



## INSTRUMENT PROCESSING SHEET

Agency TYNDALL AFBS/N 80-001646Florida Department of  
Law EnforcementDate In 6/13/2025DI Completion Date n/a☐ Ship ☐ P/U ☐ H/D ☒ CMI ☐ EE

Intake	By <u>WKP</u>	Date <u>6/13/2025</u>	Quality Checks	By <u>KTS</u>	Date <u>6/17/25</u>	Flow Calibration	By _____	Date _____																									
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Registration <input type="checkbox"/> Return from CMI / EE  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: <u>Added plastic caps.</u>			<input checked="" type="checkbox"/> Breath Tube Screen <input checked="" type="checkbox"/> Replace External O-Rings *noted SLH <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 # _____ <input type="checkbox"/> Stability Checks			<input type="checkbox"/> 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 Calibration Verification (L/s) Flow Column # _____ 32 mm _____ (.139 - .169) 36 mm _____ (.156 - .190) 53 mm _____ (.228 - .278) 103 mm _____ (.447 - .547)																											
			<table border="1"><thead><tr><th>Simulator</th><th>Serial #</th><th>Lot #/Exp</th></tr></thead><tbody><tr><td>0.050</td><td></td><td></td></tr><tr><td>0.080</td><td></td><td></td></tr><tr><td>0.200</td><td></td><td></td></tr><tr><td>0.080 DGS</td><td>N/A</td><td></td></tr></tbody></table>			Simulator	Serial #	Lot #/Exp	0.050			0.080			0.200			0.080 DGS	N/A		<table border="1"><thead><tr><th colspan="2">Maintenance By _____ Date _____</th></tr><tr><td colspan="2"><input type="checkbox"/> Battery Replacement</td></tr><tr><td colspan="2"><input type="checkbox"/> Dry Gas Regulator Replacement</td></tr><tr><td colspan="2"><input type="checkbox"/> Breath Tube Replacement</td></tr><tr><td colspan="2"><input type="checkbox"/> Other _____</td></tr></thead></table>			Maintenance By _____ Date _____		<input type="checkbox"/> Battery Replacement		<input type="checkbox"/> Dry Gas Regulator Replacement		<input type="checkbox"/> Breath Tube Replacement		<input type="checkbox"/> Other _____	
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**Calibration Adjustment** By \_\_\_\_\_			**Department Inspection** By \_\_\_\_\_																																																					
Barometric Pressure Gauge \_\_\_\_\_ ID # \_\_\_\_\_			Barometric Pressure ID# \_\_\_\_\_																																																					
	Simulator	Serial #	Lot #	Expiration		-----------	----------	-------	------------		0.000		N/A	N/A		0.040					0.100					0.200					0.300					0.080 DGS	N/A						Gauge \_\_\_\_\_ Instrument \_\_\_\_\_													
			Mouth Alcohol Solution Lot # \_\_\_\_\_																																																					
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☐ Post Calibration Adjustment Stability Checks			**Attachments**																																																					
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Notes/Suggested Service: Need breath hose replacement. KTS 6/17/25 As of 8/28/25 maintenance tasks are on pause for FDLE. CMI will replace the needed breath hose.SLH 9/2/2025			☐ 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 Digitally signed by \_\_\_\_\_																																																					
			Taylor Gutschow Digitally signed by Taylor Gutschow Date: 2025.09.02 16:41:01 -0400																																																					
			Shayla Platt Digitally signed by Shayla Platt Date: 2025.09.11 08:33:40 -0400																																																					
			Tech Review / Date \_\_\_\_\_ Admin Review / Date \_\_\_\_\_																																																					

## **Return Material Authorization**

**Ship to:** ☒ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Lanny Lord on 9/2/2025

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

Instrument Model: Intoxilyzer 8000      Serial Number: 80-001646

Bill To Address:

Tyndall AFB

515 Suwannee Ave

Tyndall AFB FL 32403

Ship to Address:

FDLE Tallahassee

**Reason for Return:**

Agency has been charged already for a breath hose replacement. The hose had not been  
shipped to FDLE for installation due to no supply. As of 8/28/2025, FDLE will not replace  
breath hose, please install a new hose. \*BREATH HOSE HAS BEEN PAID BY AGENCY\*

**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: Lanny Lord

Phone #: 850-303-1208

Email: lanny.lord.1@us.af.mil

ATP Contact Name: LeAndra Higginbotham      ATP Email: LeAndraHigginbotham@fdle.state.fl.us