INTOX
PBT
TOXITEST

DATE 9.28.09
RECEIVED VIA FedEx

CMI INC.

316 E. 9th St., Owensboro, KY 42303
270-685-6200 — Fax 270-685-6288
1-800-835-0690

SERVICE WORK ORDER

321901

BILL TO

Toxicology Lab.
ATTN:
P.O. Box 927
CITY Bismarck STATE ND. ZIP 58502
CUSTOMER NO. 585021
PHONE 701-328-6141

SHIP TO

ATTN:
2411 E. Main Ave.
CITY Bismarck STATE ND. ZIP 58501
PHONE

MODEL #	S/N	DATE RCVD.	P.O. #	REQ.	BILL CODE	SERVICE LOCATION CODE
8000	80.002668				FLL	

PROD. CODE
EXTRA PARTS RCVD. Orb box, battery

DESCRIPTION OF PROBLEM
"Pump chugs Along."

☐ QUOTE
WARRANTY ☐ SERVICE DEPT. ☐ NEW

- ☑ PRELIMINARY TEST ☑ DISMANTLE, INSPECT, DIAGNOSTIC TEST
  - POWER SUPPLY ☐ TEST, INSPECT ☐ REPLACE
- ☐ MAIN PWB's - REMOVE & CLEAN, REINSTALL, TEST
  - PWB's ☐ DIAGNOSE, REPAIR ☐ REPLACE
- ☐ PWB's - SURFACE CLEAN IN PLACE
- ☐ FILTER WHEEL - REMOVE, CLEAN, REINSTALL, CHECK CELL INTERIOR
  - CHOPPER WHEEL MOTOR ☐ TEST & INSPECT ☐ REPLACE
- ☑ CELL - REMOVE, CLEAN, REINSTALL, REPLACE LENSES/GASKETS REQ'D
  - IR LIGHT SOURCE ☑ REMOVE, REALIGN ☐ REPLACE
  - PRINTER ASSY. ☐ DISASSEMBLE ☐ CLEAN & LUBRICATE
    - ☐ REMOVE & REPLACE BELT ☐ REALIGNMENT
    - ☐ REPLACE ☐ TEST PRINTER FUNCTIONS
  - BATTERIES - REPLACE ☐ CPU ☐ RAM
- ☑ REPLACE PARTS ☑ REASSEMBLE ☑ CALIBRATION ☐ FINAL TEST
- ☐ MISC. _____

PBT ☐ PRELIMINARY TESTING - PRESSURE, BATTERY, ZERO SET
☐ DISASSEMBLE ☐ REPLACE PARTS ☐ REASSEMBLE
☐ TEST ☐ CALIBRATE ☐ FINAL TEST

TOXITEST ☐ INCOMING LEAK TEST ☐ VISUAL/MECH. INSPECTION
☐ TEST THERMOMETER & THERMOSTAT ☐ DISASSEMBLE
☐ REPLACE PARTS ☐ REASSEMBLE ☐ OUTGOING & LEAK TEST
☐ FINAL TEST

☐ MISC. _____

PARTS USED

QTY	ID NO.	DESCRIPTION	CODE
1	340208	3" check Valve Mod	
1	441016	Copper Gasket	

COMMENTS:
I verified the problem. The cell was not placed on the exhaust block correctly. In addition, I re-routed the breathhose & cell inlets & replaced the brown check valve.
PB

SHIPPING DATE/CHARGES
80-002668
P. Ladd
FM

HOURS: 4 hours
ID: 702909

TECH. [signature] DATE 11/5/09
CAL. TECH. [signature] DATE 11/11/09

SPECIAL SHIPPING INSTRUCTIONS
☐ COD ☐ AMOUNT $_____

FORM # CMI 8WO 1 REV (-)