



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: South Daytona P.D.

Instrument Serial Number: 80-001242

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 checked="" type="checkbox"/> Agency Inspection Notification <input type="checkbox"/> Agency Contact <input type="checkbox"/> Other _____ Date of Notification/Contact: 7/12/2018 Agency Inspector: Ofc. Francis Melody	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 type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Comments:

A.I. reported that he had failed the June inspection due to an empty tank of dry gas caused by a leaky dry gas regulator. A.I. mentioned that he had reported this fact to another department inspector at the time of the failure. He is sending the instrument to us for evaluation.

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 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		

Signature of Alcohol Testing Program Staff Member

Date

Original - FDLE

Copy - Agency