



Florida Department of Law Enforcement

**DEPARTMENT INSPECTOR
FIELD NOTES**

Agency: Eustis Police Department

Instrument Serial Number: 80-001345

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 checked="" type="checkbox"/> Agency Contact <input type="checkbox"/> Other: _____ Date of Notification/Contact: <u>07/18/2016 11:31</u> Agency Inspector: <u>Robert Simken</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 checked="" type="checkbox"/> Other: <u>Single July 2016 Agency Inspection</u> <input type="checkbox"/> Other: _____

Comments:
 I reviewed the 2016 July inspection sent to me by Robert Simken. Upon my review, I noticed that the inspection indicated it was not in compliance (although nothing on the inspection indicated to me that the instrument did not meet the requirements of 11D-8.) I called Sofc Simken as I suspected that he incorrectly pressed the "N" key after pressing the "Y" key considering the "Y" in the remarks section of the inspection. My suspicion was confirmed.

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:
 Sofc indicated that the inspection was compliant and he would correct the Form 40. Regardless of the notation on the original Form 40, this instrument agency inspection was compliant with Rule 11D-8.

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 checked="" type="checkbox"/> Remain into 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		

[Handwritten Signature]

08/01/2016

Signature of Alcohol Testing Program Staff Member

Date

Original - FDLE

Copy - Agency