

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

<b>1. Department:</b> Burlington Twp. PD 851 Old York Road Burlington, NJ 08016		<b>2. Contact:</b> Sgt. M. Gollnick	<b>4. Date:</b> 9-3-2012
		<b>3. Phone Number:</b> 609-386-2019	<b>5. County:</b> Burlington
<b>6. Alcotest Instrument Serial Number:</b> ARTL-0024	<b>7. Simulator Component Serial Number:</b> N/A	<b>8. Temperature Probe Component Serial Number:</b> N/A	

**9. Reason for Service:**  
 The installation of the Eco-Surge Tripp-Lite surge protector.

**10. Comments:**  
 The installation of the Eco-Surge Tripp-Lite surge protector was conducted as per Draegers recommendation. Model number TLP808NETG. The instruments phone line is also routed through the surge protector.

- 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."

**Det. I M. Goncalves #6040**  
 \_\_\_\_\_  
 Name & Badge Number (Print)

  
 \_\_\_\_\_  
 Signature

9/3/12  
 \_\_\_\_\_  
 Date