

Alcohol Testing Program - Instrument Processing Sheet

Agency: Hialeah Police Department Instrument Serial Number: 80-002464  
 Date In: 1/6/2026 DI Completion Date: N/A  Ship  P/U  H/D  CMI  EE

<b>Intake</b> By: <u>TDG</u> Date: <u>2/27/2026</u>	<b>Quality Checks</b> By: <u>TDG</u> Date: <u>2/27/2026</u>	<b>Flow Adjustment</b> By: _____																																								
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Dropped Off <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Return from CMI / EE <input type="checkbox"/> Training Instrument 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:	<input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace External O-Rings <input checked="" type="checkbox"/> Instrument Set Up Verified <input checked="" type="checkbox"/> R-Value: <u>190</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP101</u> 32 mm <u>0.164</u> (.139-.169) 36 mm <u>0.175</u> (.156-.190) 53 mm <u>0.246</u> (.228-.278) 103 mm <u>0.515</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>33364</u> Gauge: <u>1017</u> Instrument: <u>1016</u> <input checked="" type="checkbox"/> Stability Checks	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 Adjustment 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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Gauge ID #: _____ Gauge: _____ Instrument: _____																																										
Notes/Suggested Service: Instrument does not read simulator samples. Returning to repair. (TDG 2/27/26)	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <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																																									
	Digitally signed by Shayla Platt Shayla Platt Date: 2026.03.06 14:46:34 -05'00'	Digitally signed by Shayla Platt Shayla Platt Date: 2026.03.06 14:46:47 -05'00'																																								
	<b>Tech Review</b>	<b>Admin Review</b>																																								

# Florida Department of Law Enforcement Alcohol Testing Program

## AGENCY INSPECTION REPORT - INTOXILYZER 8000

Agency: HIALEAH PD

Time of Inspection: 09:45

Date of Inspection: 02/27/2026

Serial Number: 80-002464

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: _____

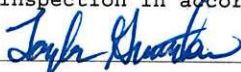
Number of Simulators Used: \_\_\_\_\_

Remarks:

AI NOT CONDUCTED. COMPLIANCE NOT DETERMINED.

The above instrument complies (  ) 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.







TAYLOR D GUTSCHOW

Signature and Printed Name

02/27/2026  
Date

# Stability Checks

0.05g/210L 0.047 to 0.053	0.08g/210L 0.077 to 0.083	0.20g/210L 0.194 to 0.206	DGS 0.08g/210L 0.077 to 0.083																																																																																																																																																
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Return Material Authorization

**Ship to:**

CMI, Inc.

Enforcement Electronics

Shipment to repair facility authorized by: Cesar Correa on 2/27/2026

Items Returned:  Instrument  Supplies  Other Describe: \_\_\_\_\_

Instrument Model: Intoxilyzer 8000 Serial Number: 80-002464

Bill To Address:  Hialeah Police Department Attn: Cesar Correa	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
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Reason for Return:  
Instrument returned from repair and does not read simulator samples. Simulators do not bubble when samples are taken. See previous work order in box.

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

Please contact: Cesar Correa Phone #: 954-790-2809

Email: ccorrea@hialeahfl.gov

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