



# Service Evaluation Form

This form **MUST** be completed and enclosed with instrument to be serviced.  
Failure to complete and return this form may cause delays in service.

(Note: please ship items in their original shipping container(s) or a similar protective box.)

1. Contact information: Customer Number 585013 (contact Customer Service)  
 Name Deb Shanaver Phone: (701) 328-6159  
 Fax: (701) 328-6185 Email: dshanaver@nd.gov

2. Bill to Address: Under warranty Ship to Address: N.D. Crime Laboratory  
2641 E. Main Ave  
Bismarck, ND 58501-5044

3. Serial Number: 80-006493 Instrument Model: 8000

4. Detailed Description of Problem:  
When pressing F9 in DVM, the fan doesn't work.

**\*\*\*Hazardous Material Warning! - DO NOT return gas cylinders with instrument!\*\*\***

<sup>warranty</sup> I Authorize Repairs Up To:  All  \$250  \$500  \$750  Other \$ \_\_\_\_\_  
 Purchase Order Number (attach a copy of P.O. if applicable) \_\_\_\_\_

**Authorized By:**

<u>Deb Shanaver</u>	<u>For. Sci. II</u>
Name (Please Print)	Title
<u>Deb Shanaver</u>	<u>22 Jan 16</u>
Signature	Date

Ship to:  
**CMI, Inc.**  
**Attn: Service Dept.**  
**316 East Ninth Street**  
**Owensboro, KY 42303**

No, please send estimate before repairs are made.  
 Note: An estimate will be faxed before performing any repairs and may cause delays in service.  
 An evaluation fee (\$79.00 or actual costs) will apply to estimates that are not repaired.