

NEW MEXICO
DEPARTMENT OF
HEALTH
TOXICOLOGY BUREAU
Breath Alcohol
Supply Order Form

Requester Full Name, Agency Name, Agency Address:		ORDERING INSTRUCTIONS : Please fill out form completely and legibly.	
Requester Phone Number: Requester Email Address:		Email order form to: DOH-Breath-Alcohol@doh.nm.gov	
	IR 9000 Internal Printer Paper	Box of 5 rolls	
	Simulator Connectors for the IR 9000	1 male, 1 female	
	Intoxilyzer mouth pieces	Bag of 100	
	.08 standard	Each	
	.16 standard	Each	
	Set of standards (1 each .08 & .16)	Set	
	Log Book	Each	
Other			

To **MAIL** order form:
NM Scientific Laboratory Division Attn:
Breath Alcohol Section
1101 Camino de Salud NE
Albuquerque, NM 87102

Phone #: 505-383-9102