control Test	0.079	11:50
Air Blank	0.000	11:50
Control Test	0.080	11:51
Air Blank	0.000	11:51
Control Test	0.080	11:51
Air Blank	0.000	11:52
Control Test Stats		
Average	0.0797	
Std Dev	0.0006	
Rel Std Dev(%)	0.7247	

DGS



Operator's Signature

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Michael Garner on 03/04/2025

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001156

Bill To Address:

Ormond Beach Police Department

ATTN: Michael Garner

Ship to Address:

FDLE Off-Site Mail Facility

c/o Florida Department of Law Enforcemen

Alcohol Testing Program

813 B Lake Bradford Rd

Tallahassee, FL 32304

Reason for Return:

Flow sensor R-value <100. Instrument flow verification values outside nominal range.

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: Michael Garner

Phone #: 386-559-0622 Email: michael.garner@ormondbeach.org

ATP Contact Name: Destinee Armstrong ATP Email: destinee.armstrong@fdle.state.fl.us