

Alaska Scientific Crime Detection Laboratory

Change in Instrument Status Form

Effective: 11/10/2021

Version: 2.0

Date: _____ Instrument #: _____

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

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