

DEPARTMENT INSPECTOR FIELD NOTES

Agency: <u>Walton County Sheriff's Office (County Jail)</u>

Instrument Serial Number: See comments

Department Inspection:		Agency Inspection/Agency Contact:	Records Audit:
	Registration Reguest 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:	Dry Gas Standard Certificate(s) of Analysis
	Gauge	Agency Inspector:	
	Instrument		□ Other:
			□ Other:
	Instrument Set Up Verified		
Comments:			
Instruments rotate between county jail and sheriff substation: 80-007364, 80-001311, 80-001312			
80-007173. On site visit done Friday June 18 2021. Records kept at sheriff substation.			

Instrument/Area:	Equipment:	Supplies:	
Clean/Dry	Proper Number of Simulators	Distilled/Deionized Water	
Secure	Checked Simulators for Air Leak	Mouth Alcohol Solution	
Limited Access	Resistant Seal and Proper	Acetone Stock Solution	
Other:	Temperature	Alcohol Reference Solution	
	Class A Glassware	Dry Gas Standard	
		Mouth Pieces	
Comments:			
Been measured 02" x 110". Agency increations not performed in this location			

Room measured 92 x 119 . Agency inspections not performed	
Instrument is locked in a room, and is locked in a box. Combinat	tion on locked box is routinely

changed. Instrument had a control outside tolerance during a breath test the week before.

Act	tion:		
	 Instrument Complies with Chapter 11D-8, FAC Instrument Does Not Comply 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 		Comments:
			No inspection performed, on-site visit.
			Can remove instrument from secure room to
			perform breath test to help with circulation of
			air, and then return instrument to secure room.
Israel Soto Digitally signed by Israel Soto Date: 2021.06.21 08:56:35 -04'00'			06-21-2021
	Signature of A	Icohol Testing Program Staff Member	Date
		Original – FDLE	Copy – Agency



DEPARTMENT INSPECTOR FIELD NOTES

Agency: Walton County Sheriff's Office (substation) Instrument Serial Number: See comments

Department Inspection:		Agency Inspection/Agency Contact:	Records Audit:
		Agency Inspection Notification Agency Contact Other Date of Notification/Contact:	 The following records were audited: Agency Inspection Reports Breath Test Instrument Repair/Maintenance Records Instrument Registration Dry Gas Standard Certificate(s) of Analysis
	Gauge Instrument Instrument Set Up Verified	Agency Inspector:	 ☑ Other: Simulator calibrations ☑ Other:
Comments:			
Instruments rotate between county jail and sheriff substation: 80-007364, 80-001311, 80-001312			
80-007173. On site visit done Friday June 18 2021. Instrument is locked in a room, and is locked in a			
box. Combination on locked box is routinely changed. Room measured 12'11" by 17'.			

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: Simulators are kept calibrated.		

Can remove instrument for breath tests if needed, and return to secure area afterwards.

Ac	Action:			
	Instrument Compli	es with Chapter 11D-8, FAC	Comments:	
	Instrument Does N	ot Comply with Chapter 11D-8, FAC	On site visit, no inspection performed. Took	
	Remain in Evident	ary Use	instruments 1311 and 7173 back to ATP for	
	Return to/Place int	o Evidentiary Use		
	Remove from Evid	entiary Use	calibration adjust and further evaluation.	
	Remain Out of Evi	dentiary Use		
	Conduct an Agenc	y Inspection Before Evidentiary Use		
Israel Soto Digitally signed by Israel Soto Date: 2021.06.22 15:00:58 -04'00'			6-21-2021	
Signature of Alcohol Testing Program Staff Member			Date	
Original – FDLE		Original – FDLE	Copy – Agency	