Instrument Processing Sheet

Agency: Marion County SO **Instrument Serial Number:** 80-007171

Date In: 10/27/2025 **DI Completion Date:** N/A *SLH* ☒ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake By: SLH Date: 10/28/25

☒ Annual
☐ Registration
☐ Return from CMI / EE
☐ Return unworked
☐ Training

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:

Quality Checks By: Date:

☐ 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 #: _____
Gauge: _____ Instrument: _____
☐ Stability Checks

Simulator	Serial #	Lot#/Exp
0.050		
0.080		
0.200		
0.080 DGS	N/A	

Flow Adjustment By: Date:

Flow Column #: _____

☐ 5L/min – 17mm
☐ 15L/min – 53mm
☐ 30L/min – 103mm

☐ R-Value: _____
☐ Post Adjustment Verification (L/S)
Flow Column #: _____
32 mm _____ (.139-.169)
36 mm _____ (.156-.190)
53 mm _____ (.228-.278)
103 mm _____ (.447-.547)

Maintenance By: Date:

☐ Battery Replacement
☐ Dry Gas Regulator Replacement and Tank Sensor Tare
☐ Breath Tube Replacement
☐ Other:

Optical Bench Adjustment By:

Barometric Pressure Gauge: _____ ID#: _____

Simulator	Serial #	Lot #	Expiration
0.000		N/A	N/A
0.040			
0.100			
0.200			
0.300			
0.080 DGS	N/A		

☐ Post Optical Bench Adjustment Stability Checks

Simulator	Serial #	Lot #	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		

Barometric Pressure Gauge: _____ ID#: _____

Department Inspection By:

Barometric Pressure ID#: _____

Gauge: _____ Instrument: _____
Mouth Alcohol Solution Lot #: _____ Exp: _____
Acetone Stock Solution Lot #: _____ Exp: _____

Simulator	Serial Number
0.000	
Interferent	
0.050	
0.080	
0.200	

Attachments

☐ Form 41 ☐ Post-Stability Checks
☐ Stability Checks ☐ Flow Adjustment
☐ Calibration Certificate ☐ Form 40
☐ Optical Bench Adjustment ☒ Other: Repair form

Notes/Suggested Service:

DSP failure on initialization; DVM monitoring were zeros on both channels. SLH 10/30/2025
Updated shipping to go for repair at CMI. SLH 11/2/2025

☐ **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**

Taylor Gutschow
Digitally signed by Taylor Gutschow
Date: 2025.11.04 13:41:48 -05'00'
Tech Review

Shayla Platt
Digitally signed by Shayla Platt
Date: 2025.11.17 21:32:12 -05'00'
Admin Review

Return Material Authorization

Ship to: ☒ CMI, Inc.   ☐ Enforcement Electronics

Shipment to repair facility authorized by: Sgt Robert Rath   on 11/2/2025

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

Instrument Model: Intoxilyzer 8000   Serial Number: 80-007171

Bill To Address: Marion County SO 700 NW 30th Ave Ocala FL 34475	Ship to Address: FDLE Offsite Mail Facility c/o FDLE HQ 813 B Lake Bradford Rd Tallahassee, FL 32304

Reason for Return:

DSP failure on initialization of the instrument. The DVM monitor are zeros for both channels.

Agency requesting RUSH

I require an estimate **BEFORE** any repairs will be authorized and/or conducted

       Please contact: Sgt Robert Rath   Phone #: 352-572-1781

       Email: rrath@marionso.com

ATP Contact Name: LeAndra Higginbotham   ATP Email: leandrahigginbotham@fdle.state.fl.us