



INSTRUMENT PROCESSING SHEET

Agency LEVY COUNTY SOS/N 80-001365Florida Department of
Law EnforcementDate In 8/28/2025DI Completion Date n/a☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake	By	WKP	Date	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 type="checkbox"/> Power cord <input type="checkbox"/> Printer Cable <input checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable Notes: <u>AI requested 3 bottles of mouth alcohol and acetone sent back with instrument. KTS 9/2/25</u>			<u>08/28/2025</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)																														
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Notes/Suggested Service: <u>DSP failure on initialization diagnostic - send to CMI for repair. SLH 9/5/25</u>				<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC																																	
Tech Review: <u>CMI attempted to clear DSP fail during initialization, but unable. Added info in maintenance box. A Form 40 was generated during this process. Continue original plan to send to repair. SLH 9/12/25</u>				<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																																	
				Shayla Platt Digitally signed by Shayla Platt Date: 2025.09.17 12:48:37 -04'00'																																	
				Taylor Gutschow Digitally signed by Taylor Gutschow Date: 2025.09.14 19:09:50 -04'00'																																	
				Tech Review / Date _____ Admin Review / Date _____																																	

Return Material Authorization

Ship to: ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Jayson Levy on 9/4/2025

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

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001365

Bill To Address:

Levy Co SO

8817 NW State Road 45

High Springs, FL 32643

Ship to Address:

FDLE Tallahassee

Reason for Return:

DSP fail on initialization diagnostic check.

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

Florida Department of Law Enforcement
Alcohol Testing Program

AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: LEVY COUNTY SO
Time of Inspection: 13:14

Date of Inspection: 09/08/2025

Serial Number: 80-001365
Software: 8100.27

Check or Test	YES	NO
Date and/or Time Adjusted		No
Diagnostic Check (Pre-Inspection): OK		No
Alcohol Free Subject Test: 0.000		No
Mouth Alcohol Test: Slope Not Met		No
Interferent Detect Test: Interferent Detect		No
Diagnostic Check (Post-Inspection): OK		No

Alcohol Free Test (g/210L)	0.05g/210L Test (g/210L) Lot#: Exp:	0.08g/210L Test (g/210L) Lot#: Exp:	0.20g/210L Test (g/210L) Lot#: Exp:	0.08 g/210L Dry Gas Std Test (g/210L) Lot #: Exp:

Number of Simulators Used: _____

Remarks:

BYPASS AI FOR OPERATION; COMPLIANCE UNDETERMINED

The above instrument complies (X) does not comply () with Chapter 11D-8, FAC.

I certify that I hold a valid Florida Department of Law Enforcement Agency Inspector Permit and that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.



LEANDRA HIGGINBOTHAM

Signature and Printed Name

09/08/2025

Date