

BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET

Instrument: Intox 8000 Serial Number: 80-004204

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. 8693 6389 2560

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 Keshur

80-004204
p. 47 of 52
KH



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 80-004204

4. Bill To Address: UNDER WARRANTY Ship To Address: Crime Lab Division
2641 East Main Ave.
Bismarck, ND 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.
"Invalid Res Value Returned" - auto range gain may need to be reset
Attn Larry Holm

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 UNDER WARRANTY

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

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.

8. Authorized By:
Deb Kashur
Name (Please Print)
Deb Kashur 7 June 2010
Signature Date

80-004204
P. 48 of 52
KH

To: Larry Holm

Bismarck, ND

TOXL
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004204
01/13/2010 08:57:37

Auto Calibration
Max Power Res Value = 16
Auto Range Res Value = 4

The calibration pages are attached.
80-004204 was calibrated with the above
Max Power $\frac{1}{2}$ Auto range values.

80-004204
P. 49 of 52
FM

Bismarck, ND

TO: Larry Holm

TOXL
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-004204
01/13/2010 08:57:37

Auto Calibration

pg 1 of 2

<<<<< 3um >>>>> <<<<< 9um >>>>>

Solution = 0.000 g/210L or 0.0000 mg/l, Samples = 4, Discarded = 1

Sample	% Abs	(% Abs Ref)	% Abs	(% Abs Ref)
Sample #1	0.0870	(0.0070)	0.2080	(0.0170)
Sample #2	0.0750	(0.0510)	0.1820	(0.0300)
Sample #3	0.0770	(0.0670)	0.1960	(0.0140)
Sample #4	0.1050	(0.0690)	0.2220	(0.0260)
Avg % Abs	0.0857	(0.0623)	0.2000	(0.0233)
STD DEV	0.0168	(0.0099)	0.0203	(0.0083)
REL STD DEV	19.579	(15.827)	10.149	(35.686)

Solution = 0.040 g/210L or 0.1905 mg/l, Samples = 4, Discarded = 1

Sample	% Abs	(% Abs Ref)	% Abs	(% Abs Ref)
Sample #1	0.8160	(-0.0120)	1.6320	(-0.0140)
Sample #2	0.7860	(0.0150)	1.6260	(0.0000)
Sample #3	0.8070	(0.0000)	1.6290	(-0.0030)
Sample #4	0.7810	(0.0280)	1.6180	(0.0100)
Avg % Abs	0.7913	(0.0143)	1.6243	(0.0023)
STD DEV	0.0138	(0.0140)	0.0057	(0.0068)
REL STD DEV	1.743	(97.757)	0.350	(291.723)

Solution = 0.107 g/210L or 0.5095 mg/l, Samples = 4, Discarded = 1

Sample	% Abs	(% Abs Ref)	% Abs	(% Abs Ref)
Sample #1	2.0630	(0.0030)	4.1330	(-0.0050)
Sample #2	2.0770	(0.0060)	4.1430	(-0.0050)
Sample #3	2.0470	(0.0030)	4.1180	(-0.0030)
Sample #4	2.0360	(0.0000)	4.1020	(-0.0100)
Avg % Abs	2.0533	(0.0030)	4.1210	(-0.0060)
STD DEV	0.0212	(0.0030)	0.0207	(0.0036)
REL STD DEV	1.033	(100.000)	0.501	(60.093)

Solution = 0.147 g/210L or 0.7000 mg/l, Samples = 4, Discarded = 1

Sample	% Abs	(% Abs Ref)	% Abs	(% Abs Ref)
Sample #1	2.7200	(0.0190)	5.4360	(-0.0070)
Sample #2	2.7680	(0.0250)	5.4400	(0.0170)
Sample #3	2.7590	(0.0420)	5.4530	(0.0150)
Sample #4	2.7410	(0.0520)	5.4280	(0.0340)
Avg % Abs	2.7560	(0.0397)	5.4403	(0.0220)
STD DEV	0.0137	(0.0137)	0.0125	(0.0104)
REL STD DEV	0.499	(34.413)	0.230	(47.456)

Calibration
Deb Kashner
p. 10/2

Solution = 0.285 g/210L or 1.3571 mg/l, Samples = 4, Discarded = 1

Sample	% Abs	(% Abs Ref)	% Abs	(% Abs Ref)
Sample #1	5.2650	(-0.0190)	10.1630	(-0.0150)
Sample #2	5.2520	(0.0070)	10.1760	(0.0110)
Sample #3	5.2700	(0.0180)	10.2050	(0.0130)
Sample #4	5.2380	(0.0430)	10.1990	(0.0160)
Avg % Abs	5.2533	(0.0227)	10.1933	(0.0133)
STD DEV	0.0160	(0.0184)	0.0153	(0.0025)
REL STD DEV	0.305	(81.389)	0.150	(18.875)

80-004204
p. 50 of 52
LH

TOXL
 Intoxilyzer - Alcohol Analyzer
 Model 8000 SN 80-004204
 01/13/2010 08:57:37

Auto Calibration

<<<< 3um >>>>

<<<< 9um >>>>

 Zero Order Coef -196.74
 First Order Coef 2586.10
 Second Order Coef 6.59

 -241.74
 1283.92
 7.01

Act (g/210L)	Fit (g/210L)	Residual (g/210L)
0.000	0.001	-0.0005
0.040	0.039	0.0011
0.107	0.108	-0.0010
0.147	0.147	0.0004
0.285	0.285	0.0000

Act (g/210L)	Fit (g/210L)	Residual (g/210L)
0.000	0.000	-0.0003
0.040	0.039	0.0009
0.107	0.109	-0.0015
0.147	0.146	0.0010
0.285	0.285	-0.0001

<<<< 3um >>>>

<<<< 9um >>>>

 Solution = 0.080 g/210L or 0.3810 mg/l, Samples = 4, Discarded = 1

Sample	3um	9um
Sample #1	3282.00	3247.00
Sample #2	3263.00	3275.00
Sample #3	3257.00	3248.00
Sample #4	3275.00	3252.00
Avg	3265.0000	3258.3333
STD DEV	9.1652	14.5717
REL STD DEV	0.281	0.447
H2O adjust (mg/l*10k)	544	551

Atmospheric Pressure = 1007

*****CALIBRATION SUCCESSFUL*****

*Calibration
 Deb Kashur
 p. 2 of 2*

*80-004204
 p. 51452
 KH*



FedEx Tracking Number 8693 6389 2560

Form ID No. 0215

MUR23

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 BISMARCK State ND ZIP 58501-5044

2 Your Internal Billing Reference Intoxilyzer 80-004204
 First 24 characters will appear on invoice.

3 To
 Recipient's Name
 Phone 866 835-0690

Company CMI, Inc.

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

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

City Owensboro State KY ZIP 42303

0401949546

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.
 * To most locations.
 FedEx Envelope rate not available. Minimum charge: One-pound rate.

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 Small Pak, FedEx Large Pak, and FedEx Slurdy 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, 9 UN 1845 x _____ kg
 Dangerous goods (including dry ice) cannot be shipped in FedEx packaging. Cargo Aircraft Only

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 1 Total Weight 31 Total Declared Value¹ \$ 8000.00 80-004

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. P. 529

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.

519

