



ETHANOL GAS STANDARD CYLINDER REPORT

OFFICE OF ATTORNEY GENERAL
CRIME LABORATORY DIVISION
Toxicology Section/Breath Alcohol Program
SFN 59282 (10-2013)

Chemical Test Operator Name (Print) JACOB M. OLSON		
Location MINOT POLICE DEPT	Intoxilyzer® Serial Number 80-006498	
Gas Lot Number 17316080A2	Gas Cylinder Number 30	Gas Expiration Date 08-06-2018

Check When Done:

1. Scan/Enter Gas Cylinder Information (Level 1, Function S).

2. Perform an ACA Test (Level 1, Function C).

Write in the ACA Test Results (Reported to 3 Digits, Ex. 0.081).

A. 0.081 AC

B. 0.080 AC

C. 0.081 AC

3. Complete the Top Portion of the Intoxilyzer® Record (SFN50496, Form 120-G) and Place it by the Intoxilyzer® for Use.

4. File Previous Intoxilyzer® Record (SFN50496, Form 120-G) at the Intoxilyzer® Location at the Agency.

5. Send the Following to the Crime Laboratory:

A. Ethanol Gas Standard Cylinder Report (SFN59282, Form 105-G).

B. ACA Test Record.

Chemical Test Operator Signature <i>Jacob M. Olson</i>	Date 06-28-17
Reviewed By (Crime Laboratory Use Only) <i>Roberto Yucra-Hernandez</i>	Date 06-28-17

Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006498
Location = MIPD 8164.14.00 09/16
06/28/2017 14:26

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	14:27
02 Std. Gas	0.081	14:27
03 Room Air	0.000	14:28
04 Std. Gas	0.080	14:28
05 Room Air	0.000	14:29
06 Std. Gas	0.081	14:29
07 Room Air	0.000	14:29

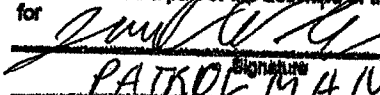
Lot No = 17316080A2
Cyl No = 30
Exp Date = 08/05/2018
County = 51 Oper No. = 130907

 45517893
Operator Signature
JACOB OLSON

Remarks:

Form 106-I8000

The undersigned, having custody of the original public record, certifies that the information hereon is a true and correct copy of the original document maintained as a part of the activities of this department for

for  46577899
PATRICK MAHAN
MINOT POLICE DEPT
City/Agency