



## INSTRUMENT PROCESSING SHEET

Agency Niceville PDS/N 80-001310Florida Department of  
Law EnforcementDate In 09/05/2025 DI Completion Date N/A☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake	By <u>SLH</u>	Date <u>09/05/2025</u>	Quality Checks	By _____	Date _____	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 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 type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable  Notes: <u>Drop off by Agency. DGS cylinder was attached.</u>  <u>*WILL NEED BOX TO SHIP TO CMI*</u>			<input type="checkbox"/> Breath Tube Screen <input 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			<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)																														
			<table border="1"><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		<table border="1"><thead><tr><th colspan="2">Maintenance By _____ Date _____</th></tr></thead><tbody><tr><td><input type="checkbox"/> Battery Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Dry Gas Regulator Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Breath Tube Replacement</td><td></td></tr><tr><td><input type="checkbox"/> Other _____</td><td></td></tr></tbody></table>			Maintenance 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>Power light making blinking sound and would not turn on after fuse check and extended power-up time. Will be sent to CMI for repair. SLH 9/9/2025</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																																	
			Taylor Gutschow <small>Digitally signed by Taylor Gutschow Date: 2025.09.14 19:04:22 -04'00'</small> Shayla Platt <small>Digitally signed by Shayla Platt Date: 2025.09.17 12:41:38 -04'00'</small>																																	
			Tech Review / Date _____ Admin Review / Date _____																																	

## **Return Material Authorization**

**Ship to:** ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Matthew Macbeth on 9/9/2025

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

Instrument Model: Intoxilyzer 8000      Serial Number: 80-001310

Bill To Address:

Niceville PD

212 Partin Dr. N.

Niceville, FL 32578

Ship to Address:

FDLE Tallahassee

Reason for Return:

Power light making blinking sound and will not power up. The display is also blank.

\*WILL NEED BOX TO SHIP TO CMI\*

**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: Matthew Macbeth

Phone #: 850-333-8614      Email: mmacbeth@nicevillefl.gov

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