



## INSTRUMENT PROCESSING SHEET

Agency Groveland PDS/N 80-007252Florida Department of  
Law EnforcementDate In 02/20/2025DI Completion Date N/A☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

<b>Intake</b> By <u>TDG</u> Date <u>02/25/2025</u>		<b>Quality Checks</b> By <u>TDG</u> Date <u>03/04/2025</u>		<b>Flow Calibration</b> 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: <u>Rec'd in FDLE loaner box.</u>		<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 <table border="1" style="width:100%"><thead><tr><th>Simulator</th><th>Serial #</th><th>Lot #/Exp</th></tr></thead><tbody><tr><td>0.050</td><td></td><td></td></tr><tr><td>0.080</td><td></td><td></td></tr><tr><td>0.200</td><td></td><td></td></tr><tr><td>0.080 DGS</td><td>N/A</td><td></td></tr></tbody></table>		Simulator	Serial #	Lot #/Exp	0.050			0.080			0.200			0.080 DGS	N/A		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)  <b>Maintenance</b> By _____ Date _____ <input type="checkbox"/> Battery Replacement <input type="checkbox"/> Dry Gas Regulator Replacement <input type="checkbox"/> Breath Tube Replacement <input type="checkbox"/> Other _____																																																
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Notes/Suggested Service: <u>Instrument gave DSP Fail on 3/4 and would not go into Ready Mode. CMI was not able to remotely resolve it. (TDG)</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 _____ Destinee Armstrong Date: 2025.03.05 13:56:26 -0500 Shayla Platt Shayla Platt Date: 2025.03.06 11:05:57 -0500 Tech Review / Date _____ Admin Review / Date _____																																																															

## Return Material Authorization

**Ship to:** ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Russel Pena on 03/04/2025

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-007252

**Bill To Address:**

Groveland Police Department

Attn: Russel Pena

**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:**

Instrument gives DSP Fail and will not go into Ready Mode. CMI was unsuccessful in resolving remotely.

**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: Russel Pena

Phone #: 352-667-3170

Email: russel.pena@groveland-fl.gov

ATP Contact Name: Taylor Gutschow

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