

**BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET**

Instrument: 8000 Serial Number: 80-004935

Transported Out of the Crime Laboratory:

Agency Being Assigned Instrument: CMI

Name/Agency of Person Transporting Instrument:  
Deb Kashur (Print Name) Crime Lab (Print Agency)

Signature of Person Receiving Instrument: \_\_\_\_\_

Date Receiving Instrument: \_\_\_\_/\_\_\_\_/\_\_\_\_ From: \_\_\_\_\_

Or Shipped Via:  
USPS \_\_\_\_ UPS \_\_\_\_ FedEx  Other \_\_\_\_\_

Date Sending Instrument: <sup>DK 22</sup> 27 / June / 2012 Air Bill No. 8728 8869 8810

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 \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_



# 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: dkashur@nd.gov

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

3. Serial Number: 80-004935 Instrument Model: 8000

4. Detailed Description of Problem:  
Battery does not stay charged. Tried a "good" battery & it immediately  
starts to discharge.  
(Sent w/ power cord)

**\*\*\*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:

\_\_\_\_\_  
 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.