

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Baker County SO

Instrument Serial Number: <u>80-001286,1287,&7439</u>

| Department Inspection: | | Agency Inspection/Agency Contact: | Records Audit: | | | |
|--|---|---|--|--|--|--|
| | Registration Request for Registration Attached Annual Inspection After Repair Other: Barometric Pressure: Gauge | Agency Inspection Notification Agency Contact Other Date of Notification/Contact: 09/30/2021 Agency Inspector: | The following records were audited: Agency Inspection Reports Breath Test Instrument Repair/Maintenance Records Instrument Registration Dry Gas Standard Certificate(s) of Analysis Other: | | | |
| | | Sgt. Caleb Collins | □ Other: | | | |
| | Instrument Set Up Verified | | | | | |
| Comments: | | | | | | |
| All records for instruments kept near instruments and personal inspection records kept up to date. | | | | | | |
| | | | | | | |

| Instrument/Area: | Equipment: | Supplies: | | | |
|---|---|---|--|--|--|
| ☑ Clean/Dry ☑ Secure ☑ Limited Access | Proper Number of Simulators Checked Simulators for Air Leak Resistant Seal and Proper Temperature Class A Glassware | Distilled/Deionized Water Mouth Alcohol Solution Acetone Stock Solution | | | |
| Other: | | Alcohol Reference Solution Dry Gas Standard Mouth Pieces | | | |
| Comments: | | | | | |

Inspectors were unable to upload instruments for the last 2 months and have not done breath tests

or Als during that period (disabled mode). Successfully uploaded instruments while visiting agency.

| ☑ Instrument Complies with Chapter 11D-8, FAC Comments: ☑ Instrument Does Not Comply with Chapter 11D-8, FAC Agency wants to deregister 80-001286 due | to |
|--|----|
| | |
| Remain in Evidentiary Use non-usage. Return to/Place into Evidentiary Use non-usage. Remove from Evidentiary Use non-usage. Remain Out of Evidentiary Use non-usage. | |
| Conduct an Agency Inspection Before Evidentiary Use | |

Digitally signed by Richard A Williams Date: 2021.11.10 11:20:02 -05'00' **Richard A Williams**

Signature of Alcohol Testing Program Staff Member

Original – FDLE Copy - Agency Date