



Florida Department of Law Enforcement

### DEPARTMENT INSPECTOR FIELD NOTES

Agency: Orange County Sheriff's Office

Instrument Serial Number: 80-001418

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>10/10/18</u> Agency Inspector: <u>Kelly Melville / Marcy Padron</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 type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
<b>Comments:</b> Kelly and Marcy spoke with me over the phone and alerted me to an issue with the dry gas cylinder lot not being changed internally, which led to BTO's not checking the number against the actual cylinder. She amended it, notified us, and David Fear as well. See attached documents		

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 checked="" type="checkbox"/> Dry Gas Standard <input type="checkbox"/> Mouth Pieces
<b>Comments:</b> I forwarded emails to Program Manager Brett Kirkland and QA Mgr. Thomas Graham as well		

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		

10/15/2018

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 Signature of Alcohol Testing Program Staff Member  
 Original - FDLE                      Copy - Agency                      Date