



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Suwannee County SO

Instrument Serial Number: 80-000780

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: 11/27/2018 Agency Inspector: David Falgout	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:

David Falgout- Suwannee County S.O. (works nights, can call after 6pm) 386-590-3127
His instrument uploaded here during its 2018 annual in November, has not been able to upload at all for him since. Has tried multiple lines, etc. May be modem issue. Is sending it here to be checked, if not then contact him and send to repair if it will not upload from here also.

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	

Signature of Alcohol Testing Program Staff Member

11/22 11/25/18

Date

Original - FDLE

Copy - Agency

Handwritten initials and date: 11/8/19, 30, and a signature.

80-000780

SAC

RECEIVED
DEC 10 2018
FDLE
Alcohol Testing Program

Will not upload or keep Date
and Time

Thanks
David

Cell # 386 590 3127

Adam

1/8/19
JO