

DEPARTMENT INSPECTOR FIELD NOTES

Agency: <u>Auburndale Police</u> Department

___ Instrument Serial Number: ____

n/a

| Department Inspection: | | Agency Inspection/Agency Contact: | Records Audit: | | | |
|--|--|--|---|--|--|--|
| | Registration Request for Registration Attached Annual Inspection After Repair Other: Barometric Pressure: Gauge Instrument | Agency Inspection Notification Agency Contact Other Date of Notification/Contact: 6/21/2021 Agency Representative: BTO Andy Moore | The following records were audited: Agency Inspection Reports Breath Test Instrument Repair/Maintenance Records Instrument Registration Dry Gas Standard Certificate(s) of Analysis Other: Other: | | | |
| | Instrument Set Up Verified | | | | | |
| Comments: | | | | | | |
| When field visit was scheduled, AI Lokietek advised he would be out of town. Coordinated to be shown | | | | | | |
| around by a BTO at time of visit. | | | | | | |

| Instrument/Area: | Equipment: | Supplies: | | | |
|---|---|---|--|--|--|
| Clean/Dry Secure Limited Access Other: | 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 Alcohol Reference Solution Dry Gas Standard Mouth Pieces | | | |
| Comments: | | | | | |

| Several expired dry gas cylinders and bottles of acetone/mouth alcohol were observed in drawer away | | | |
|---|--|--|--|
| from non-expired lots. Recommended either discarding the expired lots or clearly marking the drawer | | | |
| and containers to indicate they were expired and not to be used during inspection/breath testing. | | | |

| Ac | Action: | | | | |
|---|---|---|--|--|--|
| | Instrument Complies with Chapter 11D-8, FAC Instrument Does Not Comply with Chapter 11D-8, FAC | Comments: Agency is compliant with Chapter 11D-8, FAC. | | | |
| | Remain in Evidentiary Use Return to/Place into Evidentiary Use Remove from Evidentiary Use Remain Out of Evidentiary Use | | | | |
| | Conduct an Agency Inspection Before Evidentiary Use | | | | |
| Digitally signed by Taylor Gutschow Date: 2021.06.22 08:58:42 -04'00' | | 6/21/2021 | | | |
| Signature of Alcohol Testing Program Staff Member | | Date | | | |

Original – FDLE Copy – Agency