



**Course Title:** Agency Inspector Course – 24 hours

Specialized Course #850

Instructor(s): Sgt. Kenneth Nichols – Winter Haven Police Department

Date(s): May 20, 2019 – May 22, 2019

Time(s): 8:00 AM – 5:00 PM (Monday – Wednesday)

**Location:** Polk State College - Center for Public Safety

Kenneth C. Thompson Institute of Public Safety

1251 Jim Keene Blvd

Winter Haven, Florida 33880

Cost: Region 8 training funds will pay for Region 8 law enforcement and correctional officers as well

as Region 8 support personnel (when seats are available). Region 8 includes Polk, Hardee,

Highlands, and Desoto counties.

For students who are attending this course from outside Region 8, the total cost for this course

is \$1,795.30 or \$179.53 (based on 10 registered students.)

**Description:** During the course the student will learn the role of an agency inspector as it relates to

ensuring evidentiary breath test instruments are providing accurate and reliable results. They will obtain a more in depth understanding of breath alcohol analysis and how to obtain reliable breath alcohol samples. The student will learn about the instrumentation used to analyze breath samples in accordance with Chapter 11D-8, FAC. The student will learn about the reference sample device and how to properly operate the device, the purpose and use of alcohol reference solutions and dry gas standard as they apply to the agency inspection process, and also the proper way to conduct an agency inspection of an Intoxilyzer 8000 in accordance with Chapter 11D-8, Florida Administrative Code. In addition, the student will

learn how to testify regarding the agency inspection.

This course qualifies for **mandatory** retraining.

Kenneth C. Thompson Institute of Public Safety at Polk State College Center for Public Safety 1251 Jim Keene Blvd
Winter Haven, FL 33880
(863) 297-1030 ext.
(863) 297-1045 fax
www.polk.edu/ips

## POLK STATE COLLEGE KENNETH C. THOMPSON INSTITUTE OF PUBLIC SAFETY Training Authorization & Advanced/Specialized Course Registration

## **Student Authorization (Formerly CJSTC 15A)**

## **Student Registration**

| Student Nan   |                     |              |                   |              |                               |               |  |
|---|---------------------|--------------|-------------------|--------------|-------------------------------|---------------|--|
|   | (Last Name)         | (First Name) |                   | (FULL Middle | Name)                         | (Sr, Jr, etc) |  |
| Student SS#: Student email:   |                     |              |                   |              |                               |               |  |
| Supervisor/email  |                     |              |                   |              |                               |               |  |
| Check one: Law Enforcement  Corrections  Correctional Probation  Civilian   |                     |              |                   |              |                               |               |  |
| Agency Name:  |                     |              |                   |              |                               |               |  |
| Agency Address:   |                     |              |                   |              |                               |               |  |
| (Street) (city) (state) (zip)   |                     |              |                   |              |                               |               |  |
| Date of Birth   |                     | Gender P     | Gender Preferred: |              | Telephone Numbers             |               |  |
| ☐ Male ☐ Female   |                     |              |                   |              |                               |               |  |
| MM / DD / YYYY  |                     | V            | Work:             |              |                               |               |  |
| Race (Required by the U.S. Office of Education Title VI Civil Rights Act of 1964)   |                     |              |                   |              |                               |               |  |
| ☐ White (Non-Hispanic) ☐ Asian/Pacific Island   |                     |              | er                | ☐American I  | American Indian/Alaska Native |               |  |
| ☐ Black (Non-Hispanic) ☐ Hispanic   |                     |              |                   |              |                               |               |  |
| Note: Form MUST be completed in its entirety or the officer WILL NOT be registered. Ensure that you are using the most current form for this class. These forms are pre-filled for specific classes and located with the course announcement online <a href="https://www.polk.edu/ips">https://www.polk.edu/ips</a> .  Officers/Civilians in Region 8 are at \$0.00 fee. Officers/Civilians outside of Region will be placed on a WAITING LIST and must have a reciprocal agreement in place with PSC before the 1st day of class. The course fee will be the per student cost on the course announcement (subject to change).  Agency Registration Section |                     |              |                   |              |                               |               |  |
| Course #  | <b>Course Title</b> |              | Dates             | Time         | Location                      | 1             |  |
|   |                     |              |                   |              | Center for                    | Public Safety |  |
| Course Credit (Check One): Salary Incentive   Mandatory Retraining  |                     |              |                   |              |                               |               |  |
| Neither $\square$ (support personnel/civilians only)  |                     |              |                   |              |                               |               |  |
| Authorized Agency Representative (please print):  |                     |              |                   |              |                               |               |  |
| Authorized A  | Agency Signatu      | re:          | Date:             |              |                               |               |  |
| Agency Contact Name:  |                     |              |                   |              |                               |               |  |
| Telephone Number:   |                     |              | Email             | :            |                               |               |  |