

# 2

6/10/14

ARAJ-0075

6/10/14

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

1. Department: <b>Toms River Twp Police Department</b> <b>255 Oak Ave</b> <b>Toms River, NJ 08754</b>	2. Contact: <b>Tpr. I Steve Dellanoce #6027</b> 3. Phone Number: <b>609-947-9211</b>	4. Date: <b>05/28/2014</b> 5. County: <b>Ocean</b>
6. Alcotest Instrument Serial Number: <p style="text-align: center;"><b>ARAJ-0075</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:  
**Complaint received of instrument being inoperable due to an error message on the display screen.**

10. Comments:  
**Operational condition of the instrument was assessed at the Toms River Police Department. ERROR [075] HEATER-SYSTEM was observed on the instrument display screen.**

**Instrument was placed out of service and returned to Draeger Safety Diagnostics for evaluation.**

**Please replace FUEL CELL as preventive maintenance.**

**Last Known Sequential File #: 01407**

- 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."

Tpr. I Steve Dellanoce #6027  
 Name & Badge Number (Print)
 

Tpr I Steve Dellanoce #6027  
 Signature
 

5/28/14  
 Date

ARAJ-0075  
6/10/14

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

1. Department: <b>Toms River Twp Police Department 255 Oak Ave Toms River, NJ 08754</b>	2. Contact: <b>A/Sgt. Steve Dellanoce #6027</b>	4. Date: <b>06/10/2014</b>
	3. Phone Number: <b>609-947-9211</b>	5. County: <b>Ocean</b>

6. Alcotest Instrument Serial Number: <b>ARAJ-0075</b>	7. Simulator Component Serial Number: <b>N/A</b>	8. Temperature Probe Component Serial Number: <b>N/A</b>
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9. Reason for Service:  
**Alcotest instrument returned from outside maintenance and placed back in service.**

10. Comments:  
**See Draeger Return and Repair form.**

- 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."

A/Sgt. Steve Dellanoce #6027  
Name & Badge Number (Print)

A/Sgt. [Signature] #6027 6/10/14  
Signature Date

6/10/14  
AR17J 0075  
**Dräger**  
6/10/14

**RETURN AND REPAIR FORM**

**Customer Information**

B:

S:

Company Name: Toms River Twp. P.D., Toms River, NJ

Date Received: 05/30/14

Date given to service: 05/30/14

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 AJ-0075

Printer Serial#: AR

Sim Serial#: DD

Probe Serial#: DD

Warranty Expires: January 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
6809514	Breath Hose	1	NC/W

Repair Notes: Replaced defective breath hose, fuel cell, and spacer plates.

Fuel Cell = ARFD-2211

CAL W/QC AND OPS CHECK

Service Technician BC

Date: 06/03/14

6/10/14  
ARAJ-0075

# Packing Slip

Customer no    Order No    Order date  
150059761    10704876    06/03/2014

Packing slip no.    Ship date  
80863688    06/03/2014

Please reference on inquiries

ship to  
150059763  
TOWNSHIP OF TOMS RIVER POLICE DEPAR  
ATTN: CHIEF OF POLICE  
OCEAN COUNTY  
255 OAK AVENUE  
TOMS RIVER, NJ 08754  
USA

bill to

Your Purchase Order Number  
TPR. I STEVE DELLANOCE #6027  
Any questions? Please contact:  
CHARLES ROBINSON II

Customer  
TOWNSHIP OF TOMS RIVER  
OCEAN COUNTY  
255 OAK AVE  
TOMS RIVER, NJ 08753-0876  
USA

Your sales person  
Don Pouliot  
Phone: 973-398-3228

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:ARAJ-0075 RECEIVED 05/30/2014
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:  
101 Technology Drive  
Pittsburgh, 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  
Pittsburgh, PA 15251-0337

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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			
0050	1 EA	6809514 BREATH HOSE, 7110 2ND GEN Ordered / Back ordered : 0 / 0 EA			