

BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET

Instrument: Infix 8000 Serial Number: 80-003061

Transported Out of the Crime Laboratory:

Agency Being Assigned Instrument: CMI

Name/Agency of Person Transporting Instrument:
_____ (Print Name) _____ (Print Agency)

Signature of Person Receiving Instrument: _____

Date Receiving Instrument: ____/____/____ From: _____

Or Shipped Via:
USPS _____ UPS _____ FedEx X Other _____

X Date Sending Instrument: 28 June 2010 X Air Bill No. 8697 8802 ⁶²¹⁹ ~~6241~~ ^{DK}

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 28 June 2010 By: Deb Kashner

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Return Material Authorization Form

Complete all numbered sections of this form where applicable and include with item being returned.
A restocking fee may be applied for returned merchandise.

1. Please contact CMI, Inc. for a Return Material Authorization number. RMA# _____

2. Item(s) Returned: Instrument Supplies Other

3. Instrument Model: 8000 Serial Number 80-003061

4. Bill To Address: Under Warranty Ship To Address: Crime Laboratory
2641 E Main Ave
Bismarck N.D 58501

5. Reason for Return: Note - If you are sending an item for repair, please give a detailed description of the problem. Please list any special instructions that you may have concerning this return.
Detector Prob. Simulator 0.10 AC read 0.080. Gas std
0.080 read 0.000. Had to Press Start Test more than
once to go to "Ready to Start"

6. Purchase Order Number (attach a copy of P.O. if applicable) _____

Please Choose One of the following Options: 7a, 7b or 7c

7a. I Authorize All Repairs: Yes No

7b. I Authorize Repairs Up To: \$ Warranty

7c. I Require An Estimate Regardless of Cost Yes No

Please contact: Name _____
Phone: (____) _____ Fax: (____) _____ email: _____
Note: An evaluation fee will apply to estimates that are not repaired.

3. Authorized By:
Mary Pearson
Name (Please Print)
Mary Pearson 7 June 2010
Signature Date

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Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

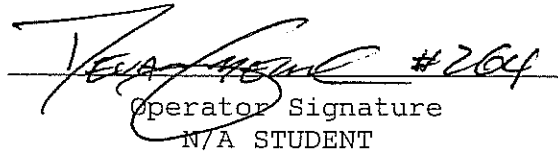
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003061
Location = WILL 8164.13.00 06/09
03/02/2010 15:22

Test	AC	Time
01 Diagnostic	OK	15:24
02 Room Air	0.000	15:24
03 Subject Test 1	0.000 ← 0.110 AC	15:25
04 Room Air	0.000	15:27
05 Std. Gas	0.000* ← 0.080	15:28
06 Room Air	0.000	15:29

*Cal Check Out of Tolerance

(from Stdy Mode)
Sub Name = DISCOVER, THE SPIRIT
Sub DOB = 01/01/1982
Sub Sex = Female Weight = 1
Test = DUI Cit = 99999
Dr. Lic. = ND/DIS821456
Lot No = 709352
Cyl No = 47
Expiration Date = 12/23/2011
County = 18 Oper No. = 123456

I followed the Approved Method and the instructions displayed by the Intoxilyzer in conducting this test.

 #204
Operator Signature
N/A STUDENT

Remarks:

TEST ABORTED

Form 106-I8000

Keep
Williston's

Williston

*also wouldn't
into Ready Mode
right away. Had to
press Start Test
2 separate times.
Beeped hi-lo

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Intoxilyzer Test Record and Checklist
NDDAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SM 80-003071
Location = STAN 8164.13.00 06/09
06/07/2010 09:44

***** Printer Test *****

12 char/line
abcdefghijkl
ABCDEFGHIJKL

16 char per line
abcdefghijklmnop
ABCDEFGHIJKLMN

21 chars per line
abcdefghijklmnopqrstu
ABCDEFGHIJKLMNQRSTU

24 characters per line
abcdefghijklmnopqrstuwx
ABCDEFGHIJKLMNQRSTUWX

32 characters per line
abcdefghijklmnopqrstuwx123456
ABCDEFGHIJKLMNQRSTUWXYZ123456

42 characters per line
abcdefghijklmnopqrstuwx1234567890abcdef
ABCDEFGHIJKLMNQRSTUWXYZ1234567890ABCDEF

Current Instrument Setup

Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On MemFull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 659358
Standard Cyl #? 43
Standard Expiration? 09/03/2011
Oper No? 107501

Flow Cal. Date: 04/08/2008
Slope 696
Intercept -591525

IR Calibration Date: 12/15/2009
3um 9um

0th Coef(*100):	-23386	-16310
1st Coef(*100):	273044	136944
2nd Coef(*100):	-333	360
H2O adj(mg/l*10K):	563	414

***** Test End *****

Operator Signature
MARGY PEARSON

Remarks:

Form 106-18000

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FedEx US Airbill

Express

FedEx Tracking Number **8697 8802 6219**

Form ID No. **0215** Sender's Copy

1 From Please print and press hard.

Date **6-28-10** Sender's FedEx Account Number **2748-4632-1**

Sender's Name **Margy Pearson** Phone (701) 328-**6159**

Company **OFFICE OF ATTY GEN CRIME LAB**

Address **2641 E MAIN AVE** Dept./Floor/Suite/Room

City **RISMARCK** State **ND** ZIP **58501-5044**

2 Your Internal Billing Reference **Intoxilyzer 80-00 3061**

First 24 characters will appear on invoice.

3 To

Recipient's Name **CMI, Inc.** Phone (866) 835-0690

Company **CMI, Inc.**

Recipient's Address **316 East Ninth Street** Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address **Owensboro** State **KY** ZIP **42303**

To request a package be held at a specific FedEx location, print FedEx address here.

City **Owensboro** State **KY** ZIP **42303**

0404348458

4a Express Package Service **Packages up to 150 lbs.**

FedEx Priority Overnight Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected. FedEx Standard Overnight Next business afternoon.* Saturday Delivery NOT available. FedEx First Overnight Earliest next business morning delivery to select locations.* Saturday Delivery NOT available.

FedEx 2Day Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. FedEx Express Saver Third business day.* Saturday Delivery NOT available.

FedEx Envelope rate not available. Minimum charge: One-pound rate.

* To most locations.

4b Express Freight Service **Packages over 150 lbs.**

FedEx 1Day Freight* Next business day.** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected. FedEx 2Day Freight Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected. FedEx 3Day Freight Third business day.** Saturday Delivery NOT available.

* Call for Confirmation.

** To most locations.

5 Packaging

FedEx Envelope* FedEx Pak* Includes FedEx Smart Pak, FedEx Large Pak, and FedEx Sturdy Pak. FedEx Box FedEx Tube Other Declared value limit \$500.

6 Special Handling Include FedEx address in Section 3.

SATURDAY Delivery NOT Available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight. HOLD Weekday at FedEx Location NOT Available for FedEx First Overnight. HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.

No Yes As per attached Shipper's Declaration. Yes Shipper's Declaration not required. Dry Ice Dry Ice, 5, 191 1845 x _____ kg Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section 1 will be billed. Recipient Third Party Credit Card Cash/Check

FedEx Acct. No. **128079580** Exp. Date

Total Packages	Total Weight	Total Declared Value ¹
1	31	\$ 8000.00

1 Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

8 Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

No Signature Required Package may be left without obtaining a signature for delivery. Direct Signature Someone at recipient's address may sign for delivery. Fee applies. Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

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Rev. Date 10/06-Part #152279-C1994-2005 FedEx-PRINTED IN U.S.A.-SRF

