

Alcohol Testing Program - Instrument Processing Sheet

Agency: Fort Lauderdale Police Department Instrument Serial Number: 80-007009
 Date In: 12/5/2025 DI Completion Date: N/A Ship P/U H/D CMI EE

Intake By: <u>TDG</u> Date: <u>1/16/2026</u>	Quality Checks By: _____ Date: _____	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 checked="" type="checkbox"/> Static Bag <input type="checkbox"/> 12V DC Cable	<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 #: _____ Gauge: _____ Instrument: _____ <input 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)

Notes: Agency reports instrument prints wrong serial number and randomly shuts off.	<input type="checkbox"/> Simulator	Serial #	Lot#/Exp	Maintenance By: _____	Date: _____
	0.050			<input type="checkbox"/> Battery Replacement	
	0.080			<input type="checkbox"/> Dry Gas Regulator Replacement	
	0.200			<input type="checkbox"/> Tank Sensor Tare	
	0.080 DGS	N/A		<input type="checkbox"/> Breath Tube Replacement	

Optical Bench Adjustment By: _____	Department Inspection By: _____
Barometric Pressure Gauge: _____ ID#: _____	Barometric Pressure ID#: _____

Simulator	Serial #	Lot #	Expiration	Gauge: _____ Instrument: _____	
0.000		N/A	N/A	Mouth Alcohol Solution Lot #: _____ Exp: _____	
0.040				Acetone Stock Solution Lot #: _____ Exp: _____	
0.100				Simulator	Serial Number
0.200				0.000	
0.300				Interferent	
0.080 DGS	N/A			0.050	
<input type="checkbox"/> Post Optical Bench Adjustment Stability Checks				0.080	
0.050				0.200	

Attachments	
<input type="checkbox"/> Form 41	<input type="checkbox"/> Post-Stability Checks
<input type="checkbox"/> Stability Checks	<input type="checkbox"/> Flow Adjustment
<input type="checkbox"/> Calibration Certificate	<input type="checkbox"/> Form 40
<input type="checkbox"/> Optical Bench Adjustment	<input checked="" type="checkbox"/> Other: Return Material Authorization

Notes/Suggested Service: Could not verify serial number issue. Instrument kept powering off before I could log in. Will send to CMI for evaluation. (TDG 1/16/26)	<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 Shayla Platt Date: 2026.01.31 18:41:46 -05'00'
Shayla Platt Tech Review	Shayla Platt Admin Review

Return Material Authorization

Ship to:

CMI, Inc.

Enforcement Electronics

Shipment to repair facility authorized by: Nathan Stoner on 1/16/2026

Items Returned: Instrument Supplies Other Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-007009

Bill To Address: Fort Lauderdale Police Department Attn: Nathan Stoner	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 shuts off midway through power-up. Agency reports the instrument displays incorrect serial number.

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

Please contact: Nathan Stoner Phone #: 954-873-3632

Email: NStoner@flpd.gov

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