



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Brevard County SO

Instrument Serial Number: 80-001166

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 checked="" 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: 12/27/2018 Agency Inspector: _____	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:

I spoke with Cpl. Tom Garrity about his Intoxilyzer. He informed me that during his Agency Inspection, his dry gas standard was high 0.086 g/210L. I instructed him to try running stability tests with a different dry gas cylinder. If it was determined the cylinder was the issue, repeat the Agency

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:

Inspection. If the second cylinder still produced values outside of the acceptable range, send the instrument to ATP for a Department Inspection.

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		

Signature of Alcohol Testing Program Staff Member

12/28/2018

Date

Original - FDLE

Copy - Agency