



Florida Department of
Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Leon County Sheriff's Office Instrument Serial Number: 80-000957, 958, 1153

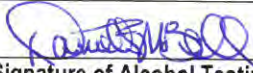
Department Inspection:	Agency Inspection/Agency Contact:	Records Audit:
<input type="checkbox"/> Registration <input type="checkbox"/> Request for Registration Attached <input type="checkbox"/> Annual <input type="checkbox"/> Inspection After Repair <input type="checkbox"/> Other: _____ <input type="checkbox"/> 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>01/11/2017</u> Agency Inspector: <u>Stanley Travis Wilson</u>	The following records were audited: <input 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 checked="" type="checkbox"/> Other: <u>Environment, Instruments</u> <input type="checkbox"/> Other: _____

Comments:
 On January 11, 2018, DI Shayla Platt and I traveled to the Leon County Sheriff's Office Jail to meet with AI Travis Wilson regarding the three instruments located at that facility. I observed a small room with 2 clean locations for several Intoxilyzers and a fan for ventilation. The room appeared to have very limited access. I found no concerns

Instrument/Area:	Equipment:	Supplies:
<input checked="" type="checkbox"/> Clean/Dry <input checked="" type="checkbox"/> Secure <input checked="" 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:
 with this location other than the small size of the room, however, the space is adequate for breath testing. The instruments were determined to be cycling power or freezing rather than fully booting to start mode. All 3 instruments were removed from service and taken to FDLE for further evaluation. DI Patrick Murphy was notified.

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 checked="" type="checkbox"/> Remove from Evidentiary Use <input type="checkbox"/> Remain Out of Evidentiary Use <input checked="" type="checkbox"/> Conduct an Agency Inspection Before Evidentiary Use		

02/05/2018

 Signature of Alcohol Testing Program Staff MemberDate
 Original - FDLECopy - Agency