VENDOR NAME: GE Infrastructure/ION  
DEPARTMENT: USP SIS Department  
PHONE NUMBER: 978-658-3767 ext. 1258  
Attn: Gina Ryan  

CARD HOLDER NAME: Willie Mac Johnson  
DATE: March 8, 2006  

<table>
<thead>
<tr>
<th>STOCK NO.</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silver Level</td>
<td>1</td>
<td>EA</td>
<td>Itemiser 2, Silver Level, Part Number SC002002 - 1 Year Service Contract Maintenance Coverage Prorated: March 10, 2006 thru September 30, 2006</td>
<td>2791.44</td>
<td>2791.44</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Machine Serial Numbers: 100248765795</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Sale Source: GE is the only authorized company to provide maintenance and upkeep to this instrument/equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3-9-06 Willie Mac Johnson</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL AMOUNT: 2791.44  

ACCOUNTING CODE (If other than default) E12-EV0003  
Card Holder Signature: Willie Mac Johnson  
Date: March 8, 2006  
Cost Center Manager:  
Date: March 8, 2006  
Computer Svc. Approval  
Date:  
Safety Dept. Approval  
Date:  
Warehouse:  
Date:  
OFFICE REQ.N°:
Institution: USP Beaumont  
Date: 8/30/04  
No.: FPS- 0502 101833

Transfer From: USP SIS Department / B. McBride
Transfer To: Warehouse / via FedEx to GE ION Track

Purpose for which material is to be used: Return to GE Infrastructure / IDN for repairs

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Stock No. or Equipm. No.</th>
<th>QUANTITY</th>
<th>ARTICILE</th>
<th>. Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPS- 0502</td>
<td>108833</td>
<td>Wanted</td>
<td>Furnished</td>
<td>Serial #211440</td>
<td>RM# - 700132</td>
</tr>
</tbody>
</table>

Transfer From:

FUND CODE: FP
REG:  
INST:  
SEC LVL:  
PROG AREA:  
PAL: *  
SOC:  

$  

Program Area Location for Property Transaction ONLY.

Transfer To:

FUND CODE: FP
REG:  
INST:  
SEC LVL:  
PROG AREA:  
PAL: *  
SOC:  

$  

Program Area Location for Property Transaction ONLY.

Transferred By:  
Issued By:  
Date:  

Returned By:  

Signature:  
Received By:  

Signature of person receiving items:  

Record Copy - Property; Copy Transfer From CC Mgr; Copy transferred with item  
Replaces BF-100(44) of APR 94
**STORES REQUISITION, INVOICE & TRANSFER RECEIPT**

**U.S. DEPARTMENT OF JUSTICE**
**FEDERAL BUREAU OF PRISONS**

**Institution:** USP Beaumont  
**Date:** 8/25/04  
**No.:** FPS-0502 101304

- Please Furnish From: __________
- Return From: __________
- Transfer From: USP SIS Department / B. McBride  
- Transfer To: Warehouse, via FedEx to 6E Jon Track

**Purpose for which material is to be used**: Return to GE Infrastructure, lend for repairs.

**Signature of Requisitioning Officer**: I. V. Nevols  
**Title**: MHS

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Stock No. or Equipm. No</th>
<th>QUANTITY</th>
<th>ARTICLE</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FPS 10568</strong></td>
<td><strong>101307101323</strong></td>
<td>Furnished</td>
<td>JonMachin Timers2, Serial # 100249765798</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RMA # 700055</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transfer From:</th>
<th>Transfer To:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FUND CODE</strong></td>
<td><strong>FUND CODE</strong></td>
</tr>
<tr>
<td>REG INST SEC LVL PROG AREA PAL* SOC</td>
<td>REG INST SEC LVL PROG AREA PAL* SOC</td>
</tr>
<tr>
<td><strong>FP</strong></td>
<td><strong>FP</strong></td>
</tr>
</tbody>
</table>

$ __________  

**Program Area Location for Property Transaction ONLY.**

- Transferred By: __________  
- Issued By: __________  
- Date: __________

**Returned By:** __________  
**Received:** __________

**Signature of person receiving items**

---

Record Copy - Property. Copy Transfer From CC Mgr; Copy transferred with item  
Replaces BP-100(44) of APR 94
### Tracking Shipment

**Detailed Results**

<table>
<thead>
<tr>
<th>Tracking number</th>
<th>3109720003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed for by</td>
<td>T.POTTLE</td>
</tr>
<tr>
<td>Ship date</td>
<td>Aug 29, 2006</td>
</tr>
<tr>
<td>Delivery date</td>
<td>Aug 31, 2006 10:17 AM</td>
</tr>
<tr>
<td>Status</td>
<td>Delivered</td>
</tr>
<tr>
<td>Delivered to</td>
<td>Shipping/Receiving</td>
</tr>
<tr>
<td>Service type</td>
<td>FedEx 2Day Service</td>
</tr>
<tr>
<td>Weight</td>
<td>100.0 lbs.</td>
</tr>
</tbody>
</table>

#### Activity Log

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 31, 2006</td>
<td>Delivered</td>
<td>WILMINGTON, MA</td>
</tr>
<tr>
<td>10:17 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:55 AM</td>
<td>At local FedEx facility</td>
<td></td>
</tr>
<tr>
<td>Aug 30, 2006</td>
<td></td>
<td>FRANKLIN, MA</td>
</tr>
<tr>
<td>11:34 PM</td>
<td>At dest sort facility</td>
<td></td>
</tr>
<tr>
<td>4:09 PM</td>
<td>Departed FedEx location</td>
<td>NEWARK, NJ</td>
</tr>
<tr>
<td>Aug 29, 2006</td>
<td></td>
<td>BEAUMONT, TX</td>
</tr>
<tr>
<td>7:47 PM</td>
<td>Left origin</td>
<td></td>
</tr>
<tr>
<td>3:27 PM</td>
<td>Picked up</td>
<td>BEAUMONT, TX</td>
</tr>
</tbody>
</table>

#### Subscribe to tracking updates (optional)

- **Your Name:**
- **Your Email Address:**

**Language**

- English

**Exception updates**

- [ ]

**Delivery updates**

- [ ]

**Select format:**

- HTML
- Text
- Wireless

**Add personal message:**

Not available for Wireless or non-English characters.

- [ ] By selecting this check box and the Submit button, I agree to these Terms and Conditions

[Submit]
From (please print)  
Date  
4/13/00  
Sender’s FedEx Account Number  
1988-5009-8  

1  

Sender’s Name  
B. MUNkJDE  
Phone  (909) 727-8188  

FedEx Airbill  Tracking Number 3109720014  Plu #773  

Sender’s Copy  

Company  
FEDERAL CORRECTIONAL COMPLEX 1USP  

Address  
RT 4 BOX 5000 HERBERT RD  

City  
BEAUMONT  
State  TX  Zip  77705  

2  

Your Internal Billing Reference Information  
Optional (First 24 characters will appear on invoice)  

To (please print)  
Recipient’s Name  
GE JON TRACK  
Phone  918-458-3767  

3  

Company  
GE JON TRACK  
RMA 76216994  

Dept/Floor/Suite/Room  

Address  
205 HOWELL ST.  

To: HOLD at FedEx location, print FedEx address here  
(We Cannot Deliver to P.O. Boxes or P.O. Zip Coded)  

City  
WILLIAMSBURG  
State  VA  Zip  23187  

4a  

Express Package Service  
Packages under 150 lbs.  
FedEx Priority Overnight  
FedEx Standard Overnight  
FedEx Standard Overnight  
FedEx 2Day@  
FedEx 2Day@  
FedEx Express Saver Freight  
FedEx Express Saver Freight  
FedEx Express Saver Freight  

4b  

Express Freight Service  
Packages over 150 lbs.  
FedEx Overnight Freight  
FedEx 2Day Freight  
FedEx 2Day Freight  
FedEx Express Saver Freight  
FedEx Express Saver Freight  
FedEx Express Saver Freight  
FedEx Express Saver Freight  

5  

Packaging  

6  

Special Handling  
Does this shipment contain dangerous goods?  
Yes  
No  

7  

Payment  
Bill to:  
Recipient  
Third Party  
Credit Card  
Cash/Check  

8  

Release Signature  
Sign to authorize delivery without obtaining signature.
Track Shipments
Detailed Results

Tracking number: 31097200014
Signed for by: C.PETERS
Ship date: Apr 13, 2006
Delivery date: Apr 17, 2006 8:40 AM
Status: Delivered
Delivered to: Service type: Shipping/Receiving
FedEx 2Day Service
Weight: 100.0 lbs.

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 17, 2006</td>
<td>8:40 AM Delivered</td>
<td>WILMINGTON, MA</td>
</tr>
<tr>
<td></td>
<td>7:56 AM On FedEx vehicle for delivery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7:13 AM At local FedEx facility</td>
<td>WILMINGTON, MA</td>
</tr>
<tr>
<td></td>
<td>3:05 AM At dest sort facility</td>
<td>EAST BOSTON, MA</td>
</tr>
<tr>
<td>Apr 16, 2006</td>
<td>7:45 AM At local FedEx facility</td>
<td>EAST BOSTON, MA</td>
</tr>
<tr>
<td></td>
<td>5:18 AM At dest sort facility</td>
<td>EAST BOSTON, MA</td>
</tr>
<tr>
<td>Apr 15, 2006</td>
<td>9:43 PM Departed FedEx location</td>
<td>NEWARK, NJ</td>
</tr>
<tr>
<td>Apr 13, 2006</td>
<td>8:00 PM Left origin</td>
<td>BEAUMONT, TX</td>
</tr>
<tr>
<td></td>
<td>2:26 PM Picked up</td>
<td>BEAUMONT, TX</td>
</tr>
</tbody>
</table>

Subscribe to tracking updates (optional):

Your Name: __________________________ Your Email Address: __________________________

Email address: [ ] Language: [ ] Exception updates: [ ] Delivery updates: [ ]

Select format: [ ] HTML [ ] Text [ ] Wireless

Add personal message: __________________________

Not available for Wireless or non-English characters.

By selecting this check box and the Submit button, I agree to these Terms and Conditions.
From: (b)(7)c
To: (b)(7)c
Date: 5/3/2006 12:46:31 PM
Subject: ION Machine

I spoke with GE ION today, and they no longer issue "loner machines." They have it on the bench and it is awaiting evaluation. It was put on the bench on May 1, 2006. They recommended I try back in a few days to check the status.

Please note the machine was delivered to GE via FEDEX on 04/17/06. Therefore, it sat somewhere within their facility for 9 days, before being placed on the bench. My suggestion is we should research other companies prior to purchasing any additional machines from this company.

CC: (b)(7)c
From: (b)(7)c
To: (b)(7)c
Date: 5/31/2006 10:11:01 AM
Subject: ION Machine

I spoke to ION today and they are sending us back our machine. The machine had been sitting in the Admin department on their error that it was an estimate. The Technical department notified them it was sent in for repairs under a 90 day warranty.

The machine is back to working and is being shipped back immediately.
VENDOR NAME: GE Infrastructure Security  
DEPARTMENT: SIS - USP  
CARD HOLDER NAME: [Signature]

<table>
<thead>
<tr>
<th>STOCK NO.</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP001004</td>
<td>1</td>
<td>Each</td>
<td>Computer, Pentium Databrick, 16mb ram</td>
<td>3384.96</td>
<td>3384.96</td>
</tr>
<tr>
<td>MP001094-001</td>
<td>1</td>
<td>Each</td>
<td>Bezel</td>
<td>880.00</td>
<td>880.00</td>
</tr>
<tr>
<td>EP005510</td>
<td>1</td>
<td>Each</td>
<td>Display, LCD resistive touch with 90 degree plug</td>
<td>2086.00</td>
<td>2086.00</td>
</tr>
<tr>
<td>9</td>
<td>Each</td>
<td>Labor Cost (approx 9 hours @ $95.00 per hour)</td>
<td>855.00</td>
<td>855.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Each</td>
<td>Freight (approximately)</td>
<td>200.00</td>
<td>200.00</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL AMOUNT: 7405.96

ACCOUNTING CODE (If other than default)  EP05 0211 E1

Card Holder Signature: [Signature]  Date: 02/01/06

Cost Center Manager: [Signature]  Date:  

Computer Svc. Approval  Date:  

Safety Dept. Approval  Date:  

Warehouse:  Date:  

OFFICE REQ.NP: E11-FV0028
GE Infrastructure Security
205 Lowell Street
Wilmington, MA 01887
www.gesecurity.com

Customer: FCC Beaumont
Ms. Brandi McBride
4550 Herbert RD
Beaumont, Texas 77705

Repair estimate for a Vapor Tracer 2

Serial Number: 100248765795 RMA number: 7518429

Service Detail: Unit has sync pulse error and needs new brick. Bezel is cracked and needs replacement. Touchscreen does not work, needs replacement.

Material Costs:

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Part Number</th>
<th>Description</th>
<th>Price Ea</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CP001004</td>
<td>COMPUTER, PENTIUM DATABRICK, 16MB RAM</td>
<td>$3,384.96</td>
<td>$3,384.96</td>
</tr>
<tr>
<td>1</td>
<td>MP001094-001</td>
<td>BEZEL</td>
<td>$980.00</td>
<td>$980.00</td>
</tr>
<tr>
<td>1</td>
<td>EP005510</td>
<td>DISPLAY, LCD RESISTIVE TOUCH with 90 DEGREE PLUG</td>
<td>$2,086.00</td>
<td>$2,086.00</td>
</tr>
</tbody>
</table>

Material Cost: $6,350.96

The following miscellaneous parts will also be used in the repair of your instrument but will not be charged for or appear on the final Sales Invoic.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MEMBRANE</td>
</tr>
<tr>
<td>1</td>
<td>FILTERS</td>
</tr>
</tbody>
</table>

Labor Costs: in-house Service

Total Hours | Rate per hour | Labor Cost: $855.00
9            | $95.00        |

Estimated Repair Total: $7,205.96
Plus Return Freight

Please NOTE: This is an estimate, if additional parts or labor are required in addition to those covered by this estimate we will contact you for approval. In order to proceed with the repair, we will require written approval and a purchase order indicating the amount shown above or a valid credit card number. Payment terms are Net 30.

If you have any questions please feel free to contact me.

Gina Ryan
GE Infrastructure Security
Sr. Service Administrator

T:1 (978) 658 3767 x 1258
F:1 (866) 249 9105
Gina.Ryan@ge.com
www.gesecurity.com

205 Lowell Street
Wilmington, MA 01887
U.S.A.

Quote number: 01262006
Date issued: 26-Jan-06
Expires: 5-Feb-2006
VENDOR NAME: GE Infrastructure Security  
DEPARTMENT: SIS - USP  
CARD HOLDER NAME: Gina Ryan  
PHONE NUMBER: 978-658-3767 x 1258

<table>
<thead>
<tr>
<th>STOCK NO.</th>
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<td>3384.96</td>
</tr>
<tr>
<td>MP001094-001</td>
<td>1</td>
<td>Each</td>
<td>Bezel</td>
<td>880.00</td>
<td>880.00</td>
</tr>
<tr>
<td>EP005510</td>
<td>1</td>
<td>Each</td>
<td>Display, LCD resistive touch with 90 degree plug</td>
<td>2086.00</td>
<td>6350.96</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Each</td>
<td>Labor Cost (approx 9 hours @ $95.00 per hour)</td>
<td>855.00</td>
<td>7695.00</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Each</td>
<td>Freight (approximately)</td>
<td>200.00</td>
<td>200.00</td>
</tr>
</tbody>
</table>

TOTAL AMOUNT: 7405.96

ACCOUNTING CODE (If other than default)

Card Holder Signature:  
Cost Center Manager:  
Computer Svc. Approval:  
Safety Dept. Approval:  
Warehouse:  

OFFICE REQ. #:  

Date: [January 27, 2006]
GE Infrastructure
Security
205 Lowell Street
Wilmington, MA 01887
www.gesecurity.com

Customer: FCC Beaumont
Ms. Brandi McBride
4550 Herbert RD
Beaumont, Texas 77705

Repair estimate for a Vapor Tracer 2

Serial Number: 10024876579S  RMA number: 7518429

Service Detail: Unit has sync pulse error and needs new brick. Bezel is cracked and needs replacement. Touchscreen does not work, needs replacement.

Material Costs:

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Part Number</th>
<th>Description</th>
<th>Price Ea</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CP601004</td>
<td>COMPUTER, PENTIUM DATABRICK, 16MB RAM</td>
<td>$3,384.96</td>
<td>$3,384.96</td>
</tr>
<tr>
<td>1</td>
<td>MP801094-001</td>
<td>BEZEL</td>
<td>$880.00</td>
<td>$880.00</td>
</tr>
<tr>
<td>1</td>
<td>EP006510</td>
<td>DISPLAY, LCD RESISTIVE TOUCH with 90 DEGREE PLUG</td>
<td>$2,086.00</td>
<td>$2,086.00</td>
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Material Cost: $6,350.96

The following miscellaneous parts will also be used in the repair of your instrument but will not be charged for or appear on the final Sales Invoice.

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Labor Costs: In-house Service

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<tr>
<th>Total Hours</th>
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</thead>
<tbody>
<tr>
<td>9</td>
<td>$95.00</td>
<td>$855.00</td>
</tr>
</tbody>
</table>

Estimated Repair Total: $7,205.96

Plus Return Freight

Please NOTE: This is an estimate, if additional parts or labor are required in addition to those covered by this estimate we will contact you for approval. In order to proceed with the repair, we will require written approval and a purchase order indicating the amount shown above or a valid credit card number. Payment terms are Net 30.

If you have any questions please feel free to contact me.

Gina Ryan
GE Infrastructure Security
Sr. Service Administrator

T+1 (978) 656 3767 x 1258
F+1 (866) 249 9105
Gina.Ryan@ge.com
www.gesecurity.com

205 Lowell Street
Wilmington, MA 01887
U.S.A.

Quote number: 01262006
Date issued: 26-Jan-06
Expires: 5-Feb-2006
RE: Repair Estimate Sent: 1/26/06: ION Machine:

From: "Ryan, Gina (GE Infrastructure)" <Gina.Ryan@ge.com>
To: (b)(7)c
Date: 1/26/2006 11:46:35 AM
Subject: RE: Repair Estimate Sent: 1/26/06: ION Machine:

Hello (b)(7)c

Here is the repair estimate that you requested. Please let me know how you wish to proceed and if you have any questions.

Sincerely,

Gina Ryan
Sr. Service Administrator
GE Security
(978)658-3767 x 1258

-----Original Message-----
From: (b)(7)c
Sent: Wednesday, January 25, 2006 9:39 AM
To: Ryan, Gina (GE Infrastructure)
Cc: (b)(7)c
Subject: RE: Repair Estimate Sent: 1/26/06: ION Machine:

Ms. Ryan,
That is the correct serial number. I spoke with Roger in Technical support on 01-23-06, and he indicated the technician on the machine was John Burns. Apparently there are a few repairs needed. Please let us know once you get the paperwork.

Thanks for getting back with me.
Have a great day,

United States Penitentiary
Beaumont, Texas
(409) 727-8188, ext. 4609

>>> "Ryan, Gina (GE Infrastructure)" <Gina.Ryan@ge.com> 01/24/06 4:19 PM >>>
Hello (b)(7)c

Can you please confirm if you are looking for the status of serial # 100248765795? If this is the machine you are looking for, I do not have an evaluation for it yet and I have just sent a message to the
technician. I just want to ensure we are referring to the proper serial number. I look forward to your reply. Thank you.

Gina

-----Original Message-----
From: [redacted]
Sent: Monday, January 23, 2006 10:52 AM
To: Ryan, Gina (GE Infrastructure)
Cc: [redacted]
Subject: OPEN: 1/23/06: ION Machine

Ms. Ryan,
I just spoke with Technical Support and they indicated they have completed the evaluation of the ION machine and sent the order for repairs to you. If you could fax us the work up on the repairs and fees to 409-626-3703, it would be greatly appreciated. That way we can get approval to get the machine repaired as soon as possible.

Thank you.

United States Penitentiary
Beaumont, Texas
(409) 727-8188, ext. 4609
email: bmcbride@bop.gov
At this point I think we should repair this one. I believe these machines are running about $27,000. Scott

>>> Arthur Sturges 01/27/06 6:35 AM >>>
If you want to repair it then have Brandi prepare the Credit Card Request and you sign it. Send it to me. The Warden had agreed to have it repaired so when we reprogram I will move money to E1 to cover the cost. I do not know if the Low has sent there's out for evaluation but if not we will not hold up you with your service agreement. I wanted to do both on the same order but we will see how it shakes out.

I do have one question, do you think it is worth putting that much money into the Machine or would purchasing a new one be more beneficial? I would assume fixing this one due to all the problems we have with these machines. Let me know what you think.

Later

>>> Scott Fauver 01/26/06 3:39 PM >>>
What direction do we need to go? Scott

>>> Brandi McBride 01/26/06 12:04 PM >>>
Here is the estimate.

>>> "Ryan, Gina (GE Infrastructure)" <Gina.Ryan@ge.com> 01/26/06 11:45 AM >>>

Hello Brandi:

Here is the repair estimate that you requested. Please let me know how you wish to proceed and if you have any questions.

Sincerely,

Gina Ryan
Sr. Service Administrator
GE Security
(978)658-3767 x 1258

-----Original Message-----
From: Brandi McBride [mailto:bmcbride@bop.gov]
Sent: Wednesday, January 25, 2006 9:39 AM
To: Ryan, Gina (GE Infrastructure)
Cc: Arthur Sturges; Jacoba Guzman; Scott Fauver
Subject: RE: Repair Estimate Sent: 1/26/06: : ION Machine:

Ms. Ryan,
That is the correct serial number. I spoke with Roger in Technical support on 01-23-06, and he indicated the technician on the machine was
John Burns. Apparently there are a few repairs needed. Please let us know once you get the paperwork.

Thanks for getting back with me.
Have a great day.

United States Penitentiary
Beaumont, Texas
(409) 727-8188, ext. 4609

"Ryan, Gina (GE Infrastructure)" <Gina.Ryan@ge.com> 01/24/06 4:19 PM
Hello

Can you please confirm if you are looking for the status of serial # 100248765798? If this is the machine you are looking for, I do not have an evaluation for it yet and I have just sent a message to the technician. I just want to ensure we are referring to the proper serial number. I look forward to your reply. Thank you.

Gina

-----Original Message-----
From: (b)(7)c
Sent: Monday, January 23, 2006 10:52 AM
To: Ryan, Gina (GE Infrastructure)
Cc: (b)(7)c
Subject: OPEN: 1/23/06: ION Machine

Ms. Ryan,
I just spoke with Technical Support and they indicated they have completed the evaluation of the ION machine and sent the order for repairs to you. If you could fax us the work up on the repairs and fees to 409-626-3703, it would be greatly appreciated. That way we can get approval to get the machine repaired as soon as possible.

Thank you

United States Penitentiary
Beaumont, Texas
(409) 727-8188, ext. 4609
e-mail: Bmcbride@bop.gov

CC: McBride, Brandi
IN-HOUSE SERVICE REPORT FORM

<table>
<thead>
<tr>
<th>Item #</th>
<th>Part #</th>
<th>Part Description</th>
<th>Unit Price</th>
<th>Discount Value</th>
<th>Item Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Roddor 222</td>
<td></td>
<td></td>
<td>$317.87</td>
</tr>
<tr>
<td>2</td>
<td>mp046175</td>
<td>Pump</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>IN HOUSE LABOR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Materials: $317.87

Description of work performed:

Pump is week on the sample side, air is being sent by bottle tails leak (air gaining). Bottle had loose fitting inside on the mount. Needed new pump and testing.

Labor Cost

<table>
<thead>
<tr>
<th>Date</th>
<th>Work Completed</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/11/05</td>
<td>Service</td>
<td>60</td>
</tr>
</tbody>
</table>

Total Hours: 60

Rate per Hour: $7.00
Total Labor: $420.00
Total Materials: $317.87
Total Invoice: $737.97

Date: 2/11/05
Performed By: Ray Hen

Copy Distribution: Accounting --- Technical Service --- Customer
Form SV 7510A/Rev 1
**IN-HOUSE SERVICE REPORT FORM**

<table>
<thead>
<tr>
<th>Item #</th>
<th>Qty</th>
<th>Part #</th>
<th>Part Description</th>
<th>Unit Price</th>
<th>Discount Value</th>
<th>Item Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Poew200k Repair Itemse</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Description of work performed:**

- Flushed 72 HR high temp to purge contamination out of the system.
- Replaced 10 rings in digester, damaged quarter-tubes.
- Replaced inner tube and cap, added pruntor and wire.
- Full maintenance, new filters.
- Replaced all sample line tubing and fittings.

**Labor Cost**

<table>
<thead>
<tr>
<th>Date</th>
<th>Work Completed</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/25</td>
<td>Service/Evaluate</td>
<td>2 HRS</td>
</tr>
<tr>
<td>6/26</td>
<td>Service</td>
<td>2 HRS</td>
</tr>
<tr>
<td>6/27</td>
<td>Service/Final</td>
<td>2 HRS</td>
</tr>
<tr>
<td>6/30</td>
<td>Service</td>
<td>1 HRS</td>
</tr>
</tbody>
</table>

**Total hours:** 7 HRS

**Rate per Hour:** $  
**Total Labor:** $  
**Total Materials:** $  
**Total invoice:** $  

Date: 6/30/04  
Performed By: Bob C. Hughes

Copy/Distribution: Accounting --- Technical Service --- Customer

Form SV 7610/1 Rev 1
<table>
<thead>
<tr>
<th>LN</th>
<th>DL</th>
<th>DUE DATE</th>
<th>ORDERED</th>
<th>SHIPPED</th>
<th>C</th>
<th>CARTONS</th>
<th>UNIT</th>
<th>PART IDENTIFIER</th>
<th>DESCRIPTION</th>
<th>COMMENTS</th>
<th>WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>01</td>
<td>6/21/2004</td>
<td>1.00</td>
<td>1.00</td>
<td>N</td>
<td></td>
<td>EA</td>
<td>P0007004R</td>
<td>REPAIR, ITEMISER MK2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SN 10024876579S</td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RMA#SVJC1031</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>02</td>
<td>6/21/2004</td>
<td>7.00</td>
<td>7.00</td>
<td>N</td>
<td></td>
<td>EA</td>
<td>LABOR, IN-HOUSE</td>
<td>IN-HOUSE SERVICE LABOR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ION SPECTROMETRY DEVICE DAILY VISITOR LOG

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Date</th>
<th>Random No.(s)</th>
<th>Operator’s Name / Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4-4-07</td>
<td>2</td>
<td>(b)(7)c</td>
</tr>
</tbody>
</table>

NOTE: Positive Alarms Must Also Be Logged On “POSITIVE ALARM LOG”

<table>
<thead>
<tr>
<th>Time</th>
<th>Visitor Name</th>
<th>Inmate Name</th>
<th>Rep. No.</th>
<th>Result</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/46</td>
<td>(b)(6)</td>
<td>(b)(6)</td>
<td></td>
<td>POS</td>
<td>(b)(7)c</td>
</tr>
</tbody>
</table>

Sensitive- Limited Official Use only when completed.
<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Date</th>
<th>Random No.(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-5-19</td>
<td></td>
</tr>
</tbody>
</table>

| Operator's Name / Signature | (b)(7)c |

### Pre-Testing Set-Up/Validation

<table>
<thead>
<tr>
<th>Function</th>
<th>Result</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean Unit/Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Area Tested</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Post-Testing Validation

<table>
<thead>
<tr>
<th>Alarm Printout No.</th>
<th>Results</th>
<th>Initials</th>
</tr>
</thead>
</table>

Staple Signed Printouts Here:
- Pre-Testing Validation;
- Work Area Test; and
- Post-Testing Validation

Sensitive - Limited Official Use only when completed.
NOTICE OF DENIED VISITATION

To: Visitor’s Name

(b)(6)

(b)(6)

Through the use of an ion spectrometry device, you produced a confirmed positive test result for the presence of an illegal substance(s). Because the presence of illegal substances in a correctional setting seriously jeopardizes the mission of the Bureau of Prisons, your ability to enter this facility for inmate visiting is suspended as indicated below.

X First Occurrence - Visiting suspended for 72 hours.

Second Occurrence - Visiting suspended for 30 days.

Third Occurrence - Visiting suspended for 90 days.

Fourth and Subsequent Occurrences - Visiting suspended for 180 days.

You may appeal this decision in writing to the Warden. Written appeals should indicate the visitor’s name, address, and purpose for visiting, including the inmate’s name and register number, if applicable. Written appeals should also indicate the location, date, and time of testing positive. Visitors appealing the denial of visitation may include a physician’s verification indicating a prescribed substance(s), in an effort to explain confirmed positive test results.

Date Issued 4-4-08

(b)(7)c

Issuing Officer’s Printed Name (b)(7)c

Date 4-4-08
ION SPECTROMETRY DEVICE DAILY VISITOR LOG

<table>
<thead>
<tr>
<th>Time</th>
<th>Visitor Name</th>
<th>Inmate Name</th>
<th>Reg. No.</th>
<th>Result</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 AM</td>
<td>(b)(6)</td>
<td></td>
<td></td>
<td>neg.</td>
<td>(b)(7)c</td>
</tr>
<tr>
<td>12:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Positive Alarms Must Also Be Logged On “POSITIVE ALARM LOG”

Sensitive- Limited Official Use only when completed.
# ION SPECTROMETRY DEVICE DAILY PRE/POST OPERATION LOG

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Date</th>
<th>Random No.(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21146</td>
<td>5/11/1000</td>
<td>3</td>
</tr>
</tbody>
</table>

**Operator’s Name / Signature:** (b)(7)c

### Pre-Testing Set-Up/Validation

<table>
<thead>
<tr>
<th>Function</th>
<th>Result</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean Unit/Area</td>
<td>No Leak</td>
<td>(b)(7)c</td>
</tr>
<tr>
<td>Work Area Tested</td>
<td>Positive Oils</td>
<td></td>
</tr>
</tbody>
</table>

### Post-Testing Validation

<table>
<thead>
<tr>
<th>Alarm Printout No.</th>
<th>Results</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Leak</td>
<td>(b)(7)c</td>
</tr>
</tbody>
</table>

---

**Staple Signed Printout Here:**

**No Alarm - Ready**

**Operator 1**

**Graph & Data:**

- Graph showing peaks and heights.
- Data table with analysis results.
DENIED ENTRY

FOR COCAINE

BP-224.022 NOTIFICATION TO VISITOR CDFP
MAY 99
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Date: 5/5/00 Time: 1500 (am/pm) Officer’s Name:

Institution: United States Penitentiary Location: Beaumont, TX

Name of Inmate To Be Visited:

It is a Federal crime to bring upon the institution grounds any firearm, destructive device, ammunition, other object designed to be used as a weapon, narcotic drug, controlled substance, alcoholic beverage, currency, or any other object that threatens the order, discipline, or security of a prison, or the life, health, or safety of an individual without the knowledge and consent of the Warden. 18 U.S.C. §§ 1791 and 3571 provides a penalty of imprisonment for not more than twenty years, a fine of not more than $250,000 or both, to a person who provides, or attempts to provide, to an inmate any prohibited object. All persons entering upon these premises are subject to routine searches of their person, property (including vehicles), and packages. The Warden, upon reasonable suspicion that a person may be introducing contraband or demonstrating actions that might otherwise endanger institution safety, security, or good order, may request the person, as a prerequisite to entry, to submit to a visual search, pat search, urine surveillance test, Breathalyzer test, or other comparable test. A visitor has the option to refuse any of the search or test or entrance procedures, with the result that the visitor will not be permitted entry to the institution.

Note: Your refusal of these procedures means that you will not be permitted entry to the institution, and you will be allowed to leave the institution property, unless there is a reason to detain and/or arrest you. The use of cameras or recording equipment without permission of the Warden is strictly prohibited. Violators are subject to criminal prosecution. Once a visit with an inmate begins, if a visitor leaves the visiting area, the visit will be terminated. Any exception must be approved by the visiting room officer.

PLEASE ANSWER THE FOLLOWING QUESTIONS: Are any of the following items in your possession, or in possession of children in your party under 16 years of age?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explosives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weapons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ammunition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metal Cutting tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recording Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cellular Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narcotics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camera</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholic Beverages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All types of medication carried must be listed in the following space, and must be left at the entry area:

I have read, I understand, and I agree to the above. If I am visiting with an inmate, I also understand and agree to abide by the visiting guidelines provided me by this institution. I declare that I do not have articles in my possession which I know to be a threat to institution safety, security, or good order. I am aware that if I have questions about what is authorized, I should consult with the officer. I am aware that the penalty for making a false statement is a fine of not more than $250,000 or imprisonment of not more than five years or both (pursuant to 18 U.S.C. § 1001). I am aware that the visiting area, including restrooms in the visiting area, may be monitored to ensure institution security.

Printed Name/Signature:

Printed Name/Signature of Staff Witness:

If visiting with an inmate, please complete the following: Names of children under 16 years of age for whom I am responsible:

If not visiting with an inmate, please indicate:

Name of Organization:

Printed Name/Signature of Staff Witness:

(This form may be replicated via WP)

Replaces BP-224(52) of Jul 95
**NOTICE OF DENIED VISITATION**

<table>
<thead>
<tr>
<th>To: Visitor’s Name</th>
<th>(b)(6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RE: Inmate’s Name</td>
<td>(b)(6)</td>
</tr>
</tbody>
</table>

Through the use of an ion spectrometry device, you produced a confirmed positive test result for the presence of an illegal substance(s). Because the presence of illegal substances in a correctional setting seriously jeopardizes the mission of the Bureau of Prisons, your ability to enter this facility for inmate visiting is suspended as indicated below.

- First Occurrence - Visiting suspended for 72 hours.
- Second Occurrence - Visiting suspended for 30 days.
- Third Occurrence - Visiting suspended for 90 days.
- Fourth and Subsequent Occurrences - Visiting suspended for 180 days.

You may appeal this decision in writing to the Warden. Written appeals should indicate the visitor’s name, address, and purpose for visiting, including the inmate’s name and register number, if applicable. Written appeals should also indicate the location, date, and time of testing positive. Visitors appealing the denial of visitation may include a physician’s verification indicating a prescribed substance(s), in an effort to explain confirmed positive test results.

<table>
<thead>
<tr>
<th>Date Issued</th>
<th>4/5/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuing Officer’s Signature</td>
<td>(b)(7)c</td>
</tr>
<tr>
<td>Date</td>
<td>4/5/08</td>
</tr>
<tr>
<td>Issuing Officer’s Printed Name</td>
<td>(b)(7)c</td>
</tr>
</tbody>
</table>
ION SPECTROMETRY DEVICE POSITIVE ALARM LOG

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4-5-08</td>
</tr>
</tbody>
</table>

Operator's Name / Signature: (b)(7)c

Positive Alarm #1

<table>
<thead>
<tr>
<th>Time</th>
<th>Alarm Printout No.</th>
<th>Result (include drug type)</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Cocaine</td>
<td>(b)(7)c</td>
</tr>
</tbody>
</table>

Clear Test

<table>
<thead>
<tr>
<th>Time</th>
<th>Results</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Confirmation Test

<table>
<thead>
<tr>
<th>Time</th>
<th>Alarm Printout No.</th>
<th>Result (Include drug type)</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staple Signed Printouts Here:

- Positive Test #1;
- Clear Test; and
- Confirmation Test;

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<td></td>
</tr>
<tr>
<td>Weapons</td>
<td></td>
<td></td>
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<tr>
<td>Ammunition</td>
<td></td>
<td></td>
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<tr>
<td>Metal Cutting tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recording Equipment</td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camera</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Items</td>
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<td>Prescription Drug*</td>
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<td></td>
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Printed Name/Signature: ____________________________

Street Address/City/State/Zip: ________________________________

Vehicle License No.: ________________________________

If visiting with an inmate, please indicate the following: Could be Unattended: Child is under 10 yrs of age and/or

If not visiting with an inmate, please indicate:

Name of Organization: ________________________________

Printed Name/Signature of Staff Witness: ________________________________

Replaces BP-224(52) of Jul 95
NOTICE OF DENIED VISITATION

To: Visitor’s Name

RE: Inmate’s Name

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Date Issued: 4-5-04
Issuing Office: (b)(7)c
Date: 4-5-04
Issuing Officer’s Printed Name: (b)(7)c