

CHAIN OF CUSTODY  
BREATH ALCOHOL INSTRUMENT

Instrument: 8000 Serial Number: 80-005954

Agency being assigned instrument: CMI

Date 08 Apr 2014

Transferred from:

Transferred to:

Name (print) Deb Kashur

Name (print) CMI

Signature Deb Kashur

Signature \_\_\_\_\_

Agency Crime lab

Agency \_\_\_\_\_

Reason for transfer/remarks:

RT Clock fail during Diagnostic.

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 Kashur Phone: (701) 328-6159  
 Fax: (701) 328-6185 Email: \_\_\_\_\_

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

3. Serial Number: 80-005954 Instrument Model: 8000

4. Detailed Description of Problem:  
RTClock Fail during Diagnostic. It will not  
come out of Standby.

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

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

Authorized By:

*warranty*

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

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.