



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

SHON ABELN

Agency: HIGHLANDS County SO Instrument Serial Number: 80-001043

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 type="checkbox"/> Agency Inspection Notification <input type="checkbox"/> Agency Contact <input type="checkbox"/> Other _____ Date of Notification/Contact: _____ Agency Inspector: _____	The following records were audited: <input checked="" 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: PLEASE FOWARD AN AMENDED FORM 40 TO INCLUDE THE CAUSE OF THE EXCEPTION MESSAGES OBTAINED DURING YOUR 10/23/16 INSPECTION.

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 Piecas

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		

Shayla Platt

Signature of Alcohol Testing Program Staff Member

11/9/16

Date

Original - FDLE

Copy - Agency