

ARIZONA DEPARTMENT OF PUBLIC SAFETY

INTOXILYZER SERVICE REQUEST

SEND ALL COPIES TO DPS CRIME LABORATORY

	QUALITY ASSURAN		
DATE	SERIAL NUMBER (List simulator S / N also)	FIELD LOCA	ATION
2-17-06	INTOX: 66-004438 SIMULATO SUMBITTING AGENCY'S FULL NAME (NO INITALS)	DR:	
DPS EQUIPMENT NUMBER	SUMBITTING AGENCY'S FULL NAME (NO INITIALS) GOODYEAR POLI LIST LIST LIST MAILING ADDESS CHFIELD RD GO	CE DEPARTMENT	_
QUALITY ASSURANCE SPECIAL	LIST	PHONE NUM	MBER
J. 1	JACKANDINGHAM #	981 (623)	693-0088
QUALITY ASSURANCE SPECIAL	LIST MAILING ADDESS	CITY	STATE ZIP CODE
11115 LIT	CHFIELD KD GO	DYEAR, AZ OS	338
Was a S.Q.A.P. completed prior to removal from service? Who, Explain: Attempted Q.As on 1-21-06 but had problem below			
		D .	
Yes, Date:	need to be downloaded (ACTIVE C.O.B.R.A ONL		
	need to be downloaded (ACTIVE C.O.B.R.A.: ONL		
EQUIPMENT SENT: INTOXILYER POV HEATED SIMULATOR TU	VER CORD ☐ BREATH HOSE ☐ EXTERI UBE ☐ BRACKET ☐ OTHER	NAL PRINTER SIMULATOR KI	EYBOARD
	at is the instrument doing or not doing? Include observation		es.)
Unable to	enter the days	Was poss	
	LAR USE	ONLY	
CORRECTIVE ACTION	LAB USE		
CORRECTIVE ACTION			
CORRECTIVE ACTION			
CORRECTIVE ACTION		ONLY EXTERNAL PARATER OFTWARE	
CORRECTIVE ACTION			
COMMENTS	CONVERT TO UPGRADE S	EXTERNI PRIMER	
	CONVERT TO UPGRADE S	EXTERNAL PRIMER OFTWARE	DATE
COMMENTS TECHNIQIAN'S NAME	CONVERT TO UPGRADE S	EXTERNAL PRIMER OFTWARE NO. TITLE	
COMMENTS TECHNIQUAN'S NAME	CONVERT TO UPGRADE S	EXTERNAL PRIMER OFTWARE	DATE