

Alcohol Testing Program - Instrument Processing Sheet

Agency: PUTNAM COUNTY SO Instrument Serial Number: 80-001129
 Date In: 1/6/2026 DI Completion Date: N/A Ship P/U H/D CMI EE

Intake By: <u>KTS</u> Date: <u>1/6/2026</u>	Quality Checks By: <u>SLH</u> Date: <u>1/13/2026</u>	Flow Adjustment By: _____																																								
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Dropped Off <input type="checkbox"/> Registration <input 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 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>93 *</u> <input checked="" type="checkbox"/> Flow Verification (L/s) Flow Column #: <u>ATP 103 *</u> 32 mm <u>0.144</u> (.139-.169) 36 mm <u>0.160</u> (.156-.190) 53 mm <u>0.234</u> (.228-.278) 103 mm <u>0.488</u> (.447-.547) <input checked="" type="checkbox"/> Barometric Pressure Check Gauge ID #: <u>28427</u> Gauge: <u>1018</u> Instrument: <u>1019</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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Notes/Suggested Service: * Flow portion of quality checks performed 1/20/26 and is when noted R-value. **SLH RMA = return material authorization, SLH 1/28/2026 **Tech Review-added initials to 1st note on 1/29/26 SLH.	<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input 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 Taylor Gutschow Date: 2026.01.29 14:13:13 -05'00'	Digitally signed by Wen-Chi Pierson Date: 2026.01.29 15:11:22 -05'00'																																								
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Stability Checks

0.050 g/210L 0.047 to 0.053 g/210L	0.080 g/210L 0.077 to 0.083 g/210L	0.200 g/210L 0.194 to 0.206 g/210L	DGS 0.080 g/210L 0.077 to 0.083 g/210L ±0.003 g/210L of Wet																																																																																																																																																
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Return Material Authorization

Ship to:

CMI, Inc.

Enforcement Electronics

Shipment to repair facility authorized by: Trevor Bishop on 1/20/2026

Items Returned: Instrument Supplies Other Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-001129

Bill To Address: Putnam County SO 130 Orié Griffin Blvd Palatka, FL	Ship to Address: FDLE Offsite Mail Facility c/o FDLE HQ 813 B Lake Bradford Rd Tallahassee, FL 32304
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Reason for Return: Replace flow sensor

I require an estimate <u>BEFORE</u> any repairs will be authorized and/or conducted Please contact: <u>Trevor Bishop</u> Phone #: <u>386-240-8591</u> Email: <u>tbishop@putnamsheriff.org</u> ATP Contact Name: <u>LeAndra Higginbotham</u> ATP Email: <u>leandrahigginbotham@fdle.state.fl.us</u>
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