Florida Department of Law Enforcement

INSTRUMENT PROCESSING SHEET

Agency Bradford County Sheriff Office S/N 80-001291

Date In 10/6/2025 DI Completion Date N/A ☐Ship ☐P/U ☐H/D ■CMI ☐EE

Intake By SLH Date 10/7/2025

■ 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: _____

Quality Checks By KTS Date 10/7/2025

■ Breath Tube Screen
■ Replace External O-Rings
■ Instrument Set Up Verified
■ R-Value 122
■ Flow Verification (L/s)
Flow Column # ATP103
32 mm 0.152 (.139 - .169)
36 mm 0.164 (.156 - .190)
53 mm 0.253 (.228 - .278)
103 mm 0.542 (.447 - .547)
■ Barometric Pressure Check
Gauge ID # 28427
☐ Stability Checks

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

Flow Calibration By _____ Date _____

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)

Maintenance By _____ Date _____

☐ Battery Replacement
☐ Dry Gas Regulator Replacement
☐ Breath Tube Replacement
☐ Other _____

Calibration 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 Calibration Adjustment Stability Checks

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

Department Inspection By _____

Barometric Pressure ID# _____
Gauge _____ Instrument _____
Mouth Alcohol Solution Lot # _____
Acetone Stock Solution Lot # _____

Simulator	Serial Number
0.000	
Interferent	
0.050	
0.080	
0.200	

Attachments

☐ Form 41
☐ Stability Checks
☐ Calibration Certificate
☐ Calibration Adjustment
☐ Post-Stability Checks
☐ Flow Calibration
☐ Form 40
■ Other Form 51

Notes/Suggested Service: DSP Fail. KTS 10/13/25
Due to DSP fail prior to stability tests and output voltage zeros for DVM monitor, send to repair. SLH 10/13/2025

☐ 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: 2025.10.13 16:04:46 -04'00'
Tech Review / Date

Shayla Platt — Digitally signed by Shayla Platt Date: 2025.10.15 19:00:57 -04'00'
Admin Review / Date

Return Material Authorization

Ship to: ☑ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Jayson Levy on 10/13/2025

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001291

Bill To Address:	Ship to Address:
Bradford County SO	FDLE Tallahassee
8817 NW State Road 45,	
High Springs, FL 32643	

Reason for Return:

DSP failure occurred.

Previous repair also relating to DSP failure, please work with customer.

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: Jayson Levy

Phone #: 352-339-0143 Email: motorman190@gmail.com

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