

BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET

Instrument: 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 Other _____

Date Sending Instrument: 26 Oct 2010 Air Bill No. 8728 8869 8544

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 26 Oct 2010 By: Deb Kashner

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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@rd.gov

2. Bill to Address: UNDER WARRANTY Ship to Address: _____

3. Serial Number: 80-003061 Instrument Model: 8000

4. Detailed Description of Problem:
Voltage errors during Diagnostics

*****Hazardous Material Warning! – DO NOT return gas cylinders with instrument!*****

I Authorize Repairs Up To: All \$250 \$500 \$750 Other \$ under warranty
 Purchase Order Number (attach a copy of P.O. if applicable) _____

Authorized By:

Deb Kashur forensic Scientist
 Name (Please Print) Title
Deb Kashur 26 Oct 2010
 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.

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