



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Clay County SO

Instrument Serial Number: 80-001443

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: 7/25/19 Agency Inspector: Richard Patrone	The following records were audited: <input checked="" type="checkbox"/> Agency Inspection Reports <input checked="" type="checkbox"/> Breath Test Instrument Repair/Maintenance Records <input checked="" type="checkbox"/> Instrument Registration <input checked="" type="checkbox"/> Dry Gas Standard Certificate(s) of Analysis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Comments: Observed an agency inspection _____ _____ _____		

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 checked="" type="checkbox"/> Proper Number of Simulators <input checked="" type="checkbox"/> Checked Simulators for Air Leak Resistant Seal and Proper Temperature <input checked="" type="checkbox"/> Class A Glassware	<input checked="" type="checkbox"/> Distilled/Deionized Water <input checked="" type="checkbox"/> Mouth Alcohol Solution <input checked="" type="checkbox"/> Acetone Stock Solution <input checked="" type="checkbox"/> Alcohol Reference Solution <input checked="" type="checkbox"/> Dry Gas Standard <input checked="" type="checkbox"/> Mouth Pieces
Comments: _____ _____ _____		

Action:	
<input checked="" type="checkbox"/> Instrument Complies with Chapter 11D-8, FAC <input type="checkbox"/> Instrument Does Not Comply with Chapter 11D-8, FAC	Comments: Everything was in order. Agency Inspection went well Brought instrument back to ATP for annual Department Inspection _____ _____
<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	

Britt Hurland
Signature of Alcohol Testing Program Staff Member

7/31/19
Date

Original - FDLE

Copy - Agency