



**INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT**

OFFICE OF ATTORNEY GENERAL  
CRIME LABORATORY DIVISION  
Toxicology Section/Breath Alcohol Program  
SFN 59281 (5-2011)

|   |   |
|---|---|
| Serial Number<br><b>80-004196</b>   | Instrument Location<br><b>MINOT AFB</b> |
| Reason for Install/Repair<br><input checked="" type="checkbox"/> Install After Receiving From Crime Laboratory <input type="checkbox"/> Install After Location Change<br><input type="checkbox"/> Other (Specify) _____ |   |

Check When Done:

- 1. Surge Protector Installed/Properly Grounded.
- 2. Telephone Line Connected to Intoxilyzer® 8000.
- 3. Breath Tube Heated.
- 4. Enter Preliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E).
- 5. Scan/Enter Gas Cylinder Information (Level 1, Function S).
- 6. Run Tests:
  - A. Print Test (Level 1, Function P).
  - B. ACA Test (Level 1, Function C).
  - C. RFI Test (Use CMS Mode; Key Radio During First Room Air).
- 7. Repair and/or Maintenance Performed (if Any): \_\_\_\_\_
- 8. Complete the Top Portion of the Intoxilyzer® Record (SFN50496, Form 120-G) and Place it by the Intoxilyzer® for Use.
- 9. File Previous Intoxilyzer® Record (SFN50496, Form 120-G) at the Intoxilyzer® Location at the Agency.
- 10. Send the Following to the Crime Laboratory: Completed Intoxilyzer®8000 Installation and Repair Checkout (SFN59281, Form 104-G), Print Test, ACA Test, and RFI Test.

|  |                            |
|--|----------------------------|
| Field Inspector Signature<br><i>Matthew [Signature]</i>      | Date<br><b>10 MAY 2013</b> |
| Reviewed By (Crime Laboratory Use Only)<br><i>Deb Keshur</i> | Date<br><b>14 May 2013</b> |

This record on file at the Office of Attorney General, Crime Laboratory Division, in the County of Burleigh, North Dakota, is certified to be a true and correct copy of the documents received.

Certified By: *Charles [Signature]*      Certified Date: **08 Nov. 16**

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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004196  
Location = MNAF      8164.13.00 06/09  
05/10/2013      17:25

\*\*\*\*\* Printer Test \*\*\*\*\*

abcdefghijklmnopqrstuvwxyz1234567890- = |  
ABCDEFGHIJKLMNopQRSTUVWXYZ!@#\$\$%^&\*()\_+?

abcdefghijklmnopqrstuvwxyz1234567890- = |  
ABCDEFGHIJKLMNopQRSTUVWXYZ!@#\$\$%^&\*()\_+?

Current Instrument Setup

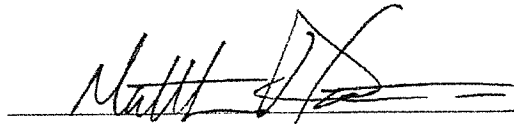
Data Entry Mode: Enabled  
Start Test Sequence: DABACABA  
Display Prelim Rslt? Yes  
Display Third Digit? Yes  
Inhib Printer(Y/N)? No  
Display Volume? No  
Disable On Memfull? Yes  
# of Print Copies? 1  
Select Std (D/W/I)? Dry  
Standard Value? 0.080  
Standard Lot #? 16512080A2  
Standard Cyl #? 38  
Standard Expiration? 08/01/2014  
Oper No? 129952

Flow Cal. Date: 06/04/2009  
Slope 727  
Intercept -600779

IR Calibration Date: 04/25/2013  
3um 9um

-----  
0th Coef(\*100): -31440 -19588  
1st Coef(\*100): 280397 135844  
2nd Coef(\*100): -1584 629  
H2O adj(mg/l\*10k): 540 419

\*\*\*\*\* Printer Test End \*\*\*\*\*



Operator Signature  
MATTHEW STASO

Remarks:

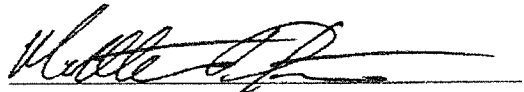
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004196  
Location = MNAF      8164.13.00 06/09  
05/10/2013      17:21

DRY CAL CHECK

| Test        | AC    | Time  |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 17:22 |
| 02 Std. Gas | 0.078 | 17:22 |
| 03 Room Air | 0.000 | 17:23 |
| 04 Std. Gas | 0.078 | 17:23 |
| 05 Room Air | 0.000 | 17:24 |
| 06 Std. Gas | 0.079 | 17:24 |
| 07 Room Air | 0.000 | 17:24 |

Lot No = 16512080A2  
Cyl No = 38  
Exp Date = 08/01/2014  
County = 64      Oper No. = 129952



Operator Signature  
MATTHEW STASO

Remarks:

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

CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000        SN 80-004196  
Location = MNAF                8164.13.00 06/09  
05/10/2013                        17:31

| Test          | AC   | Time  |
|---------------|------|-------|
| 01 Diagnostic | OK   | 17:33 |
| 02 Room Air   | RFI* | 17:33 |
| 03 Room Air   | RFI* | 17:33 |

\*Invalid Test  
  Inhibited - RFI

Sub Name = BROOKS III, ROBERT LEWIS  
Sub DOB = 09/09/1990  
Sub Sex = Male                    Weight = 185  
Test = OTH                        Cit = NA  
Dr. Lic. = ND/BRO903384  
Lot No = 16512080A2  
Cyl No = 38  
Expiration Date = 08/01/2014  
County = 64                        Oper No. = 129952

I followed the Approved Method and the instructions displayed by the Intoxilyzer in conducting this test.



Operator Signature  
MATTHEW STASO

Remarks: