



**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) <i>Danjelle M. Bjorlie</i>		
Location <i>NCSD</i>	Intoxilyzer® Serial Number <i>80-006493</i>	
Gas Lot Number <i>19817080A4</i>	Gas Cylinder Number <i>19</i>	Gas Expiration Date <i>9-5-19</i>

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. *0.082* AC
  - C. *0.082* 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>Danjelle M. Bjorlie</i>	Date <i>3/21/18</i>
Reviewed By (Crime Laboratory Use Only) <i>Roberta Berger-Himm</i>	Date <i>3/26/18</i>

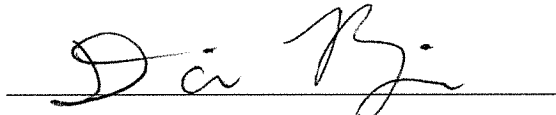
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006493  
Location = NCSO      8164.14.00 09/16  
03/21/2018      09:06

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	09:07
02 Std. Gas	0.081	09:07
03 Room Air	0.000	09:07
04 Std. Gas	0.082	09:08
05 Room Air	0.000	09:08
06 Std. Gas	0.082	09:09
07 Room Air	0.000	09:09

Lot No = 19817080A4  
Cyl No = 19  
Exp Date = 09/05/2019  
County = 32      Oper No. = 100754

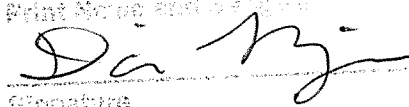
  
Operator Signature  
DANIELLE BJORLIE

Remarks:

Form 106-18000

I certify that the attached is a true and correct copy of the Intoxilyzer Test Record.

Danielle Bjorlie 4482  
Print Name and ID #

  
Signature

3/21/18  
Date

NELSON COUNTY SHERIFF'S OFFICE

NELSON COUNTY SHERIFF'S OFFICE

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name and Badge # \_\_\_\_\_

I certify that the attached is a true and correct copy of the Intoxilyzer Test Record.