



Agency Florida Highway Patrol

S/N 80-007458

Date In 08/22/2025 DI Completion Date N/A

☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Calibration Adjustment

By_

ID

☐ Post Calibration Adjustment Stability Checks

Notes/Suggested Service: Emits the same soft electronic noise as when it was initially sent to CMI. Returning to CMI. (TDG 10/1/25)

By _____

Acetone Stock Solution Lot #

Attachments

- ☐ Instrument Complies with Chapter 11D-8, FAC
 - ☐ Instrument Does Not Comply with Chapter 11D-8, FAC
 - ☐ Return to/Place into Evidentiary Use
 - ☒ Remain Out of Evidentiary Use
 - ☐ 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: Hunter Limb on 10/01/2025

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-007458

Bill To Address:

Florida Highway Patrol

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 returned from repair (work order 409508) emitting the same soft electronic noise as
when it was initially sent to CMI in February 2025. Returning for evaluation.

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: Hunter Limb

Phone #: 772-359-4900

Email: LimbH@stluciesheriff.com

ATP Contact Name: Taylor Gutschow

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



INSTRUMENT PROCESSING SHEET

Agency Florida Highway Patrol Indian River Troop LS/N 80-007458Florida Department of
Law EnforcementDate In 01/24/2025DI Completion Date N/A☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake	By TDG	Date	Quality Checks	By TDG	Date	Flow Calibration	By	Date																												
☒ Annual ☐ Registration ☐ Return from CMI / EE Visual Inspection: ☒ Case ☒ Handle ☒ Keyboard ☒ Dry Gas Shelf ☒ Feet ☒ Breath Tube ☒ Ports ☒ Screws Tight Other Equipment/ Accessories: ☐ Power cord ☐ Printer Cable ☒ Static Bag ☐ 12V DC Cable Notes: <u>Right-hand keyboard pin is loose and cannot be secured.</u>		<u>02/06/2025</u>	☒ Breath Tube Screen ☒ Replace External O-Rings ☐ Instrument Set Up Verified ☐ R-Value _____ ☐ Flow Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547) ☐ Barometric Pressure Check Gauge ID # _____ ☐ Stability Checks		<u>02/07/2025</u>	Flow Column # _____ ☐ 5L/min - 17mm ☐ 15L/min - 53mm ☐ 30L/min - 103mm ☐ R-Value _____ ☐ 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: <u>Checked breath tube screen and replaced o-rings before noticing the instrument needed a battery change. (TDG)</u>			☐ Instrument Complies with Chapter 11D-8, FAC ☒ Instrument Does Not Comply with Chapter 11D-8, FAC ☐ Return to/Place into Evidentiary Use ☒ Remain Out of Evidentiary Use ☐ Conduct an Agency Inspection Before Evidentiary Use																																	
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Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Lt. Robert Ruiz on 02/26/2025

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-007458

Bill To Address:

Florida Highway Patrol

Attn: Lt. Robert Ruiz

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:

A soft continuous noise is emanating from inside 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: Lt. Robert Ruiz

Phone #: 850-964-9880

Email: RobertRuiz@flhsmv.gov

ATP Contact Name: Taylor Gutschow

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