

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF STATE POLICE  
**BREATH TESTING INSTRUMENTATION SERVICE REPORT**

<b>1. Department:</b> Florence Township Police Department 711 Broad Street Florence, NJ 08518	<b>2. Contact:</b> Captain B. Boldizar <b>3. Phone Number:</b> 609-449-0700	<b>4. Date:</b> 12-29-2016 <b>5. County:</b> Burlington
<b>6. Alcotest Instrument Serial Number:</b> ARTN-0053	<b>7. Simulator Component Serial Number:</b> N/A	<b>8. Temperature Probe Component Serial Number:</b> N/A

**9. Reason for Service:**  
 Two recalibration attempts resulted in control test failures for EC readings not being within tolerance.

**10. Comments:**  
 Instrument placed out of service and returned to Draeger Safety Diagnostics for evaluation.

Last Known Sequential File #: 0893

- 11. The above Instrument/Component has been found to be in satisfactory working condition; no further action required.
- 12. The above Instrument/Component is placed out of service pending further evaluation.
- 13. The above Instrument/Component is placed back in service.

"I have been certified by the Attorney General as a Breath Test Coordinator/Instructor pursuant to N.J.A.C. 13:51, et. seq. In my official capacity as a Breath Test Coordinator/Instructor I perform inspections of evidential breath test devices and related components of evidential breath test systems. I have inspected the evidential breath test device listed on this report in my official capacity. The results of my inspection are recorded on this form. I certify that the forgoing statements made by me are true and accurate to the best of my knowledge. I am aware that if any of the forgoing statements made by me are willingly false, I am subject to punishment."

Sgt. Michelle L. Goncalves #6040 *Sgt. Michelle L. Goncalves #6040* 12/29/16  
 \_\_\_\_\_ Signature Date  
 Name & Badge Number (Print)

# RETURN AND REPAIR FORM



## Customer Information

B:

S:

Company Name: Florence Twp. P.D., Florence, NJ

Date Received: 01/09/2017

Date given to service: 01/09/2017

Carrier:  FedEx  UPS  USPS Shipping Method:  GRD  3DAY  2DAY  
 NDA-PRI  NDA-STD

Product:  6510  6810  
 7110  8610  
 7510  DT5000  
 7410 Upper-half  9510  
 7410 Whole

Serial Number: AR TN-0053

Printer Serial#: AR

Sim Serial#: DD

Probe Serial#: DD

Warranty Expires: December 2016

Description:  A  B  Plus  Demo  Screener  Trade In

## Accessories

110V A/C Adapter  Regulator  Printer Ribbon  Printer Paper  
 Mouthpieces  9510 Stylus  9510 Top Cover  Carrying Case  
 Dry Gas  Other (please specify) \_\_\_\_\_

## Repair Information:

Test#:

Part Number	Description	Qty	Total Cost
4414161	Calibration	1	NC/W
4414166	Labor	.5	NC/W
6808455	Fuel Cell	1	NC/W
6808486	Spacer Plates	2	NC/W

Repair Notes: Replaced defective fuel cell and spacer plates.

Fuel Cell = ARJE-1730

CAL W/QC AND OPS CHECK

Service Technician: BC

Date: 01/10/2017

# Packing Slip

Customer no    Order No    Order date  
150054650    10858157    01/10/2017

Packing slip no.    Ship date  
81035871    01/10/2017  
Please reference on inquiries

Page    2 / 2

Item#	sh. Quant.	Part no. Description			
0030	1 EA	6808455 SENSOR : FUEL CELL Ordered / Back ordered : 0 / 0 EA			
0040	2 EA	6808486 PLATES, 7110--9510 Ordered / Back ordered : 0 / 0 EA			

# Packing Slip

Customer no    Order No    Order date  
 150054650    10858157    01/10/2017

Packing slip no.    Ship date  
 81035871    01/10/2017  
 Please reference on inquiries

Ship to  
 150054650  
 TOWNSHIP OF FLORENCE  
 ATTN: DSGT. AL JACOBY  
 BURLINGTON COUNTY  
 711 BROAD STREET  
 FLORENCE, NJ 08518-2310  
 USA

Payer

Your Purchase Order Number

DSGT. AL JACOBY  
 Any questions? Please contact:  
 ROSEMARIE HUGHES

Customer  
 TOWNSHIP OF FLORENCE  
 BURLINGTON COUNTY  
 711 BROAD STREET  
 FLORENCE, NJ 08518-2310  
 USA

Your sales person

CHRISTOPHER FAIRCHILD  
 Phone: 866-385-5900  
 Fax: 972-929-1260

Delivery terms  
 FA  
 FREIGHT ALLOWED

Item#	sh. Quant.	Part no. Description
		Ship via: Fed Ex Saver
		NOTE: All claims for shortages/defects must be reported within 10 Business days after receipt of order. All returns must have our RMA# clearly marked on the box. Please call Customer Service at 866-385-5900.
		7110:ARTN-0053 REC'D 1/8/17
0010	1 EA	4414161 CALIBRATION, 7110 Ordered / Back ordered : 0 / 0 EA
0020	0.5 EA	4414166 HOURLY LABOR CHARGE Ordered / Back ordered : 0.0 / 0.0 EA

Draeger Safety Diagnostics Inc.  
 Accounting Address:  
 3135 Quarry Road  
 Telford, PA 18969 USA  
 Toll-free: +1-800-437-2437  
 Fax: +1-215-721-5410

Remit Wire Transfers To:  
 Citizens Bank  
 Acct. # 6209426615  
 Acct. Name: Draeger Safety Diagnostics Inc  
 Transit Number: 036076150  
 Federal ID Number: 84-1600159

REMIT TO:  
 Draeger Safety Diagnostics Inc.  
 P.O. Box 536410  
 Pittsburgh, PA 15253-5908

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<b>1. Department:</b> Florence Township Police Department 711 Broad Street Florence, NJ 08518		<b>2. Contact:</b> Captain B. Boldizar  <b>3. Phone Number:</b> 609-449-0700	<b>4. Date:</b> 01-20-2017  <b>5. County:</b> Burlington
<b>6. Alcotest Instrument Serial Number:</b> ARTN-0053	<b>7. Simulator Component Serial Number:</b> N/A	<b>8. Temperature Probe Component Serial Number:</b> N/A	

**9. Reason for Service:**  
 The above Alcotest was returned from outside evaluation and/or repair. A successful calibration was conducted utilizing the above Alcotest.


**10. Comments:**  
 See attached packing slip and Drager Return and Repair Form.

Last Known Sequential File #: N/A

- 11. The above Instrument/Component has been found to be in satisfactory working condition; no further action required.
- 12. The above Instrument/Component is placed out of service pending further evaluation.
- 13. The above Instrument/Component is placed back in service.

"I have been certified by the Attorney General as a Breath Test Coordinator/Instructor pursuant to N.J.A.C. 13:51, et. seq. In my official capacity as a Breath Test Coordinator/Instructor I perform inspections of evidential breath test devices and related components of evidential breath test systems. I have inspected the evidential breath test device listed on this report in my official capacity. The results of my inspection are recorded on this form. I certify that the forgoing statements made by me are true and accurate to the best of my knowledge. I am aware that if any of the forgoing statements made by me are willingly false, I am subject to punishment."

Sgt. Michelle L. Goncalves #6040  
Name & Badge Number (Print)

  
Signature

#6040 1/29/17  
Date

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF STATE POLICE  
**BREATH TESTING INSTRUMENTATION SERVICE REPORT**

<b>1. Department:</b> <b>Florence Twp Police Department</b> <b>711 Broad St</b> <b>Florence, NJ 08518</b>	<b>2. Contact:</b> <b>Capt Scully</b> <b>3. Phone Number:</b> <b>609-499-3131</b>	<b>4. Date:</b> <b>03/10/11</b> <b>5. County:</b> <b>Burlington</b>
<b>6. Alcotest Instrument Serial Number:</b> <p style="text-align: center;"><b>ARTN-0053</b></p>	<b>7. Simulator Component Serial Number:</b> <p style="text-align: center;"><b>N/A</b></p>	<b>8. Temperature Probe Component Serial Number:</b> <p style="text-align: center;"><b>N/A</b></p>

**9. Reason for Service:**  
**Complaint received of instrument experiencing repeated control test failures.**

**10. Comments:**  
**Operational condition of the instrument was assessed by reviewing the performance history of the instrument. This revealed several repeated control test failures due to low Electrochemical Sensor (EC) results. Instrument was placed out of service and returned to Draeger Safety Diagnostics for evaluation.**  
  
**Please replace FUEL CELL.**

- 11. The above Instrument/Component has been found to be in satisfactory working condition; no further action required.
- 12. The above Instrument/Component is placed out of service pending further evaluation.
- 13. The above Instrument/Component is placed back in service.

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<b>Tpr. II Steve Dellanoce #6027</b> <small>Name &amp; Badge Number (Print)</small>	<small>Signature</small>	<b>#6027</b>	<b>3/10/11</b> <small>Date</small>
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# Packing Slip

Customer no    Order No    Order date  
 150054650    10465022    03/21/2011

Packing slip no.    Ship date  
 80587585    03/21/2011  
 Please reference on inquiries

ship to  
 150054650  
 TOWNSHIP OF FLORENCE  
 BURLINGTON COUNTY  
 711 BROAD STREET  
 FLORENCE, NJ 08518  
 USA

bill to

Your Purchase Order Number  
 03/21/2011  
 ARTN-0053 WARRANTY  
 Any questions? Please contact:  
 ERIK ESQUEDA

Customer  
 TOWNSHIP OF FLORENCE  
 BURLINGTON COUNTY  
 711 BROAD STREET  
 FLORENCE, NJ 08518  
 USA

sales person  
 Don Poulict  
 Phone: 973-398-3228

Delivery terms  
 FA  
 FREIGHT ALLOWED

Item#	sh. Quant.	Part no. Description			
		Ship via: Fed Ex Ground			
		NOTE: All claims for shortages/defects must be reported within 10 Business days after receipt of order. All returns must have our RMA# clearly marked on the box. Please call Customer Service at 866-385-5900.			
		7110 SERIAL #: ARTN-0053 FUEL CELL WAS REPLACED. FUEL CELL #: ARBM-3279. 7110 EXTENDED WARRANTY EXPIRES: OCTOBER 2013.			
0010	1 EA	6808455 SENSOR : FUEL CELL Ordered / Back ordered : 1 / 0 EA **REPLACED**			

**Dräger Safety Diagnostics Inc.**  
 Accounting Address:  
 101 Technology Drive  
 Pittsburgh, PA 15275  
 Tel: (412) 788-5537  
 Fax: (412) 788-5598

**Remit Wire Transfers To:**  
 Citizens Bank  
 Acct. # 6200428815  
 Acct. Name: Dräger Safety Diagnostics Inc.  
 Transit Number: 038078150  
 Federal ID Number: 84-1600159

**REMIT TO:**  
 Dräger Safety Diagnostics Inc.  
 P.O. Box 200337  
 Pittsburgh, PA 15251-0337

# Packing Slip

Customer no    Order No    Order date  
150054650    10465022    03/21/2011

Packing slip no.    Ship date  
80587585    03/21/2011

Please reference on inquiries

Page    2 / 2

Item#	sh. Quant.	Part no. Description			
0020	1 EA	MPCAL71 CALIBRATION CHARGE - 7110/9510 Ordered / Back ordered : 1 / 0 EA			
0030	0.5 H	MPLABOR LABOR CHARGE Ordered / Back ordered : 0.5 / 0.0 H			



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1. Department: <b>Florence Twp Police Department</b> <b>711 Broad St</b> <b>Florence, NJ 08518</b>		2. Contact: <b>Capt Scully</b>	4. Date: <b>03/28/11</b>
		3. Phone Number: <b>609-499-3131</b>	5. County: <b>Burlington</b>
6. Alcotest Instrument Serial Number: <p style="text-align: center;"><b>ARTN-0053</b></p>	7. Simulator Component Serial Number: <p style="text-align: center;"><b>N/A</b></p>	8. Temperature Probe Component Serial Number: <p style="text-align: center;"><b>N/A</b></p>	

9. Reason for Service:  
**Alcotest instrument returned from outside maintenance and placed back in service.**

10. Comments:  
**Fuel cell replaced. See Draeger packing slip.**

- 11. The above instrument/component has been found to be in satisfactory working condition; no further action required.
- 12. The above instrument/component is placed out of service pending further evaluation.
- 13. The above instrument/component is placed back in service.

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<b>Tpr. II Steve Dellanoce #6027</b> <small>Name &amp; Badge Number (Print)</small>	 <small>Signature</small>	<b>3/28/11</b> <small>Date</small>
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**Dräger**

**Alcotest® 7110 MKIII-C**

**CERTIFICATE OF ACCURACY**

This is to certify that the Alcotest 7110 MKIII-C has been tested for accuracy and found to be in compliance with the National Highway Traffic Safety Administration Standard for evidential breath testing devices. The Alcotest MKIII-C is compliant as a "mobile" and "nonmobile" EBT with 49 FR 48854, 49 FR 48864 and 58 FR 48705. The manufacturer recommends accuracy verification of this instrument within 12 months of the calibration date below, or sooner, according to your State Specifications.

Certification Date:

SERIAL NUMBER:

3/21/2011

ARTN-0053

Draeger Safety Diagnostics, Inc.

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