

BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET

Instrument: 8000 Serial Number: 80-004942

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: ^{OK} 21st June 2012 Air Bill No. 8728 8869 8820

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: 80-004942 Instrument Model: 8000
 (NO power cord included)

4. Detailed Description of Problem:
While I was at agency to do an annual inspect, I noticed the infox was "off". It wouldn't power on for me - just dead w/blank screen. Blown fuse. Charlie replaced fuse & battery at same time - no luck. Original parts put back in.
*****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.