

DEPARTMENT INSPECTOR FIELD NOTES

KylE PlussA

Agency: FWCC SOUTH REGION Instrument Serial Number: 80-000904					
Der	partment Inspection:	Agency Inspection/Age	ncy Contact:	Records Audit:	
	egistration Request for Registration Attached Innual Spection After Repair her: Other	☐ Agency Inspection ☐ ☐ Agency Contact ☐ Other	Notification	The following records were audited: Agency Inspection Reports Breath Test Instrument Repair/Maintenance Records Instrument Registration Dry Gas Standard Certificate(s) of	
	Barometric Pressure: Gauge	Date of Notification/Contact:		Analysis	
	Instrument	Agency Inspector:		Other:	
	Instrument Set Up Verified			Other:	
Comments:					
PLEASE FORWARD AN AMENDED FORM 40 TO INCLUDE THE CAUSE					
3 CORRECTIVE ACTION TAKEN FOR THE AF MA TEST. FOR THE					
11	INSPECTION COMPLETED ON 12/9, PLEASE REMEMBER to MAKE NOTES				
IN THE REMARKS SECTION AS REQUIRED BY RULE.					
Instrument/Area: Equipment: Supplies:					
	Clean/Dry	☐ Proper Number of Simulators		☐ Distilled/Deionized Water	
	Secure	☐ Checked Simulators for Air Leak Resistant Seal and Proper Temperature ☐ Class A Glassware		☐ Mouth Alcohol Solution	
	Limited Access			☐ Acetone Stock Solution	
	Other:			☐ Alcohol Reference Solution	
_	Other.			☐ Dry Gas Standard	
				☐ Mouth Pieces	
Comments:					
Action:					
			Comments:		
X	Remain in Evidentiary Use				
6					
	STATE OF THE PROPERTY OF STATE				
Conduct an Agency Inspection Before Evidentiary Use					
Shaule Platt 2/1/17					
Signature of Alcohol Testing Program Staff Member Date					