



Florida Department of Law Enforcement

DEPARTMENT INSPECTOR FIELD NOTES

Agency: _____ Instrument Serial Number: _____

Agency Notification	Records Audit:
<p>Agency Inspector/Contact: _____</p> <p>Date of Notification: _____</p>	<p>The following records were audited:</p> <p><input type="checkbox"/> Instrument Registration</p> <p><input type="checkbox"/> Agency Inspection Reports</p> <p><input type="checkbox"/> Breath Test Instrument Repair/Maintenance Records</p> <p><input type="checkbox"/> Dry Gas Standard Certificate(s) of Analysis</p> <p><input type="checkbox"/> Other: _____</p>
<p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Instrument/Area:	Equipment:	Supplies:
<p><input type="checkbox"/> Clean/Dry</p> <p><input type="checkbox"/> Secure</p> <p><input type="checkbox"/> Limited Access</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Proper Number of Simulators</p> <p><input type="checkbox"/> Checked Simulators for Air Leak Resistant Seal and Proper Temperature</p> <p><input type="checkbox"/> Class A Glassware</p>	<p><input type="checkbox"/> Distilled/Deionized Water</p> <p><input type="checkbox"/> Mouth Alcohol Solution</p> <p><input type="checkbox"/> Acetone Stock Solution</p> <p><input type="checkbox"/> Alcohol Reference Solution</p> <p><input type="checkbox"/> Dry Gas Standard</p> <p><input type="checkbox"/> Mouth Pieces</p>
<p>Comments:</p> <p>_____</p>		

Destinee Armstrong
Signature of Alcohol Testing Program Staff Member _____ Date _____