



Florida Department of
Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Florida Fish and Wildlife Conservation Commission Instrument Serial Number: _____

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: <u>10/08/2021</u> Agency Representative: <u>Melodie Justice</u>	The following records were audited: <input checked="" type="checkbox"/> Agency Inspection Reports <input checked="" type="checkbox"/> Breath Test Instrument Repair/Maintenance Records <input checked="" type="checkbox"/> Instrument Registration <input checked="" type="checkbox"/> Dry Gas Standard Certificate(s) of Analysis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Comments:
 The most recent Agency Inspection and DGS details are posted on a board over the instrument, as are the Form 37 BTO Procedures, a reminder to turn off all electronics, a reminder to remove mouthpieces between samples, and a reminder to point the breath tube away from the subject between samples.

Instrument/Area:	Equipment:	Supplies:
<input checked="" type="checkbox"/> Clean/Dry <input checked="" type="checkbox"/> Secure <input checked="" type="checkbox"/> Limited Access <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Proper Number of Simulators <input type="checkbox"/> Checked Simulators for Air Leak Resistant Seal and Proper Temperature <input checked="" type="checkbox"/> Class A Glassware	<input checked="" type="checkbox"/> Distilled/Deionized Water <input checked="" type="checkbox"/> Mouth Alcohol Solution <input checked="" type="checkbox"/> Acetone Stock Solution <input checked="" type="checkbox"/> Alcohol Reference Solution <input checked="" type="checkbox"/> Dry Gas Standard <input checked="" type="checkbox"/> Mouth Pieces

Comments:
 All observed supplies were Department-approved and non-expired.

Action:	
<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	Comments: Compliant with Chapter 11D-8, FAC. Records are very well-organized. _____ _____ _____

Taylor Gutschow

Digitally signed by Taylor Gutschow
Date: 2021.11.05 09:39:17 -04'00'

11/05/2021

Signature of Alcohol Testing Program Staff Member

Date

Original – FDLE

Copy – Agency