Alcohol Testing Program - Instrument Processing Sheet

Agency: MANATEE COUNTY SO   **Instrument Serial Number:** 80-006236

Date In: 1/21/2026   **DI Completion Date:** N/A   ☒ Ship   ☐ P/U   ☐ H/D   ☒ CMI   ☐ EE

Intake By: WKP   Date: 1/21/2026

☒ 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:
Instrument arrived with one missing foot. WKP 1/21/2026
Needs a battery change. KTS 1/27/26

Quality Checks By: _____ Date: _____

☐ 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: KTS   Date: 1/29/26

☒ 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   ☐ Post-Stability Checks
☐ Stability Checks   ☐ Flow Adjustment
☐ Calibration Certificate   ☐ Form 40
☐ Optical Bench Adjustment ☒ Other: Repair Form. KTS 1/30/26

Notes/Suggested Service: Elbow snapped on tubing while changing the instrument's battery. Sending to CMI for repair. KTS 1/30/26

Tech Correction: Added battery replacement for maintenance. KTS 1/30/25

☐ **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: 2026.02.05 14:42:21 -05'00'*   Wen-Chi Pierson *Digitally signed by Wen-Chi Pierson Date: 2026.02.05 15:17:58 -05'00'*

Tech Review   **Admin Review**

Return Material Authorization

Ship to: ☑ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: <u>Shayla Platt</u> on <u>1/30/26</u>

<u>Items Returned:</u>   Instrument ☑   Supplies ☐   Other ☐ Describe: _____

Instrument Model: <u>Intoxilyzer 8000</u>   Serial Number: <u>80-006236</u>

Bill To Address:
FDLE- Alcohol Testing Program
2331 Phillips Rd, Tallahassee, FL 32308

Ship to Address:
FDLE- Offsite Facility
813 B Lake Bradford Rd
Tallahassee, FL 32304

<u>Reason for Return:</u>

Tube inside instrument (that connects to the side of the simulator port) elbow snapped and is stuck inside the hole. Cannot get to connect.

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: <u>Shayla Platt</u>
Phone #: <u>850-617-1282</u>   Email: <u>ShaylaPlatt@fdle.state.fl.us</u>
ATP Contact Name: <u>Shayla Platt</u>   ATP Email: <u>ShaylaPlatt@fdle.state.fl.us</u>