

BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET

Instrument: Intox 8000 Serial Number: 80-004948

Transported Out of the Crime Laboratory:

Agency Being Assigned Instrument: CM1

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 Other _____

✓ Date Sending Instrument: 28 June, 2010 ✗ Air Bill No. 8697 8802 6230

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 Kashur

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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 80-00 4948

4. Bill To Address: Under Warranty Ship To Address: Crime Laboratory Divisi
2641 E 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.

Temp Prob - won't come out of Not Ready

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.

8. Authorized By:
Margy Pearson
Name (Please Print)
Margy Pearson 7 June 2010
Signature Date

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Intoxilyzer Test Record ar
NDOAG Crime Lab. Div., Bis. 58501

CMI, Inc. Intoxilyzer Alcu Analyzer
North Dakota Model 8000 SN 80-004948
Location = TOXL 8164.13.00 06/09
03/02/2010 16:09

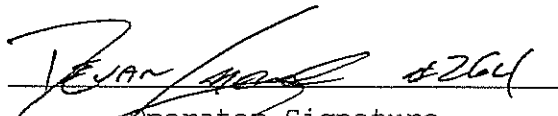
Test	AC	Time
01 Diagnostic	Fail*	16:10
02 Room Air	0.000	16:11

* Temp Regulation Test

3X

Sub Name = DISCOVER, THE SPIRIT
Sub DOB = 01/01/1982
Sub Sex = Female Weight = 150
Test = DUI Cit = 9999999
Dr. Lic. = ND/DIS821456
Lot No = 1234567
Cyl No = QWE4567
Expiration Date = 11/11/2011
County = 18 Oper No. = 123456

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


Operator Signature
N/A STUDENT

Remarks:

Form 106-I8000

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FedEx Tracking Number 8697 8802 6230

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
 City BISMARCK State ND ZIP 58501-5044

2 Your Internal Billing Reference
 First 24 characters will appear on invoice. Intoxilyzer 80-004948

3 To
 Recipient's Name CMI, Inc. Phone 866 835-0690
 Recipient's Address 316 East Ninth Street
 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
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4a Express Package Service *Packages up to 150 lbs.*
 FedEx Priority Overnight FedEx Standard Overnight FedEx First Overnight
 FedEx 2Day FedEx Express Saver
4b Express Freight Service *Packages over 150 lbs.*
 FedEx 1Day Freight* FedEx 2Day Freight FedEx 3Day Freight

5 Packaging
 FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling *Include FedEx address in Section 3.*
 SATURDAY Delivery HOLD Weekday at FedEx Location HOLD Saturday at FedEx Location
 No Yes Yes Dry Ice Cargo Aircraft Only
 No Yes Yes Dry Ice 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 Value* \$ 8000.00

8 Residential Delivery Signature Options *If you require a signature, check Direct or Indirect.*
 No Signature Required Direct Signature Indirect Signature
 Signature box: 519

Store your addresses at fedex.com
 Simplify your shipping. Manage your account. Access all the tools you need.