

INSTRUMENT PROCESSING SHEET

Agency New Smyrna Beach PD s/N 80-001152 Date In 03/14/2025 DI Completion Date N/A □Ship □P/U □H/D ■CMI □EE Florida Department of Law Enforcement Date 03/25/2025 Quality Checks Intake By TDG By Date Flow Calibration By____ Date Annual ☐ Breath Tube Screen Flow Column # ☐ Registration ☐ Replace External O-Rings ☐ 5L/min – 17mm ☐ Return from CMI / EE ☐ Instrument Set Up Verified ☐ 15L/min - 53mm □ R-Value ☐ 30L/min – 103mm Visual Inspection: ☐ Flow Verification (L/s) R-Value ___ Case Handie Flow Column # ☐ Post Calibration Verification (L/s) Keyboard Dry Gas Shelf Flow Column #_____ 32 mm _____ (.139 - .169) Feet Breath Tube 36 mm _____ (.156 - .190) 32 mm _____ (.139 - .169) Ports Screws Tight 53 mm _____ (.228 - .278) 36 mm _____ (.156 - .190) Other Equipment/ Accessories: 103 mm _____ (.447 - .547) 53 mm _____ (.228 - .278) Power cord Printer Cable ☐ Barometric Pressure Check 103 mm ____ (.447 - .547) ☐ 12V DC Cable Static Bag Gauge ID # Notes: Agency letter. ☐ Stability Checks Simulator Serial # Lot #/Exp Maintenance By____ Date ☐ Battery Replacement 0.050 ☐ Dry Gas Regulator Replacement ☐ Breath Tube Replacement 0.080 Other _____ 0.200 0.080 DGS N/A **Calibration Adjustment** By **Department Inspection Barometric Pressure Gauge** ID# Barometric Pressure ID# Simulator | Serial # Lot# Expiration Instrument 0.000 N/A N/A Mouth Alcohol Solution Lot # 0.040 Acetone Stock Solution Lot # 0.100 Simulator Serial Number 0.000 0.200 Interferent 0.300 0.050 0.080 DGS N/A 0.080 0.200 Post Calibration Adjustment Stability Checks Attachments Simulator | Serial # Lot# Expiration 0.050 □ Form 41 ☐ Post-Stability Checks ☐ Stability Checks 0.080 ☐ Flow Calibration ☐ Calibration Certificate 0.200 ☐ Form 40 ☐ Calibration Adjustment Other Form 51/Agency Letter 0.080 DGS N/A Notes/Suggested Service: ☐ 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 Shayla Digitally signed by Shayla Date: 2025.03.31 09:40:26 Phil Date: 2025.03.28 15:10:08 Nicodemo Tech Review / Date Admin Review / Date



NEW SMYRNA BEACH POLICE DEPARTMENT

246 INDUSTRIAL PARK AVE | NEW SMYRNA BEACH, FL 32168

03/11/2025

Taylor Gutschow
Department Inspector, Alcohol Testing Program
Florida Department of Law Enforcement
Fort Myers Regional Operations Center
4700 Terminal Drive, Suite 1
Fort Myers, FL 33907

Dear Taylor Gutschow,

Per our conversation on 03/11/2025, I am writing you this letter to inform you that this instrument has a power up issue. Also, I wanted to formally approve for you to ship this instrument to CMI for any repairs that it may need.

Thank you,

Sgt. William Helms

Special Operations Supervisor

New Smyrna Beach Police Department

Sgt. Wille Helms

246 Industrial Park Avenue

New Smyrna Beach, FL 32168

Office: 386-424-2297

2025 PI 2025 PI TN- 3/25/25

Return Material Authorization

Ship	oto: ✓ CMI, Inc.
	☐ Enforcement Electronics
Shipment to repair facility authorized by: William He	elms on 3/11/2025
Items Returned: Instrument □ Supplies □ Other □ Describe: □ Instrument Model: Intoxilyzer 8000 Serial Number: 80-001152	
New Smyrna Beach PD Attn: William Helms A	hip to Address: DLE Off-Site Mail Facility o FL Dept. of Law Enforcement cohol Testing Program 13 B Lake Bradford Road allahassee, FL 32304
Reason for Return: Instrument will not power on. May contain records that need to be uploaded. Could not upload at FDLE.	
Please choose one of the following options:	
1. I, authorize all repairs.	
☐ 2. I, authorize repairs up to \$	
☑ 3. I require an estimate <u>BEFORE</u> any repairs will be authorized and/ or conducted.	
Please contact: Name: William Helms Phone #: 386-424-2297 Email: whelms@cityofnsb.com	
ATP Contact Name: LeAndra Higginbotham ATP Email: leandrahigginbotham@fdle.state.fl.us	