



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Perry P.D.

Instrument Serial Number: 80-005337

| 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: 10/21/2019 Agency Inspector: Lin Gray | 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 inspection due to RFI and operator error. Will send an emended form 40.

| 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 | |

P. Murphy

Signature of Alcohol Testing Program Staff Member

10/21/2019

Date

Original - FDLE

Copy - Agency

