



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

80-000790

Agency: Vero Beach PD

Instrument Serial Number: 80-000790

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
<input type="checkbox"/> Registration <input type="checkbox"/> Request for Registration Attached <input type="checkbox"/> Annual <input type="checkbox"/> Inspection After Repair <input type="checkbox"/> Other: _____ <input type="checkbox"/> Barometric Pressure: _____ Gauge _____ Instrument <input type="checkbox"/> Instrument Set Up Verified	<input checked="" type="checkbox"/> Agency Inspection Notification <input checked="" type="checkbox"/> Agency Contact <input type="checkbox"/> Other: _____ Date of Notification/Contact: <u>10/28/2013</u> Agency Inspector: <u>Alan Hall</u>	The following records were audited: <input type="checkbox"/> Agency Inspection Reports <input type="checkbox"/> Breath Test Instrument Repair/Maintenance Records <input type="checkbox"/> Instrument Registration <input type="checkbox"/> Dry Gas Standard Certificate(s) of Analysis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Comments:
 AI contacted me because of a failed inspection. Instrument was taken out of service at time of failed inspection. We discussed possible causes + determined it was two different simulators. AI removed simulators

Instrument/Area:	Equipment:	Supplies:
<input type="checkbox"/> Clean/Dry <input type="checkbox"/> Secure <input type="checkbox"/> Limited Access <input type="checkbox"/> Other: _____	<input type="checkbox"/> Proper Number of Simulators <input type="checkbox"/> Checked Simulators for Air Leak Resistant Seal and Proper Temperature <input type="checkbox"/> Class A Glassware	<input type="checkbox"/> Distilled/Deionized Water <input type="checkbox"/> Mouth Alcohol Solution <input type="checkbox"/> Acetone Stock Solution <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard <input type="checkbox"/> Mouth Pieces

Comments:
 from use + retested instrument. On 10/31/2013, AI notified me that instrument was reinspected using 3 simulators and everything complete. AI is discussing options to either replace or haul

Action:	Comments:
<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"/> Remain in Evidentiary Use <input type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remove from Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use	<p>Simulators repaired. Instrument is up and in compliance.</p>

Signature of Alcohol Testing Program Staff Member

10/31/2013
 Date

Original - FDLE Copy - Agency



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Vero Beach PD

Instrument Serial Number: 80-000790

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
<input type="checkbox"/> Registration <input type="checkbox"/> Request for Registration Attached <input type="checkbox"/> Annual <input type="checkbox"/> Inspection After Repair <input type="checkbox"/> Other: _____ <input type="checkbox"/> Barometric Pressure: _____ Gauge _____ Instrument <input type="checkbox"/> Instrument Set Up Verified	<input checked="" type="checkbox"/> Agency Inspection Notification <input checked="" type="checkbox"/> Agency Contact <input type="checkbox"/> Other: _____ Date of Notification/Contact: <u>7/31/13</u> Agency Inspector: <u>Hall</u>	The following records were audited: <input type="checkbox"/> Agency Inspection Reports <input type="checkbox"/> Breath Test Instrument Repair/Maintenance Records <input type="checkbox"/> Instrument Registration <input type="checkbox"/> Dry Gas Standard Certificate(s) of Analysis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Comments:
 AT Hall contacted FDLE to notify of a failed inspection (2) on 80-000790. I explained the forms for him and emailed them to him. He is sending the instrument in this week.

Instrument/Area:	Equipment:	Supplies:
<input type="checkbox"/> Clean/Dry <input type="checkbox"/> Secure <input type="checkbox"/> Limited Access <input type="checkbox"/> Other: _____	<input type="checkbox"/> Proper Number of Simulators <input type="checkbox"/> Checked Simulators for Air Leak Resistant Seal and Proper Temperature <input type="checkbox"/> Class A Glassware	<input type="checkbox"/> Distilled/Deionized Water <input type="checkbox"/> Mouth Alcohol Solution <input type="checkbox"/> Acetone Stock Solution <input type="checkbox"/> Alcohol Reference Solution <input type="checkbox"/> Dry Gas Standard <input type="checkbox"/> Mouth Pieces

Comments:

Action:	Comments:
<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC <input type="checkbox"/> Remain in Evidentiary Use <input type="checkbox"/> Return to/Place into Evidentiary Use <input type="checkbox"/> Remove from Evidentiary Use <input checked="" type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use	

[Signature] Signature of Alcohol Testing Program Staff Member Date 7/31/13

Original - FDLE Copy - Agency