



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: New Smyrna Beach P.D.

Instrument Serial Number: 80-002231

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 checked="" type="checkbox"/> Agency Inspection Notification <input type="checkbox"/> Agency Contact <input type="checkbox"/> Other: _____ Date of Notification/Contact: 4/29/2018 Agency Inspector: Sgt. Jason Reve	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:
 A.I. reported failed inspections due to ambient failure and interferent detect. Instrument will be sent in for FDLE analysis.

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:

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		

Patrick Murphy

Signature of Alcohol Testing Program Staff Member

5/7/2018

Date

Original - FDLE

Copy - Agency



Florida Department of Law Enforcement

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<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 checked="" type="checkbox"/> Agency Inspection Notification <input type="checkbox"/> Agency Contact <input type="checkbox"/> Other _____ Date of Notification/Contact: 3/7/2018 Agency Inspector: Jason Reve	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:
 A.I. notifies me that he failed an inspection on 2/16/2018, repeated the inspection successfully.
 Advised him that the notification should be timely.

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:

Action:	
<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC	Comments: _____ _____ _____ _____
<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	

Patrick Murphy Signature of Alcohol Testing Program Staff Member *3/7/2018* Date

Original - FDLE Copy - Agency



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Department Inspection: <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	Agency Inspection/Agency Contact: <input checked="" type="checkbox"/> Agency Inspection Notification <input type="checkbox"/> Agency Contact <input type="checkbox"/> Other _____ Date of Notification/Contact: 2/18/2018 Agency Inspector: James Martin	Records Audit: 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: Inspection failed due to ambient fail combined with out of tolerance values on the 0.08 simulator. Strongly suspected ambient air conditions as cause, suggested they repeat the inspection on Monday morning.		

Instrument/Area: <input type="checkbox"/> Clean/Dry <input type="checkbox"/> Secure <input type="checkbox"/> Limited Access <input type="checkbox"/> Other: _____	Equipment: <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	Supplies: <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: 		

Action: <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 type="checkbox"/> Remain Out of Evidentiary Use <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use	Comments:
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Patrick Murphy

Signature of Alcohol Testing Program Staff Member

2/19/2018

Date

Original - FDLE Copy - Agency