



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: New Smyrna Beach PD

Instrument Serial Number: 80-002231

<b>Department Inspection:</b> <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	<b>Agency Inspection/Agency Contact:</b> <input checked="" type="checkbox"/> Agency Inspection Notification <input type="checkbox"/> Agency Contact <input type="checkbox"/> Other _____  <b>Date of Notification/Contact:</b> 3/7/2018  <b>Agency Inspector:</b> Jason Reve	<b>Records Audit:</b> 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> A.I. notifies me that he failed an inspection on 2/16/2018, repeated the inspection successfully. Advised him that the notification should be timely.		

<b>Instrument/Area:</b> <input type="checkbox"/> Clean/Dry <input type="checkbox"/> Secure <input type="checkbox"/> Limited Access <input type="checkbox"/> Other: _____	<b>Equipment:</b> <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	<b>Supplies:</b> <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
<b>Comments:</b>   		

<b>Action:</b> <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	<b>Comments:</b>    
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*Patrick Murphy*

Signature of Alcohol Testing Program Staff Member

*3/7/2018*

Date

Original - FDLE

Copy - Agency



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<b>Comments:</b> <u>Inspection failed due to interferent detect combined with an ambient fail. Strongly suspected ambient air conditions as cause, suggested they repeat the inspection on Monday morning.</u>		

<b>Instrument/Area:</b> <input type="checkbox"/> Clean/Dry <input type="checkbox"/> Secure <input type="checkbox"/> Limited Access <input type="checkbox"/> Other: _____	<b>Equipment:</b> <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	<b>Supplies:</b> <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
<b>Comments:</b> _____ _____ _____		

<b>Action:</b>	
<input type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input checked="" type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC	<b>Comments:</b> _____ _____ _____
<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	

*Patrick Murphy*

Signature of Alcohol Testing Program Staff Member

2/19/2018

Date

Original - FDLE

Copy - Agency



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<b>Department Inspection:</b> <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	<b>Agency Inspection/Agency Contact:</b> <input checked="" type="checkbox"/> Agency Inspection Notification <input type="checkbox"/> Agency Contact <input type="checkbox"/> Other _____ <b>Date of Notification/Contact:</b> 2/18/2018 <b>Agency Inspector:</b> James Martin	<b>Records Audit:</b> 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> Inspection failed due to ambient fail combined with out of tolerance values on the 0.08 simulator. Strongly suspected ambient air conditions as cause, suggested they repeat the inspection on Monday morning.		

<b>Instrument/Area:</b> <input type="checkbox"/> Clean/Dry <input type="checkbox"/> Secure <input type="checkbox"/> Limited Access <input type="checkbox"/> Other: _____	<b>Equipment:</b> <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	<b>Supplies:</b> <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
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*Patrick Murphy*

Signature of Alcohol Testing Program Staff Member

2/19/2018

Date

Original - FDLE Copy - Agency