



INSTRUMENT PROCESSING SHEET

Agency Okeechobee CSOS/N 80-001320Florida Department of
Law EnforcementDate In 01/06/2025 DI Completion Date N/A☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake	By TDG	Date	Quality Checks	By	Date	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 checked="" type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: Instrument arrived with several detached screws in the static bag. Fluorescent display has come loose inside the body of the instrument and is pointing downward.		01/09/2025	<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)																														
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Notes/Suggested Service: Spoke to Al Aric Majere about the condition of the fluorescent display. He advised the screen was not like that when he sent the instrument to me. Will send to CMI. (TDG)			<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																																	
			Shayla Platt Phil Nicodem <small>Digitally signed by Phil Nicodem Date: 2025.02.25 08:26:36 -05'00'</small> <small>Digitally signed by Shayla Platt Date: 2025.02.25 09:19:17 -05'00'</small>																																	
			Tech Review / Date _____ Admin Review / Date _____																																	

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Aric Majere on 01/09/2025

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001320

Bill To Address:
Okeechobee County Sheriff's Office

Attn: Aric Majere

Ship to Address:
Florida Department of Law Enforcement

Fort Myers Regional Operations Center

Attn: Taylor Gutschow

4700 Terminal Drive, Suite 1

Fort Myers, FL 33907

Reason for Return:

The fluorescent display has become detached and is pointing downward inside the instrument.

Found loose screws in the box; repackaged inside plastic bag.

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: Aric Majere

Phone #: 863-532-5962

Email: amajere@okeesherriff.com

ATP Contact Name: Taylor Gutschow

ATP Email: TaylorGutschow@fdle.state.fl.us