OFFICE OF ATTORNEY GENERAL **CRIME LABORATORY DIVISION**

Toxicology Section/Breath Program Breath Alcohol Instrument Chain of Custody Worksheet

BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET

| Instrument: <u>೯೦೦೦</u> Ser | rial Number: <u>80 - 00 4/98</u> | | | | | | | | |
|--|----------------------------------|--|--|--|--|--|--|--|--|
| Transported Out of the Crime Laboratory: | | | | | | | | | |
| Agency Being Assigned Instrument: | | | | | | | | | |
| 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:// | 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: 13 1 Dec 15010 Received By: Deh Kashun | | | | | | | | | |
| Or Received Via: | | | | | | | | | |
| USPS UPS FedEx Other | | | | | | | | | |
| Date Receiving Instrument: 131 Dec 1200 Air Bill No | | | | | | | | | |
| Attach shipping paperwork (if any) to this worksheet. | | | | | | | | | |
| Instrument Transfer Information Entered Into the Equipment Database: | | | | | | | | | |
| Date of Action 13 1 Dec 1 2010 By: Deb Kashun | | | | | | | | | |

Worksheet: BrW-012

CMI INC. Revid Dec 15 17010 SERVICE WORK ORDER

| LO) | XITEST RECEIVED VIA 270-685-6200 — Fax 270-1-800-835-0690 | | | | | -685-6288 3AS 3D 3 | | | | | | | |
|---|--|--|--|--------------------------|--|--------------------|------------------------|---|-------------|--|--|--|--|
| Total Control of the | · · · · · · · · · · · · · · · · · · · | | | | | Mic | Q C | WHA F | well Ge | Neral | | | |
| В | ATTN: S | | | | | - Dal Hackur | | | | | | | |
| | | | | | | | ATTN: DOCTO MILESTICAL | | | | | | |
| L | - | | | | P | CANA. | 11 | II KYLV. | 1 14/4/ | <u>uz</u> | | | |
| т | CITY STATE ZIP | | | | | CITY: STATE ZIP | | | | | | | |
| Ó | CUSTOMER | NO. | 25013 | | Ó | CITY | | arck | STATE | 58 . | 501 | | |
| | PHONE | | | | 14 | PHONE | 1() | ~~ 7A8. | -1/159 | | ACCOUNT CONTRACTOR OF THE PARTY | | |
| MODI | EL# | Isn | DATE RCVD. | IP.O.# | ······································ | REQ. | | | BILL CODE | SERVICE LOCA | ATION | | |
| R | 000 | M1400-1021 | 4 | | | need of the second | | | 13 | CODE | | | |
| PROL | D. CODE | EXTRA PARTS RCVD. | | Enterpresentation | *************************************** | <u></u> | | : | Section 2 | <u> </u> | | | |
| uthans venter | | BURE | , go, a Toby, | 1 Mad | | * . | ** | | | | | | |
| DESC | RIPTION OF | | | | | | - ` | По | UOTE WARRA | | | | |
| | 16/40 | R Signal in | 1/2 FIPIL- 4 | | Mch | MA. | | | ∐ SER | ☐ SERVICE DEPT. ☐ NEW | | | |
| | PRELIMINARY TEST DISMANTLE, INSPECT, DIAGNOSTIC TEST POWER SUPPLY TEST, INSPECT PREPLACE | | | | | | | Linain | PARTS USE | <u>D</u> | | | |
| | MAIN PW | B's - REMOVE & CLEAN | I, REINSTALL, TEST | | | | QIY | 021349T | DESCRIPTION | s Azz | CODE | | |
| ln | PWB's | DIAGNOSE, REPAI URFACE CLEAN IN PLA | | | | | x. | | TRANS | <u> </u> | 2 | | |
| | FILTER W | HEEL - REMOVE, CLEA | N, REINSTALL, CHE | | 3 | i Carrinan | 1,500 | 44/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/ | 1 CYPPI A | <u> </u> | | | |
| 1 15 | | R WHEEL MOTOR [EMOVE, CLEAN, REINS | | - 1 | വ വ | | | | | MATERIAL PROPERTY AND ADDRESS OF THE STREET, S | | | |
| | IR LIGHT | SOURCE REMO | VE, REALIGN | REPLACE | | | | | | | | | |
| | PRINTER | | EMBLE CLEAN | I & LUBRICATE REALIGNME | =NT | | | | | | | | |
| | | ☐ REPLAC | | TER FUNCTIONS | mi W i | ,- ¹ | | | | | | | |
| | BATTERIE | ES - REPLACE C E PARTS PREASS | AND THE PERSON NAMED IN COLUMN TO PERSON NAM | BRATION FI | NALTE | ST. | | | | | | | |
| 1 | MISC. | PARTS 2 TEASC | DEMOLE D ONCIL | JIANON EI III | 10/16 116 | | | | | ** ** | | | |
| PE | | RELIMINARY TESTING ISASSEMBLE ☐ RE | | RY, ZERO SET | | 1 - Santara Maria | ļ | | | | (· | | |
| - | | EST CALIBRATE | | T UTVOOTMDET | | e ^r | | | | | | | |
| TO | DXITEST | ☐ INCOMING LEAK | | | | | | 3 | 7 | | | | |
| | | ☐ REPLACE PARTS | | | | AK TEST | | | | | | | |
| 1 | MISC | ☐ FINAL TEST | V | . Art | - indigen | | | | | | | | |
| monumen | | | | | | | | | | | | | |
| -1 | MALE | ied the Prob | lom \$ I tel | Youl HOI |) PA 4 | l na n | | | | | | | |
| A | 564 F. | nelly, I set | 1/3 1/20 100 | 1000000 | * <i>}</i> ' | | | , | | 1888 Libraria (1886) | | | |
| | 7 | 017 | | n i chank | , ₁ , | | | <u> </u> | | ACTION AND AND ADDRESS OF THE PARTY OF THE P | | | |
| | | | | | | | | | | market till for an alle and an | | | |
| | | | | | | | | | | The second secon | | | |
| | (A) | | | | | IIPPING DATE | L E/CHA | RGES | <u> </u> | 80-004198 | | | |
| | A | | | | the contract of the contract o | | | | | P. 111 wf 11 | | | |
| HOU | 14.5 | <u>La companya da co</u> | 1):4 | CO2551 | NA STATE OF THE ST | | | | | ' Y=1 | Mr. | | |
| TEC | | DATE | | (-) c (PATE | SF | ECIAL SHIPF | 'ING II | STRUCTIONS | | | | | |
| FOR | M# CMI | 6WO 1 REV (-) | \$r | - | particular de la constantina della constantina d | | П | COD [] A | MOUNT \$ | | | | |

Certificate of Calibration *Intoxilyzer*® 8000

This is to certify that the calibration of **Intoxilyzer** * serial number 80-004198 , manufactured by CMI Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, was tested and found to be in compliance with the National Highway Traffic Safety Administration Standard for Devices to Measure Breath Alcohol (F.R., No. 179 48705-48710 Sept. 17, 1993) and with International Recommedation OIML R126 Edition 1998 (E). Calibration solutions are traceable to NIST standard material 1828.

Date 11-29-10 Signed Direction

Technician

INC.

80-004198 P. 112 of 112

316 East 9th Street Owensboro, KY 42303 USA

Part No. 650519 CMI 7/9/09