

# Alaska Scientific Crime Detection Laboratory

## Change in Instrument Status Form

Issued: 6/11/2014  
Effective: 6/11/2014

Version: CIISF 2014 R0  
Status: Active

Date: \_\_\_\_\_ Instrument Serial Number: \_\_\_\_\_

Instrument Location: \_\_\_\_\_

Supervisor Name and Agency: \_\_\_\_\_

Describe the Status Change or Issue with the Instrument:

---

---

---

---

---

---

---

---

---

---

If instrument was placed in service or removed from service, fill out the appropriate sections below.

In Service Date/Time: \_\_\_\_\_

Out of Service Date/Time: \_\_\_\_\_

-----  
**For Use by SCDL**

**Additional Notes**

---

---

---

---

---

---

---

---

---

---

**Email completed form to [dps.scdl.toxicology@alaska.gov](mailto:dps.scdl.toxicology@alaska.gov)**

For questions contact the Breath Alcohol Program at 907-269-5740