

DEPARTMENT INSPECTOR FIELD NOTES

JOSHUA WOODS

Age	ency: HENDRY COUNTY	SO Instrument S	erial Number: 80-001207
Department Inspection:		Agency Inspection/Agency Contact:	Records Audit:
0 000	Registration Request for Registration Attached Annual Inspection After Repair Other:	□ Agency Inspection Notification □ Agency Contact □ Other	The following records were audited: Agency Inspection Reports Breath Test Instrument Repair/Maintenance Records Instrument Registration
	Barometric Pressure:	Date of Notification/Contact:	Dry Gas Standard Certificate(s) of
	Gauge		Analysis
	Instrument	Agency Inspector:	Other:
П	Instrument Set Un Verified		Other:
Cor	Instrument Set Up Verified		
PLEASE FORWARD AN AMENDED FORM 40 TO INCLUDE THE CAUSE			
3 CORREctivE Action TAKEN FOR THE CONTROL OUTSIDE TOLERANCE			
DUPING THE INSPECTION COMPLETED ON 12/29/14. PLEASE REMEMBE			
TO MAKE NOTES IN THE REMARKS WHEN A TEST IS REPEATED AS PEQUIL			
Bi Bi			
	rument/Area:	Equipment:	Supplies:
H	Clean/Dry	Proper Number of Simulators Checked Simulators for Air Leak	Distilled/Deionized Water
7	Secure Limited Access	Resistant Seal and Proper	☐ Mouth Alcohol Solution ☐ Acetone Stock Solution
	Other:	Temperature	Alcohol Reference Solution
-	Other.	☐ Class A Glassware	Dry Gas Standard
			☐ Mouth Pieces
Comments:			
Action:			
Instrument Complies with Chapter 11D-8, FAC Comments:			
	Instrument Does Not Comply with Cha	9,171,0	
M	Remain in Evidentiary Use		
	Return to/Place into Evidentiary Use		
	Remove from Evidentiary Use		
Remain Out of Evidentiary Use			
-			
	Conduct an Agency Inspection Before	Evidentiary Use	
	Conduct an Agency Inspection Before Shayla P Signature of Alcohol Testing Pro	latt	2 / 1(e / 17) Date