

**BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET**

Instrument: Infox 8000 Serial Number: 80-003071

Transported Out of the Crime Laboratory:	
Agency Being Assigned Instrument: <u>CMI</u>	
Name/Agency of Person Transporting Instrument: _____ (Print Name) _____ (Print Agency)	
Signature of Person Receiving Instrument: _____	
Date Receiving Instrument: ____/____/____ From: _____	
Or Shipped Via: USPS _____ UPS _____ FedEx <u>X</u> Other _____	
<u>X</u> Date Sending Instrument: <u>28 June 2010</u>	<u>X</u> Air Bill No. <u>8697 8802 6208</u>
Complete Air Bill (Identify Instrument/Serial Number) and attach a copy to this worksheet.	
Transported to the Crime Laboratory:	
Agency Returning Instrument: _____	
Name/Agency of Person Returning Instrument: _____ (Print Name) _____ (Print Agency)	
Signature of Person Returning Instrument: _____	
Date Returning Instrument: ____/____/____ Received By: _____	
Or Received Via: USPS _____ UPS _____ FedEx _____ Other _____	
Date Receiving Instrument: ____/____/____ Air Bill No. _____	
Attach shipping paperwork (if any) to this worksheet.	
Instrument Transfer Information Entered Into the Equipment Database:	
Date of Action <u>28 June 2010</u>	By: <u>Deb Kashur</u>

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# Return Material Authorization Form

Complete all numbered sections of this form where applicable and include with item being returned.  
A restocking fee may be applied for returned merchandise.

1. Please contact CMI, Inc. for a Return Material Authorization number. RMA# \_\_\_\_\_

2. Item(s) Returned:  Instrument  Supplies  Other

3. Instrument Model: 8000 Serial Number 80-003071

4. Bill To Address: Under Warentee Ship To Address: Crime Laboratory Division  
2641 E. Main Ave  
Bismarck ND 58501

5. Reason for Return: Note - If you are sending an item for repair, please give a detailed description of the problem. Please list any special instructions that you may have concerning this return.

Pump doesn't clear Alcohol from sample chamber  
1st Sample on ACA OK then PUR\*

6. Purchase Order Number (attach a copy of P.O. if applicable) \_\_\_\_\_

### Please Choose One of the following Options: 7a, 7b or 7c

7a. I Authorize All Repairs:  Yes  No

7b. I Authorize Repairs Up To: \$ Warentee

7c. I Require An Estimate Regardless of Cost  Yes  No

Please contact: Name \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

Note: An evaluation fee will apply to estimates that are not repaired.

8. Authorized By:  
Margy Pearson  
Name (Please Print)  
Margy Pearson  
Signature 7 Jun 2010  
Date

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Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-003071  
Location = STAN      8164.13.00 06/09  
03/30/2010      18:45

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	18:45
02 Std. Gas	0.077	18:46
03 Room Air	PUR*	18:46
04 Room Air	PUR*	18:47

\*Purge Fail

Lot No = 659358

Cyl No = 43

Exp Date = 09/03/2011

County = 31

Oper No. = 100019

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Operator Signature  
DUANE L. MARMON

Remarks:

Form 106-18000

25161

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Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-003071  
Location = STAN      8164.13.00 06/09  
03/26/2010      21:08

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	21:09
02 Std. Gas	0.079	21:09
03 Room Air	PUR*	21:10
04 Room Air	PUR*	21:11

\*Purge Fail

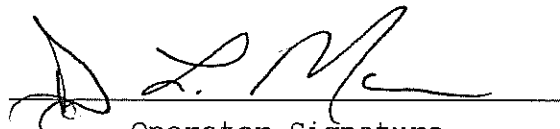
Lot No = 659358

Cyl No = 43

Exp Date = 09/03/2011

County = 31

Oper No. = 100019



Operator Signature  
DUANE L. MARMON

Remarks: / don't know what happened!

Form 106-I8000

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Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-003071  
Location = STAN      8164.13.00 06/09  
03/30/2010      19:26

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	19:27
02 Std. Gas	0.000	19:27
03 Room Air	0.000	19:28
04 Std. Gas	0.000	19:28
05 Room Air	0.000	19:28
06 Std. Gas	0.000	19:29
07 Room Air	0.000	19:29

Lot No = 659358  
Cyl No = 43  
Exp Date = 09/03/2011  
County = 31      Oper No. = 100019

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Operator Signature  
DUANE L. MARMON

Remarks:

Form 106-I8000

80-003071  
P. J. J. J. J.  
FA

Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer  
North Dakota Model 8000 SN 80-003071  
Location = STAN 8164.13.00 06/09  
06/07/2010 10:22

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:22
02 Std. Gas	0.078	10:23
03 Room Air	PUR*	10:24
04 Room Air	PUR*	10:24

\*Purge Fail

Lot No = 659358  
Cyl No = 43  
Exp Date = 09/03/2011  
County = 08 Oper No. = 107501

Operator Signature  
MARGY PEARSON

Remarks:

Form 106-18000

Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer  
North Dakota Model 8000 SN 80-003071  
Location = STAN 8164.13.00 06/09  
06/07/2010 10:25

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:25
02 Std. Gas	0.008	10:26
03 Room Air	0.000	10:26
04 Std. Gas	0.000	10:27
05 Room Air	0.000	10:27
06 Std. Gas	0.000	10:27
07 Room Air	0.000	10:28

Lot No = 659358  
Cyl No = 43  
Exp Date = 09/03/2011  
County = 08 Oper No. = 107501

Operator Signature  
MARGY PEARSON

Remarks:

Form 106-18000

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FedEx Tracking Number

8697 8802 6208

MUR48

Firm ID No.

0215

Sender's Copy

**1 From** Please print and press hard.

Date 6-28-10 Sender's FedEx Account Number 2748-4632-1

Sender's Name Margy Pearson Phone (701) 328-6159

Company OFFICE OF ATTY GEN CRIME LAB

Address 2641 E MAIN AVE

City BISMARCK State ND ZIP 58501-5044

**2 Your Internal Billing Reference** Intoxilyzer 80-003071

**3 To**

Recipient's Name CMI, Inc. Phone 866 835-0690

Company CMI, Inc.

Recipient's Address 316 East Ninth Street

City Owensboro State KY ZIP 42303

0404348458

**4a Express Package Service** Packages up to 150 lbs.

FedEx Priority Overnight Next business morning\*\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight Next business afternoon.\* Saturday Delivery NOT available.

FedEx First Overnight Earliest next business morning delivery to select locations.\* Saturday Delivery NOT available.

FedEx 2Day Second business day\*\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver Third business day\* Saturday Delivery NOT available.

\* To most locations.

**4b Express Freight Service** Packages over 150 lbs.

FedEx 1Day Freight\* Next business day\*\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 2Day Freight Second business day\*\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx 3Day Freight Third business day\*\* Saturday Delivery NOT available.

\* Call for Confirmation. \*\* To most locations.

**5 Packaging**

FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

\* Declared value limit \$500.

**6 Special Handling**

SATURDAY Delivery NOT Available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 2Day Freight.

HOLD Weekday at FedEx Location NOT Available for FedEx First Overnight.

HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.

No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.

Dry Ice Dry Ice, 2 UN 1845 x \_\_\_\_\_ kg

Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

**7 Payment Bill to:** Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section 1 will be billed.  Recipient  Third Party  Credit Card  Cash/Check

FedEx Acct. No. 128079580 Exp. Date \_\_\_\_\_

Total Packages	Total Weight	Total Declared Value*
<u>1</u>	<u>31</u>	<u>\$ 8000.00</u>

\*Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and on the current FedEx Service Guide, including terms that limit our liability.

**8 Residential Delivery Signature Options** If you require a signature, check Direct or Indirect.

No Signature Required Package may be left without obtaining a signature for delivery.

Direct Signature Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

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Rev. Date 10/06/Part #158279-01994-2006 FedEx-PRINTED IN U.S.A.-SRF

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