Alcohol Testing Program - Instrument Processing Sheet

Agency: Charlotte County Sheriff's Office **Instrument Serial Number:** 80-001739

Date In: 4/2/2026 **DI Completion Date:** N/A ☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake By: TDG Date: 4/23/2026

☒ Annual
☐ Dropped Off
☐ Registration
☐ Return from CMI / EE
☐ Training Instrument

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: TDG Date: 4/23/2026

☒ 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: _____

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
☐ 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		

Gauge ID #: _____
Gauge: _____ Instrument: _____

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
☐ Stability Checks
☐ Calibration Certificate
☐ Optical Bench Adjustment
☐ Post-Stability Checks
☐ Flow Adjustment
☐ Form 40
☒ Other: Return Material Authorization

Notes/Suggested Service: Instrument shuts off midway through powering up. Could not complete Quality Checks. Sending to CMI for evaluation. (TDG 5/15/26)

☐ **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**

LeAndra Higginbotham — Digitally signed by LeAndra Higginbotham Date: 2026.05.18 17:08:22 -04'00'
Tech Review

Kaitlyn Spearin — Digitally signed by Kaitlyn Spearin Date: 2026.05.19 06:44:20 -04'00'
Admin Review

Return Material Authorization

Ship to: ☒ CMI, Inc. ☐ Enforcement Electronics

Shipment to repair facility authorized by: Vanessa Chandler on 5/12/2026

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001739

Bill To Address:	Ship to Address:
Charlotte County Sheriff's Office Attn: Vanessa Chandler	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 shuts off midway through powering up. Tried multiple power cords and plugs.

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

Please contact: Vanessa Chandler Phone #: 941-833-6446

Email: vchandler@ccsofl.net

ATP Contact Name: Taylor Gutschow ATP Email: TaylorGutschow@fdle.state.fl.us