

DEPARTMENT INSPECTOR FIELD NOTES

RAREN JOYNER

| Agency: KENNEDY SPACE CENTER Instrument Serial Number: 80-001441 | | | | |
|--|--------------------------------------|--|---------------|---|
| Depart | tment Inspection: | Agency Inspection/Ag | ency Contact: | Records Audit: |
| | egistration | | | The following records were audited: |
| | Request for Registration Attached | Agency Inspection | Notification | Agency Inspection Reports |
| 1 | nnual | Aganay Contact | | ☐ Breath Test Instrument |
| Children (United | spection After Repair | □ Agency Contact | | Repair/Maintenance Records |
| | ther: | ☐ Other | | ☐ Instrument Registration |
| 631-73 | arometric Pressure: | Date of Notification/C | | ☐ Dry Gas Standard Certificate(s) of Analysis |
| 05.50 | Gauge | | | |
| | | Agency Inspector: | | ☐ Other: |
| _ | Instrument | Agency mapeotor. | | Other: |
| ☐ In | nstrument Set Up Verified | | | Other: |
| Comments: | | | | |
| PLEASE FORWARD AN AMENDED FOR WHICH INCLUDES | | | | |
| | | | | |
| | | | | |
| FAIL EXCEPTION MSG. DURING THE 12/21/16 INSPECTION. | | | | |
| | | | | |
| | | | | |
| Instrum | ment/Area: | Equipment: | | Supplies: |
| ☐ CI | lean/Dry | Proper Number of | f Simulators | ☐ Distilled/Deionized Water |
| | ecure | ☐ Checked Simulators for Air Leak | | ☐ Mouth Alcohol Solution |
| | imited Access | Resistant Seal and Proper Temperature | | ☐ Acetone Stock Solution |
| | ther: | | | ☐ Alcohol Reference Solution |
| | | Class A Glassware | | ☐ Dry Gas Standard |
| | | | | ☐ Mouth Pieces |
| Comments: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Action: Instrument Complies with Chanter 11D-8 FAC Comments: | | | | |
| instrument complies with chapter 115-6, 176 | | | | |
| | Instrument Does Not Comply with Cha | ipter 11U-8, FAC | | |
| ₩ F | Remain in Evidentiary Use | | | |
| | Return to/Place into Evidentiary Use | | | |
| 1 | Remove from Evidentiary Use | | | |
| | Remain Out of Evidentiary Use | | | |
| | | | | |
| ☐ Conduct an Agency Inspection Before Evidentiary Use | | | | |
| $\triangle A \cap A \cap A = A$ | | | | |
| Shaule Platt | | | | |
| Signature of Alcohol Testing Program Staff Member Date | | | | |