

BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET

Instrument: 8000 Serial Number: 80-004954

Transported <u>Out</u> of the Crime Laboratory:	
Agency Being Assigned Instrument: <u>CMI</u>	
Name/Agency of Person Transporting Instrument: <u>Deb Kashur</u> (Print Name) <u>Crime Lab</u> (Print Agency)	
Signature of Person Receiving Instrument: _____	
Date Receiving Instrument: ____/____/____ From: _____	
Or Shipped Via:	
USPS _____ UPS _____ FedEx <u>X</u> Other _____	
Date Sending Instrument: <u>OK 21st June, 12</u> Air Bill No. <u>8728 8869 8809</u>	
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: 80-004954 Instrument Model: 8000

4. Detailed Description of Problem:
EEPROM Fault
EEPROM data invalid
ID#018 System fault (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.