

Alcohol Testing Program - Instrument Processing Sheet

Agency: BAY COUNTY SO

Instrument Serial Number: 80-007478

Date In: 5/13/2026

DI Completion Date: _____

☐ Ship

☐ P/U

☐ H/D

☒ CMI

☐ EE

Intake By: <u>WKP</u> Date: <u>5/15/2026</u>		Quality Checks By: _____ Date: _____		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: Instrument arrived with previous communication about DSP failure. See instrument correspondence. WKP 5/15/2026		☐ 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		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)																																										
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Notes/Suggested Service: Instrument failed DSP test during power-on diagnostic test. WKP 5/15/2026		☐ 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																																												
				<table style="width:100%;"> <tr> <td style="width:33%; vertical-align: bottom;"> LeAndra Higginbotham Digitally signed by LeAndra Higginbotham Date: 2026.05.20 11:20:44 -04'00' </td> <td style="width:33%; vertical-align: bottom; text-align: center;"> Kaitlyn Spearin Digitally signed by Kaitlyn Spearin Date: 2026.05.21 13:36:48 -04'00' </td> <td style="width:33%;"></td> </tr> <tr> <td style="text-align: center;">Tech Review</td> <td style="text-align: center;">Admin Review</td> <td></td> </tr> </table>		LeAndra Higginbotham Digitally signed by LeAndra Higginbotham Date: 2026.05.20 11:20:44 -04'00'	Kaitlyn Spearin Digitally signed by Kaitlyn Spearin Date: 2026.05.21 13:36:48 -04'00'		Tech Review	Admin Review																																				
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Return Material Authorization

Ship to:☒ CMI, Inc.☐ Enforcement ElectronicsShipment to repair facility authorized by: Brian Miller on 5/18/2026Items Returned: ☒ Instrument ☐ Supplies ☐ Other Describe: _____Instrument Model: Intoxilyzer 8000 Serial Number: 80-007478

Bill To Address:

Attn: Brian Miller
5700 Star Ln Panama City, FL 32404

Ship to Address:

FDLE Offsite Mail Facility
c/o FDLE HQ
813-B Lake Bradford Rd
Tallahassee, FL 32304

Reason for Return:

Instrument failed DSP test during power-up diagnostic test.

I require an estimate **BEFORE** any repairs will be authorized and/or conductedPlease contact: Brian Miller Phone #: 850-541-2829Email: brian.miller@bayso.org

ATP Contact Name: Wen-Chi Pierson

ATP Email: wen-chierson@fdle.state.fl.us