



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

MATTHEW WIMMER

Agency: INDIAN HARBOUR PD Instrument Serial Number: 80-0012263

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 type="checkbox"/> Agency Contact <input type="checkbox"/> Other _____ Date of Notification/Contact: _____ Agency Inspector: _____	The following records were audited: <input checked="" type="checkbox"/> Agency Inspection Reports <input type="checkbox"/> Breath Test Instrument Repair/Maintenance Records <input type="checkbox"/> Instrument Registration <input type="checkbox"/> Dry Gas Standard Certificate(s) of Analysis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Comments: PLEASE DO NOT ERASE THE REMARKS GENERATED BY THE INSTRUMENT WHEN A TEST IS REPEATED. YOUR COMMENTS SHOULD FOLLOW THESE REMARKS. (SEE INSPECTION COMPLETED 12/17/16 ALSO, NOTIFY ME WHEN A TEST OR INSPECTION MUST BE REPEATED.

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

Signature of Alcohol Testing Program Staff Member: [Signature]

Date