

## DEPARTMENT INSPECTOR FIELD NOTES

| Ag   | ency: Clay County SO   |   | Instrument Serial Number: 80-001046                  |  |  |
|--|--|---|--|--|--|
| Department Inspection:   |  | Agency Inspection/Agency Contact:   |  | Records Audit:   |  |
|  | Registration Request for Registration Attached Annual Inspection After Repair Other: Barometric Pressure: Gauge Instrument Instrument Set Up Verified                        | □ Agency Inspection Notification □ Agency Contact □ Other  Date of Notification/Contact: 7/25/19  Agency Inspector: Richard Patrone                                     |  | The following records were audited:  ☐ Agency Inspection Reports ☐ Breath Test Instrument Repair/Maintenance Records ☐ Instrument Registration ☐ Dry Gas Standard Certificate(s) of Analysis ☐ Other: ☐ Other: |  |
| Comments:  |  |   |  |  |  |
| Instrument/Area: Equipment: Supplies:  ☑ Clean/Dry ☑ Proper Number of Simulators ☑ Distilled/Deionized Water |  |   |  |  |  |
| $   \sqrt{} $  | Secure<br>Limited Access   | <ul> <li>☑ Proper Number of Simulators</li> <li>☑ Checked Simulators for Air Leak<br/>Resistant Seal and Proper<br/>Temperature</li> <li>☑ Class A Glassware</li> </ul> |  | <ul> <li>☑ Distilled/Deionized Water</li> <li>☑ Mouth Alcohol Solution</li> <li>☑ Acetone Stock Solution</li> <li>☑ Alcohol Reference Solution</li> <li>☑ Dry Gas Standard</li> <li>☑ Mouth Pieces</li> </ul>  |  |
| Action:  |  |   |  |  |  |
| <b>4</b>   |  |   |  |  |  |
|  | Instrument Does Not Comply with Chapter 11D-8, FAC   |   | Everything was in order. Agency Inspection went well |  |  |
|  | Remain in Evidentiary Use Return to/Place into Evidentiary Use Remove from Evidentiary Use Remain Out of Evidentiary Use Conduct an Agency Inspection Before Evidentiary Use |   |  |  |  |
| Signature of Alcohol Testing Program Staff Member  7/31/9 Date   |  |   |  |  |  |

Copy - Agency

Original – FDLE