

CHAIN OF CUSTODY
BREATH ALCOHOL INSTRUMENT

Instrument: 8000 Serial Number: 80-006503

Agency being assigned instrument: CM1

Date 23 Mar 2016

Transferred from:

Transferred to:

Name (print) Deb Shanaver

Name (print) _____

Signature Deb Shanaver

Signature _____

Agency Crim Lab

Agency CM1

Reason for transfer/remarks:

DSP fails upon initial inspection

Or Shipped Via:

USPS _____ UPS _____ FedEx _____ Other _____

Date Sending Instrument: _____ / _____ / _____ Air Bill No. _____



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 or Charles Eder 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: 80-006503 Instrument Model: 8000

4. Detailed Description of Problem:
While performing the Initial Inspection Charlie got several DSP fails during the CMS diagnostics. (We have the power cord)

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

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

Authorized By:

Deb Shanaver Forensic Scientist
 Name (Please Print) Title
Deb Shanaver 23 Mar 2016
 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.