

**BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET**

Instrument: 8000 Serial Number: 80-604945

Transported Out of the Crime Laboratory:

Agency Being Assigned Instrument: CMI, Inc

Name/Agency of Person Transporting Instrument:  
Deb Kashur (Print Name) \_\_\_\_\_ (Print Agency)

Signature of Person Receiving Instrument: \_\_\_\_\_

Date Receiving Instrument: \_\_\_\_/\_\_\_\_/\_\_\_\_ From: \_\_\_\_\_

Or Shipped Via:  
USPS \_\_\_\_ UPS \_\_\_\_ FedEx  Other \_\_\_\_\_

Date Sending Instrument: 29, Aug, 2012 Air Bill No. \_\_\_\_\_

Complete Air Bill (Identify Instrument/Serial Number) and attach a copy to this worksheet.

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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.

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Instrument Transfer Information Entered Into the Equipment Database:

Date of Action 29<sup>30</sup>, Aug, 2012 By: Deb Kashur  
DK



## 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: d/kashur@nd.gov

2. Bill to Address: Ship to Address:  
ND Crime Lab N.D. Crime Laboratory  
2641 E. Main Ave. 2641 E. Main Ave  
Bismarck, ND 58501-5044 Bismarck, ND 58501-5044

3. Serial Number: 80-004945 Instrument Model: 8000

4. Detailed Description of Problem:  
RAM issues in the field. Unsure of what the display is reading.  
no power cord attached.

**\*\*\*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.