



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Hillsborough County Sheriff's Office

Instrument Serial Number: All registered to HCSO

| 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><br><input type="checkbox"/> Barometric Pressure:<br>_____ Gauge<br>_____ Instrument<br><br><input type="checkbox"/> Instrument Set Up Verified | <input type="checkbox"/> Agency Inspection Notification<br><input type="checkbox"/> Agency Contact<br><input checked="" type="checkbox"/> Other Site inspection w/ AI present<br><br>Date of Notification/Contact:<br>02/13/2018 Approx 11:00-13:00<br><br>Agency Inspector:<br>Roger Skipper | The following records were audited:<br><input checked="" type="checkbox"/> Agency Inspection Reports<br><input checked="" type="checkbox"/> Breath Test Instrument Repair/Maintenance Records<br><input checked="" type="checkbox"/> Instrument Registration<br><input checked="" type="checkbox"/> Dry Gas Standard Certificate(s) of Analysis<br><br><input checked="" type="checkbox"/> Other: Site inspection<br><input checked="" type="checkbox"/> Other: Breath Test Affidavits |

**Comments:**  
On February 13, 2018, I arrived to inspect and audit Hillsborough County Central Breath Testing Unit. There are several rooms separated by keys (with differing locks to facilitate different access levels.) Access levels are well defined and new signs on the entrance clearly define authorized personnel allowed to enter rooms containing Intoxilyzers. I observed a total of eight evidential

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

**Comments:**  
instruments present. (Four in service and four separated ready for inspection later that evening.) All equipment is kept clean and dry. All solutions in use are in date and well labeled. I did not observe an agency inspection. I did audit several files. All files are well kept and in order. I found that all are present and kept for the required time frame at a minimum.

| Action:  |   | Comments: |
|--|---|-----------|
| <input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC         | Individual instruments were not checked for compliance with Rule 11D-8; however, the facility fully meets all requirements. |           |
| <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 |   |           |

Signature of Alcohol Testing Program Staff Member

02/14/2018

Date

Original - FDLE

Copy - Agency