



## INSTRUMENT PROCESSING SHEET

Agency Hillsborough County SO

S/N 80-003388

Florida Department of  
Law Enforcement

Date In 12/30/2024 DI Completion Date

☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake	By ALL	Date 12/30/2024	Quality Checks	By DA	Date 1/03/2025	Flow Calibration	By	Date																											
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input checked="" 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 checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable  Notes: keyboard mount broken on left side ALL 12/30/2024  Keyboard mount broken piece in shipping box. DA 01/03/2025			<input checked="" type="checkbox"/> Breath Tube Screen <input checked="" 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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			<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 type="checkbox"/> Other _____																														
Notes/Suggested Service: Instrument arrived from CMI on 12/30/2024. Instrument arrived with a broken keyboard mount and multiple DSP fails. Instrument will be returned to CMI for repair. DA 01/03/2025			<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																																
			Tech Review / Date _____ Admin Review / Date _____																																

## **Return Material Authorization**

**Ship to:** ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Destinee Armstrong on 01/03/2025

Items Returned:      Instrument ☒    Supplies ☐    Other ☐ Describe: \_\_\_\_\_

Instrument Model: Intoxilyzer 8000      Serial Number: 80-003388

Bill To Address:

CMI

Ship to Address:

FDLE Off-Site Mail Facility

c/o Florida Department of Law Enforcement

Alcohol Testing Program

813 B Lake Bradford Rd

Tallahassee, FL 32304

Reason for Return:

Received instrument back from CMI on 12/30/2024. Instrument keyboard bracket arrived  
broken and in the red bag/box. The instrument is also displaying DSP fail and will not  
enter READY MODE.

**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: Destinee Armstrong

Phone #: 850-617-1275      Email: see below.

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