



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: PANAMA CITY P.D.

Instrument Serial Number: 80-001204

Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
<input type="checkbox"/> Registration <input type="checkbox"/> Request for Registration Attached <input type="checkbox"/> Annual <input type="checkbox"/> Inspection After Repair <input type="checkbox"/> Other: _____ <input type="checkbox"/> Barometric Pressure: _____ Gauge _____ Instrument <input type="checkbox"/> Instrument Set Up Verified	<input type="checkbox"/> Agency Inspection Notification <input checked="" type="checkbox"/> Agency Contact <input type="checkbox"/> Other: _____ Date of Notification/Contact: <u>5/15/2017</u> Agency Inspector: <u>ERIC ABRAHAM</u>	The following records were audited: <input checked="" type="checkbox"/> Agency Inspection Reports <input checked="" type="checkbox"/> Breath Test Instrument Repair/Maintenance Records <input checked="" type="checkbox"/> Instrument Registration <input checked="" type="checkbox"/> Dry Gas Standard Certificate(s) of Analysis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Comments:

A.I. reported that his simulators were stolen and that the replacement simulators flooded the instrument. The instrument is being sent to CMI for repair

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

Comments:

Action:		Comments:
<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC		
<input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC		
<input 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		

Patrick Murphy

Signature of Alcohol Testing Program Staff Member

5/15/2017

Date