

**BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET**

Instrument: 8000 Serial Number: 80-004200

Transported Out of the Crime Laboratory:

Agency Being Assigned Instrument: CMI

Name/Agency of Person Transporting Instrument:  
Deb Kashur (Print Name) Crime Lab (Print Agency)

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

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

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

Date Sending Instrument: 13, NOV, 2012 Air Bill No. \_\_\_\_\_

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 13<sup>21</sup>, NOV, 2012 By: Deb Kashur  
DK



# Return Material Authorization Form

This form **MUST** be completed and enclosed with item(s) being returned.  
Failure to complete and return this form may cause delays in crediting / repairing.

1. Item(s) Returned:  Instrument  Supplies  Other  
(Note: please ship items in their original shipping container(s) or a similar protective box.)

2. Instrument Model: 8000 Serial Number 80-004200

3. Bill To Address: Crime Lab Division  
2641 E. Main Ave  
Bismarck, ND 58501-5044  
Ship To Address: Crime Lab Division  
2641 E. Main Ave  
Bismarck, ND 58501-5044

4. 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. Note - Returns for credit may be subject to a 15% restocking charge.  
EEPROM Fault - System fault # 018

5. Purchase Order Number (attach a copy of P.O. if applicable) \_\_\_\_\_

### Please Choose One of the following Options:

6. I Authorize All Repairs:  Yes  No

7. I Authorize Repairs Up To: \$ \_\_\_\_\_

8. I Require An Estimate Regardless of Cost  Yes  No

Please contact: Name Deb Kashur  
Phone: (701) 328-6159 Fax: (701) 328-6185 email: \_\_\_\_\_

Note: An evaluation fee will apply to estimates that are not repaired.

Authorized By:

Deb Kashur  
Name (Please Print)

Deb Kashur 13 NOV 2012  
Signature Date