Alaska Scientific Crime Detection Laboratory

DataMaster Evaluation Form

Version: DMEF2015 R0

Effective: 7/10/2015 Status: Active Instrument # 100689 Date: 1. Reason for instrument evaluation Instrument unresponsive, screen black. 2. Visual Inspection 3. Troubleshooting/Repair Replaced the spouser supply, OI board and the instrument 15/5/11 unrespondive. Called Intal, upoke to Cendy, she requested the NA 4. VOC (attached) 5. Internal Standard value ≤ 3.00% Yes No No NA 6. Verify software version Return to Factory for Repair Ready For Calibration Ready For Certification

Issued: 7/10/2015

Repair

Intoximeters Experience · Service · Integrity

You are receiving this because you recently contacted intoximeters and your instrument(s) needs to be returned for repair. Please review the top portion of this form for accuracy, and complete the bottom portion. <u>Include a completed copy of this form with your shipment for faster service.</u>

	Incident #: INC-019123 Description: E		Description: DMT/	Dead			
	Customer	: Alaska Dept	t Of Public Safety		Contact: Colleen OBryant		
	Phone:	907-561-109) 2			n.obryant@alaska.gov	
		Line	Unit		Serial Number		
		1	LEGDMT		50100689		
		General Rea			Specific Reason:		
		Note:	Custom green, s	er changed the Powe to it does have powe	r supply, the Control board a . She's run out of parts, and	and the DSI Board. The board is lit up ideas.	
P	ease ship y	our item to:			neters Inc. Louis, MO 63146 USA		
Pi	ease comple	ete this sectio	en:				
Sh	<u>ipping</u> : Ple	ease select the	method for retur	rn shipping <u>to</u> you : (choose one)		
	Next Day	□ 2n	d Day	☑ Ground	Collect (if collect, please	provide account number)	
Ąı	thorization	: (chose one)					
	l authorize	authorize all repairs authorize all repairs up to \$					
☐ I require a written estimate prior to repair completion (a \$40.00 estimate fee applies)							
<u>Ca</u>	libration :						
	l require ar Fees apply	i ISO 17025 a : \$50/Hand-he	ocredited certific ald and True Cal,	ate of calibration. *N , \$75/Desktop	ot available on all models.		
<u>Pa</u>	ment Meth	od: (chose al	ll that apply)				
	No purchase order required — work authorized by:						
冱		thase order number is required before repair of instrument. PO# 16 - 10-34 COB					
	A PHYSIC	SICAL PO is required. (Hospitals must provide) Please submit along with this form.					
	Pay by Cre	Credit Card Please provide the following:					
	Credit Care Expiration Billing Add	d Number Date: ress	CVV2 N	umber;Na	me on the Card		
Adı	-		rect if necessary)				
Billi	ng Address :			Shipp	ing Address :		
	ıska Dept (1 E 48tb ∧()f Public Saf	ety		ca Dept Of Public Safety		
	chorage A				≣ 48th Áve. øfage AK 99503		
JU8				JUSA	orage Alt 99303		
A	laska	. Ocier	static C	nme Dete	chan Laborar	torv	
-	4805	Or. A	ULK Jr	Ave			
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