



Florida Department of
Law Enforcement

**DEPARTMENT INSPECTOR
FIELD NOTES**

Agency: Lake County Sheriff's Office Instrument Serial Number: _____


| 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>10/12/2021</u> Agency Inspector: <u>Bronson Binder</u> | 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:
 Discussed best practices for uploading. Agency has posted BTO procedures near the instrument, as well as instructions to remove the mouthpiece between air blanks and keep the subject away from the instrument when not providing a sample. Also posted list of exception messages and corrective actions.

| 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:
 Supplies are non-expired. Agency has been entering the incorrect DGS lot number during AIs using the lot number on the transportation label instead of the manufacturer label (but using the correct expiration date). Instructed to use the lot number on manufacturer label. Can track previous lot details using the DGS certificates and expiration dates.

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

Taylor Gutschow  Digitally signed by Taylor Gutschow
 Date: 2021.11.05 10:23:03 -04'00' 11/05/2021

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