



INSTRUMENT PROCESSING SHEET

Agency FL Highway PatrolS/N 80-003408Florida Department of
Law EnforcementDate In 03/10/2025 DI Completion Date N/A☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake By <u>ALL</u> Date <u>3/11/2025</u>		Quality Checks By <u>SLH</u> Date <u>03/26/2025</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 type="checkbox"/> Handle <input checked="" type="checkbox"/> Keyboard <input type="checkbox"/> Dry Gas Shelf <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Breath Tube <input checked="" type="checkbox"/> Ports <input 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: dropoff, no box, instrument arrived with keyboard insert bent Exhaust cover does not have tight fit flush with instrument. SLH 3/26/2025		<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>199</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column # <u>ATP103</u> 32 mm <u>0.093</u> (.139 - .169) 36 mm <u>0.117</u> (.156 - .190) 53 mm <u>0.195</u> (.228 - .278) 103 mm <u>0.472</u> (.447 - .547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID # <u>28427</u> <input type="checkbox"/> Stability Checks		<input type="checkbox"/> 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: Performed flow verification when instrument was not in 'Ready Mode.' It was determined the breath tube hose was not heating to the correct temperature as the reason instrument would not get in 'Ready Mode.' The sample chamber was at correct temperature. SLH 3/27/2025 See comment in Maintenance section, DA 04/01/2025				Attachments <input type="checkbox"/> Form 41 <input type="checkbox"/> Post-Stability Checks <input type="checkbox"/> Stability Checks <input type="checkbox"/> Flow Calibration <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Form 40 <input type="checkbox"/> Calibration Adjustment <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 <div style="display: flex; justify-content: space-between;"><div>Taylor Gutschow <small>Digitally signed by Taylor Gutschow Date: 2025.04.03 13:10:12 +0400</small></div><div>Shayla Platt <small>Digitally signed by Shayla Platt Date: 2025.04.03 14:56:59 -0400</small></div></div> <div style="display: flex; justify-content: space-between;"><div>Tech Review / Date</div><div>Admin Review / Date</div></div>																																																													

Root Cause Analysis performed on flowmeter per TSOP-no user or equipment error determined. SLH 4/3/2025
Tech Review: added Root Cause Analysis to flowmeter statement. SLH 4/3/2025

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Andrew Sackmann on 04/01/2025

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-003408

Bill To Address:

Florida Highway Patrol

ATTN: Andrew Sackmann

Ship to Address:

Florida Department of Law Enforcement

FMROC

Alcohol Testing Program

4700 Terminal Drive, Suite 1

Fort Myers, FL 33907

Reason for Return:

Instrument's breath tube is not heating to proper temperature. I replaced the breath tube
and the breath tube still would not heat. The instrument's original breath tube was returned
to the instrument.

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: Andrew Sackmann

Phone #: 239-293-5529 Email: AndrewSackmann@flhsmv.gov

ATP Contact Name: Taylor Gutschow ATP Email: taylorgutschow@fdle.state.fl.us