Florida Department of Law Enforcement
Alcohol Testing Program

DEPARTMENT INSPECTION REPORT – INTOXILYZER 8000

Agency: Florida Department of Law Enforcement
Serial Number: 80-000206
Time of Inspection:
Date of Inspection: 2025
Software: 8100.27

Check or Test	YES	NO	Check or Test	YES	NO
Diagnostic Check (Pre-Inspection): OK			Date and/or Time Adjusted		
Minimum Sample Volume Check: OK			Barometric Pressure Sensor Check: OK		
Alcohol Free Subject Test: 0.000			Mouth Alcohol Test: Slope Not Met		
Interferent Detect Test: Interferent Detect			Diagnostic Check (Post-Inspection): OK		

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:
Standard Deviations				

Average Standard Deviation of 0.05, 0.08 and 0.20 g/210L Tests: _____ Number of Simulators Used: _____

Remarks:

The instrument was sent to repair and did not return by the end of the year for its Department Inspection.

The above instrument complies (☐) does not comply (☒) with Chapter 11D-8, FAC.

I certify that I performed this inspection in accordance with the provisions of Chapter 11D-8, FAC.

Taylor Gutschow Digitally signed by Taylor Gutschow Date: 2025.12.30 20:33:16 -05'00'

Taylor D. Gutschow

Signature and Printed Name

12/30/2025

Date

FDLE/ATP Form 41 –Revised August 2005 Ref. 11D-8.004

Florida Department of Law Enforcement

INSTRUMENT PROCESSING SHEET

Agency Florida Department of Law Enforcement S/N 80-000206

Date In 07/21/2025 DI Completion Date N/A ❑Ship ❑P/U ❑H/D ■CMI ❑EE

Intake By TDG Date 08/14/2025

■ Annual
❑ Registration
■ Return from CMI / EE

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: Evidential loaner.

Quality Checks By TDG Date 09/22/2025

■ 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 # _____
❑ Stability Checks

Simulator	Serial #	Lot #/Exp
0.050		
0.080		
0.200		
0.080 DGS	N/A	

Flow Calibration By _____ Date _____

Flow Column # _____
❑ 5L/min – 17mm
❑ 15L/min – 53mm
❑ 30L/min – 103mm
❑ R-Value _____
❑ Post Calibration Verification (L/s)
Flow Column # _____
32 mm _____ (.139 - .169)
36 mm _____ (.156 - .190)
53 mm _____ (.228 - .278)
103 mm _____ (.447 - .547)

Maintenance By TDG Date 09/22/2025

❑ Battery Replacement
❑ Dry Gas Regulator Replacement
❑ Breath Tube Replacement
■ Other Instrument gave DSP Fail on startup. CMI was unable to remotely resolve the DSP Fail.

Calibration Adjustment By _____

Barometric Pressure Gauge _____ ID # _____

Simulator	Serial #	Lot #	Expiration
0.000		N/A	N/A
0.040			
0.100			
0.200			
0.300			
0.080 DGS	N/A		

❑ Post Calibration Adjustment Stability Checks

Simulator	Serial #	Lot #	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		

Department Inspection By _____

Barometric Pressure ID# _____
Gauge _____ Instrument _____
Mouth Alcohol Solution Lot # _____
Acetone Stock Solution Lot # _____

Simulator	Serial Number
0.000	
Interferent	
0.050	
0.080	
0.200	

Attachments

❑ Form 41
❑ Stability Checks
❑ Calibration Certificate
❑ Calibration Adjustment
❑ Post-Stability Checks
❑ Flow Calibration
❑ Form 40
■ Other Form 51

Notes/Suggested Service: Returning to CMI to evaluate the post-repair DSP Fail. (TDG 9/22/25)

❑ **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**

Phil Nicodemo Digitally signed by Phil Nicodemo Date: 2025.10.08 12:38:26 -04'00'
Tech Review / Date

Shayla Platt Digitally signed by Shayla Platt Date: 2025.10.15 18:41:54 -04'00'
Admin Review / Date

Return Material Authorization

Ship to: ☑ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Shayla Platt on 09/22/2025

Items Returned: Instrument ☑ Supplies ☐ Other ☐ Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000206

Bill To Address:	Ship to Address:
Florida Department of Law Enforcement	Florida Department of Law Enforcement
Attn: Shayla Platt	Fort Myers Regional Operations Center
	Attn: Taylor Gutschow
	4700 Terminal Drive, Suite 1
	Fort Myers, FL. 33907

Reason for Return:

Instrument returned from repair (see work order 409509) but won't come into Ready Mode due to DSP Fail. CMI could not clear remotely. Returning for evaluation.

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: Shayla Platt

Phone #: 850-728-4200 Email: ShaylaPlatt@fdle.state.fl.us

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

Florida Department of Law Enforcement

INSTRUMENT PROCESSING SHEET

Agency Florida Department of Law Enforcement S/N 80-000206

Date In N/A DI Completion Date N/A ❑Ship ❑P/U ❑H/D ■CMI ❑EE

Intake By TDG Date 03/11/2025

■ Annual
❑ Registration
❑ Return from CMI / EE

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: _____

Quality Checks By TDG Date 03/11/2025

■ 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 # _____
❑ Stability Checks

Simulator	Serial #	Lot #/Exp
0.050		
0.080		
0.200		
0.080 DGS	N/A	

Flow Calibration By_____ Date_____

Flow Column # _____
❑ 5L/min – 17mm
❑ 15L/min – 53mm
❑ 30L/min – 103mm
❑ R-Value _____
❑ Post Calibration Verification (L/s)
Flow Column # _____
32 mm _____ (.139 - .169)
36 mm _____ (.156 - .190)
53 mm _____ (.228 - .278)
103 mm _____ (.447 - .547)

Maintenance By_____ Date_____

❑ Battery Replacement
❑ Dry Gas Regulator Replacement
❑ Breath Tube Replacement
❑ Other _____

Calibration Adjustment By_____

Barometric Pressure Gauge _____ ID # _____

Simulator	Serial #	Lot #	Expiration
0.000		N/A	N/A
0.040			
0.100			
0.200			
0.300			
0.080 DGS	N/A		

❑ Post Calibration Adjustment Stability Checks

Simulator	Serial #	Lot #	Expiration
0.050			
0.080			
0.200			
0.080 DGS	N/A		

Department Inspection By _____

Barometric Pressure ID# _____
Gauge _____ Instrument _____
Mouth Alcohol Solution Lot # _____
Acetone Stock Solution Lot # _____

Simulator	Serial Number
0.000	
Interferent	
0.050	
0.080	
0.200	

Attachments

❑ Form 41
❑ Stability Checks
❑ Calibration Certificate
❑ Calibration Adjustment
❑ Post-Stability Checks
❑ Flow Calibration
❑ Form 40
■ Other Form 51

Notes/Suggested Service: Instrument would not power up on 3/11. Sending to CMI. (TDG)

❑ **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**

Destinee Armstrong Digitally signed by Destinee Armstrong Date: 2025.03.12 12:23:05 -04'00' — Tech Review / Date

Shayla Platt Digitally signed by Shayla Platt Date: 2025.03.13 10:06:49 -04'00' — Admin Review / Date

Return Material Authorization

Ship to: ☑ CMI, Inc.

☐ Enforcement Electronics

Shipment to repair facility authorized by: Shayla Platt on 03/11/2025

Items Returned: Instrument ☑ Supplies ☐ Other ☐ Describe: _____

Instrument Model: Intoxilyzer 8000 Serial Number: 80-000206

Bill To Address:	Ship to Address:
Florida Department of Law Enforcement	Florida Department of Law Enforcement
Attn: Shayla Platt	Fort Myers Regional Operations Center
	Attn: Taylor Gutschow
	4700 Terminal Drive, Suite 1
	Fort Myers, FL. 33907

Reason for Return:

Instrument will not power on. Heard popping noises from the back of the instrument when I tried to power it on.

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: Shayla Platt

Phone #: 850-728-4200 Email: ShaylaPlatt@fdle.state.fl.us

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