



Florida Department of Law Enforcement

### DEPARTMENT INSPECTOR FIELD NOTES

Agency: Escambia County S.O.

Instrument Serial Number: 80-006435

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: <u>6/12/2019</u>  Agency Inspector: <u>Samuel Shelley</u>	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. notified us of a failed inspection due to low readings on the 0.08g/210L measurement.  
Instrument is being brought in.

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	<b>Comments:</b> _____ _____ _____ _____
<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

6/13/19  
Date

Original - FDLE

Copy - Agency