

**INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT**

Serial No.: 80-003069 Instrument Location: Ward County Jail ✓

Reason for Install/Repair: \_\_\_\_\_ Install After Lab Repair/Inspection  
\_\_\_\_\_ ✓ Other (Specify) New.

Check When Done:

- ✓ A. Surge Protector Installed/Properly Grounded.
- ✓ B. Telephone Line Connected to Intoxilyzer®.
- ✓ C. Breath Tube Heated.
- ✓ D. Review/Enter Preliminary Data Entry (Level 2, Function E).
- ✓ E. Review/Enter Gas Setup (Level 1, Function S).
- ✓ F. Print Test (Level 1, Function P). (Attach Test Record.)
- ✓ G. ACA Test (Level 1, Function C). (Attach Test Record.)
- ✓ H. RFI Test (Use CMS Mode-First Room Air). (Attach Test Record.)
- I. Repair and/or Maintenance Performed: N/A

11/14/2009  
Date

Atul Keshur  
Field Inspector's Signature

17 NOV 2009  
Date

Deb Keshur  
Reviewed By

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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-003069  
Location = WARD      8164.13.00 06/09  
11/14/2009      11:20

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	11:21
02 Std. Gas	0.080	11:21
03 Room Air	0.000	11:22
04 Std. Gas	0.081	11:22
05 Room Air	0.000	11:23
06 Std. Gas	0.080	11:23
07 Room Air	0.000	11:23

Lot No = 659358  
Cyl No = 32  
Exp Date = 09/03/2011  
County = 51      Oper No. = 049509



Operator Signature  
PATRICK C. HUDSON

Remarks:

Form 106-I8000

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

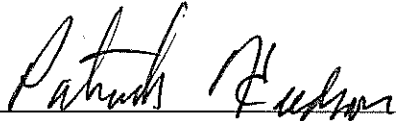
CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000        SN 80-003069  
Location = WARD                8164.13.00 06/09  
11/14/2009                            11:24

Test	AC	Time
01 Diagnostic	OK	11:26
02 Room Air	RFI*	11:26
03 Room Air	0.000	11:26

\*Invalid Test  
Inhibited - RFI

Sub Name = RFI, NA NA  
Sub DOB = 01/01/1970  
Sub Sex = Male                    Weight = NA  
Test = OTH                        Cit = NA  
Dr. Lic. = ND/NA  
Lot No = 659358  
Cyl No = 32  
Expiration Date = 09/03/2011  
County = 51                        Oper No. = 049509

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



Operator Signature  
PATRICK C. HUDSON

Remarks:

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