

Alcohol Testing Program - Instrument Processing Sheet

Agency: Monroe County Sheriff's Office Instrument Serial Number: 80-000870

Date In: 6/26/2026 DI Completion Date: N/A ☐ Ship ☐ P/U ☐ H/D ☐ CMI ☒ EE

Intake By: <u>TDG</u> Date: <u>7/14/2026</u>		Quality Checks By: <u>TDG</u> Date: <u>7/15/2026</u>		Flow Adjustment By: _____																															
☒ 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: Missing right keyboard pin.		☒ Breath Tube Screen ☒ Replace External O-Rings ☒ Instrument Set Up Verified ☒ R-Value: <u>182</u> ☒ Flow Verification (L/s) Flow Column #: <u>ATP106</u> 32 mm 0.140 (.139-.169) 36 mm 0.160 (.156-.190) 53 mm 0.230 (.228-.278) 103 mm 0.496 (.447-.547) ☒ Barometric Pressure Check Gauge ID #: <u>33363</u> Gauge: <u>1020</u> Instrument: <u>1019</u> ☒ Stability Checks		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)																															
						<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Simulator</th> <th style="width: 20%;">Serial #</th> <th style="width: 25%;">Lot#/Exp</th> <th style="width: 40%;">Maintenance By: _____ Date: _____</th> </tr> </thead> <tbody> <tr> <td rowspan="2">0.050</td> <td rowspan="2">MP6286</td> <td>202603A</td> <td>☐ Battery Replacement</td> </tr> <tr> <td>3/3/2028</td> <td>☐ Dry Gas Regulator Replacement</td> </tr> <tr> <td rowspan="2">0.080</td> <td rowspan="2">MP6287</td> <td>202603B</td> <td>☐ Tank Sensor Tare</td> </tr> <tr> <td>3/3/2028</td> <td>☐ Breath Tube Replacement</td> </tr> <tr> <td rowspan="2">0.200</td> <td rowspan="2">MP6288</td> <td>202603D</td> <td>☐ Other: _____</td> </tr> <tr> <td>3/4/2028</td> <td></td> </tr> <tr> <td rowspan="2">0.080 DGS</td> <td rowspan="2">N/A</td> <td>28424080A3</td> <td></td> </tr> <tr> <td>11/5/2026</td> <td></td> </tr> </tbody> </table>		Simulator	Serial #	Lot#/Exp	Maintenance By: _____ Date: _____	0.050	MP6286	202603A	☐ Battery Replacement	3/3/2028	☐ Dry Gas Regulator Replacement	0.080	MP6287	202603B	☐ Tank Sensor Tare	3/3/2028	☐ Breath Tube Replacement	0.200	MP6288	202603D	☐ Other: _____	3/4/2028		0.080 DGS	N/A	28424080A3		11/5/2026	
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Optical Bench Adjustment By: _____		Department Inspection By: <u>TDG</u>																																	
Barometric Pressure Gauge: _____ ID#: _____		Barometric Pressure ID#: <u>33363</u>																																	
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0.000		N/A	N/A	Mouth Alcohol Solution Lot #: <u>2025-D</u> Exp: <u>9/25/2027</u>																															
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Gauge ID #: _____ Gauge: _____ Instrument: _____																																			
Notes/Suggested Service:				☐ 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																															
				Wen-Chi Pierson Digitally signed by Wen-Chi Pierson Date: 2026.07.31 10:02:03 -04'00'																															
				Kaitlyn Spearin Digitally signed by Kaitlyn Spearin Date: 2026.07.31 11:34:24 -04'00'																															
				Tech Review	Admin Review																														

Stability Checks

0.05g/210L	0.08g/210L	0.20g/210L	DGS 0.08g/210L																																																																																																																																																
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Florida Department of Law Enforcement Alcohol Testing Program

DEPARTMENT INSPECTION REPORT - INTOXILYZER 8000

Agency: MONROE COUNTY SO
Time of Inspection: 14:19

Date of Inspection: 07/15/2026

Serial Number: 80-000870
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK	Yes		Date and/or Time Adjusted		No
Minimum Sample Volume Check: OK	Yes		Barometric Pressure Sensor Check: OK	Yes	
Alcohol Free Subject Test: 0.000	Yes		Mouth Alcohol Test: Slope Not Met	Yes	
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:
INT / 0.000				
/ 0.000				
/ 0.000				
/ 0.000				
/ 0.000				
/ 0.000				
/ 0.000				
/ 0.000				
/ INT				

Standard Deviations			
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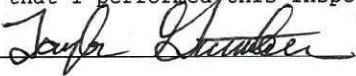
Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: _____ Number of Simulators Used: 5

Remarks:

00: Interferent Detect. UNKNOWN. AIRED OUT ROOM % REPEATED.. Non-compliance: .

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

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.


 TAYLOR D GUTSCHOW
 Signature and Printed Name

07/15/2026
Date

Return Material Authorization

Ship to:☐ CMI, Inc.☒ Enforcement ElectronicsShipment to repair facility authorized by: Anthony Zito on 7/29/2026Items Returned: ☒ Instrument ☐ Supplies ☐ Other Describe: _____Instrument Model: Intoxilyzer 8000 Serial Number: 80-000870

Bill To Address:

Monroe County Sheriff's Office
Attn: Anthony Zito

Ship to Address:

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 failed Department Inspection. Afterward, I checked the DVM Screen, and the signal at the 3-micron channel was bouncing. The signal continued to bounce after the instrument was powered off and back on. Sending for evaluation.

I require an estimate **BEFORE** any repairs will be authorized and/or conductedPlease contact: Anthony Zito Phone #: 1-407-367-8032Email: AZito@keysso.netATP Contact Name: Taylor Gutschow ATP Email: TaylorGutschow@fdle.state.fl.us