

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Polk County Sheriff's Office

Instrument Serial Number: _____

n/a

Department Inspection:		Agency Inspection/Agency Contact:	Records Audit:			
	Registration Request for Registration Attached	Agency Inspection Notification	The following records were audited: Agency Inspection Reports			
	Annual Inspection After Repair	Agency Contact	Breath Test Instrument Repair/Maintenance Records			
	Other:	□ Other	Instrument Registration			
	Barometric Pressure:	Date of Notification/Contact: 6/21/2021	Dry Gas Standard Certificate(s) of Analysis			
	Gauge		□ Other:			
	Instrument	Agency Inspector: Teaquilia Hammonds. Al Johnston also present.	□ Other:			
	Instrument Set Up Verified					
Comments:						
Al requested additional bottles of acetone and mouth alcohol. A refill request was sent to the ATP						
email address.						

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:						

Action:				
	Instrument Complies w	ith Chapter 11D-8, FAC	Comments:	
	Instrument Does Not C	omply with Chapter 11D-8, FAC	Agency is compliant with Chapter 11D-8, FAC	
	Remain in Evidentiary	Jse		
Return to/Place into Evidentiary Use		identiary Use		
	Remove from Evidentiary Use			
Remain Out of Evidentiary Use		ary Use		
Conduct an Agency Inspection Before Evidentiary Use		pection Before Evidentiary Use	1	
Digitally signed by Taylor Gutschow Digitally signed by Taylor Gutschow Date: 2021.06.22 08:42:24 -04'00'			6/21/2021	
Signature of Alcohol Testing Program Staff Member			Date	
		Original – FDLE	Copy – Agency	