



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

RYAN DOVEI

Agency: INDIALANTIC PD

Instrument Serial Number: 80-001006

| Department Inspection:   | Agency Inspection/Agency Contact:   | Records Audit:   |
|--|---|--|
| <input type="checkbox"/> Registration<br><input type="checkbox"/> Request for Registration Attached<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Inspection After Repair<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Barometric Pressure:<br>_____ Gauge<br>_____ Instrument<br><input type="checkbox"/> Instrument Set Up Verified | <input type="checkbox"/> Agency Inspection Notification<br><input type="checkbox"/> Agency Contact<br><input type="checkbox"/> Other: _____<br>Date of Notification/Contact:<br>_____<br>Agency Inspector:<br>_____ | The following records were audited:<br><input checked="" type="checkbox"/> Agency Inspection Reports<br><input type="checkbox"/> Breath Test Instrument Repair/Maintenance Records<br><input type="checkbox"/> Instrument Registration<br><input type="checkbox"/> Dry Gas Standard Certificate(s) of Analysis<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____ |

Comments:

PLEASE FORWARD AN AMENDED FORM 40 TO INCLUDE THE CAUSE & CORRECTIVE ACTION TAKEN FOR THE EXCEPTION MSG. RECEIVED DURING YOUR 12/10/16 INSPECTION. PLEASE REMEMBER TO MAKE NOTE IN THE REMARKS WHEN A TEST IS REPEATED.

| Instrument/Area:  | Equipment:   | Supplies:   |
|---|--|---|
| <input type="checkbox"/> Clean/Dry<br><input type="checkbox"/> Secure<br><input type="checkbox"/> Limited Access<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Proper Number of Simulators<br><input type="checkbox"/> Checked Simulators for Air Leak Resistant Seal and Proper Temperature<br><input type="checkbox"/> Class A Glassware | <input type="checkbox"/> Distilled/Deionized Water<br><input type="checkbox"/> Mouth Alcohol Solution<br><input type="checkbox"/> Acetone Stock Solution<br><input type="checkbox"/> Alcohol Reference Solution<br><input type="checkbox"/> Dry Gas Standard<br><input type="checkbox"/> Mouth Pieces |

Comments:

| Action:   |  | Comments: |
|---|--|-----------|
| <input checked="" type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC |  |           |
| <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC     |  |           |
| <input checked="" type="checkbox"/> Remain in Evidentiary Use                   |  |           |
| <input type="checkbox"/> Return to/Place into Evidentiary Use                   |  |           |
| <input type="checkbox"/> Remove from Evidentiary Use                            |  |           |
| <input type="checkbox"/> Remain Out of Evidentiary Use                          |  |           |
| <input type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use    |  |           |

Shayla Platt  
Signature of Alcohol Testing Program Staff Member

2/1/17  
Date

Original - FDLE

Copy - Agency