STATE OF NEW JERSEY

DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF STATE POLICE

	STING INS	RUMENTATIC	N SERVIC	SE REPOR	T		
1. Department:		2. Contact:			4. Date:		
	Burlington Tar. P.D.		Sat Shuppar		3/15/10		
851 old Yerk Ad		3. Phone Number:		_	5. County:		
Burlington, NT OPE16		669-	386-20	:19	Budingt-	~	
6. Alcotoat tostrument Serial Number.	7, Simulator Con	nponent Serial Number:		B. Temperature	Probe Component Serial Nu	mber.	
ARTI - 0024		NA			NIA		
9. Reason for Service:					<u>.</u>	- 1	
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11. The above Instrument/Component	tan boon four	d to be in entiring	na wadina i		unthan antian una inad		
					orther 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 Get official capacity as a Breath Test Coord components of evidential breath test systet capacity. The results of my inspection are accurate to the best of my knowledge. I subject to punishment."	dinator/Instructures. I have inserted on	tor I perform insp spected the evident this form. I certify	ections of o ial breath tes that the for	evidential bre st device lister going stateme	ath test devices and I on this report in my ents made by me are to	related official rue and	
Name & Badge Number (Print)	<u>ce 6027</u>	Signature	<u> </u>	Jd 60	27 3/13 / Date	lio	

Packing Slip

Customer no Order No Order date 150053898 10394530 03/05/2010 Packing slip no. Ship date

80503550 03/05/2010

Please reference on inquiries

ship to

150053898
BURLINGTON TOWNSHIP POLICE DEPT.
ATTN: SGT. KEVIN SHOPPAS
851 OLD YORK ROAD
BURLINGTON, NJ 08016
USA

bill to

Your Purchase Order Number

7110 WARRANTY: ARTL-0024
Any questions? Please contact:

MARA HERRERA

MAKA HEKKEKA

Customer
BURLINGTON TOWNSHIP POLICE DEPT.
ATTN: SGT. KEVIN SHOPPAS
851 OLD YORK ROAD
BURLINGTON, NJ 08016

USA

Your sales person

Don Pouliat

Phone: 973-398-3228

Delivery terms

FA

FREIGHT ALLOWED

Page 1 / 2

ltem#	sh. Quant.	Part no. Description		Ì
		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: ARTL-0024		
0010	1 EA	6808455 SENSOR : FUEL CELL Ordered / Back ordered : 0 / 0 EA REPLACED		
0020	1 EA	MPCAL71 CALIBRATION CHARGE - 7110 Ordered / Back ordered : 0 / 0 EA		

Draegor Safety Diagnostics inc. Accounting Address: 101 Technology Orive Piltsburgh, PA 15275 Tel: (412) 788-5537 Fax: (412) 788-5598

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 200337 Plttsburgh, PA 15251-0337

Packing Slip

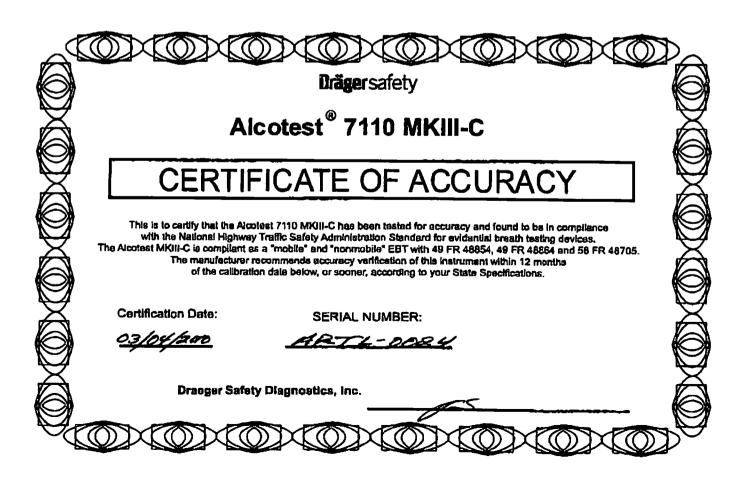
Customer no Order No 150053898 10394530

Order date 03/05/2010 Packing site no. Side dute 03/05/2010

Please reference on inquiries

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hcm#	sh. Quant.	Part no. Description
0030	1 FT	8312074 TUBING, INTAKE FOR 7410 Ordered / Back ordered : 0 / 0 FT REPLACED
0040	1 EA	6808436 PLATES,7110 Ordered / Back ordered : 0 / 0 EA REPLACED
0050	0.5 н	MPLABOR LABOR CHARGE Ordered / Back ordered : 0.0 / 0.0 H



STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF STATE POLICE

BREATH TESTING INSTRUMENTATION SERVICE REPORT

Department;	- · -	2. Contact:		4. Dato;		
Burlington Tup Police Dept 851 Old York Rd Burlington, NJ 08016		Sat Shappa	2/24/10			
		3. Phone Number:	5. County:			
		609-386-2019		Burlington		
6. Alcolest Instrument Serial Number:		ponent Serial Number;		Probe Component Serial Number:		
ARTL - 0024				_		
9. Reason for Service;	·		L			
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to be regulated.						
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11. The above Instrument/Component I	has been found	to be in satisfactory working o	andition: no fi	urther action, required		
				The design radius as		
12. The above Instrument/Component i	is placed out or	service pending further evalua	tion.			
13. The above Instrument/Component is placed back in service.						
"I have been easified by the Array O						
"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."						
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Tor. II Is Dellarace L	027	TI TO NO	D. # 600	7 -124110		
Name & Badge Number (Print)		Signature II	<u> </u>	2/24/10 Oate		