



Florida Department of
Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: Pasco County Sheriff's Office Instrument Serial Number: n/a

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>7/16/2021</u> Agency Inspector: <u>Barry Nixon</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: _____
Comments: <u>Unable to audit records. Stored digitally and not immediately available on-site.</u> _____ _____ _____		

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 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: <u>Solutions and dry gas were non-expired. Compliant with Chapter 11D-8, FAC.</u> _____ _____ _____		

Action:	
<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	Comments: <u>Compliant with Chapter 11D-8, FAC.</u> _____ _____ _____ _____

Taylor Gutschow

Digitally signed by Taylor Gutschow
Date: 2021.07.19 11:35:57 -04'00'

7/19/2021

Signature of Alcohol Testing Program Staff Member

Date

Original – FDLE

Copy – Agency