



INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
 CRIME LABORATORY DIVISION-TOXICOLOGY SECTION/BREATH ALCOHOL PROGRAM
 SFN 59281 (06/2018)

Serial Number 80-006685	Instrument Location GARR
Reason for Install/Repair <input type="checkbox"/> Install After Receiving From Crime Laboratory <input checked="" type="checkbox"/> Install After Location Change <input type="checkbox"/> Other (Specify) _____	

Check When Done:

- 1. Surge Protector Installed/Property 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. Radio Frequency Interference (RFI) Test (CMS Mode or Level 1, Function B or C; Key Radio During Test)
- 7. Repair and/or Maintenance Performed (if any): N/A
- 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 (SFN504096, 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 	Date 20221014
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Crime Laboratory Use Only

This installation has been reviewed and the instrument is approved to be used for the analysis of breath to determine alcohol concentration from the date the Field Inspector performed the installation. 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.

Reviewed/Certified By 	Certified Date 10/20/22
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I CERTIFY THAT THIS DOCUMENT IS
 A TRUE AND CORRECT DUPLICATE OF
 THE ORIGINAL
 NAME GALLAGHER, JONATHAN D.
 DATE 20221014
 Police Dept, Garrison, ND



ETHANOL GAS STANDARD CYLINDER REPORT
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
 CRIME LABORATORY DIVISION-TOXICOLOGY SECTION/BREATH ALCOHOL PROGRAM
 SFN 59282 (08/2018)

Chemical Test Operator Name (Print) GALLAGHER, JONATHAN D.		
Location GARR	Intoxilyzer® Serial Number 80-006685	
Gas Lot Number 26021080A1	Gas Cylinder Number 32	Gas Expiration Date 10/05/2023

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. 0.079 AC
 B. 0.080 AC
 C. 0.080 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 	Date 2022 10 14
Reviewed By (Crime Laboratory Use Only) 	Date 10/20/22

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 THE ORIGINAL
 NAME GALLAGHER, JONATHAN D.
 DATE 2022 10 14
 Police Dept, Garrison, ND

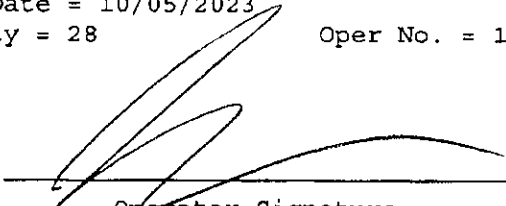
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006685
Location = GARR 8164.14.00 09/16
10/14/2022 19:31

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	19:31
02 Std. Gas	0.079	19:32
03 Room Air	0.000	19:32
04 Std. Gas	0.080	19:33
05 Room Air	0.000	19:33
06 Std. Gas	0.080	19:34
07 Room Air	0.000	19:34

Lot No = 26021080A1
Cyl No = 32
Exp Date = 10/05/2023
County = 28 Oper No. = 131749


Operator Signature
JONATHAN GALLAGHER

Remarks:

Form 106-I8000

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NAME GALLAGHER, JONATHAN D.
DATE 20221014
Police Dept, Garrison, ND

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

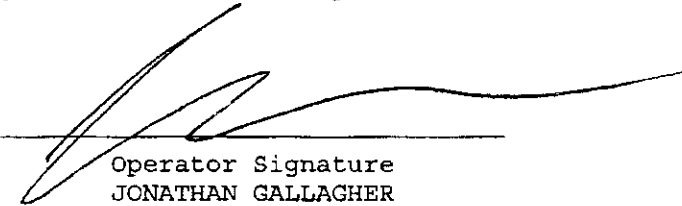
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006685
Location = GARR 8164.14.00 09/16
10/14/2022 19:49

DRY CAL CHECK

Test	AC	Time
01 Room Air	RFI*	19:49
02 Room Air	RFI*	19:49

*Invalid Test
Inhibited - RFI

Lot No = 26021080A1
Cyl No = 32
Exp Date = 10/05/2023
County = 28 Oper No. = 131749


Operator Signature
JONATHAN GALLAGHER

Remarks:

Form 106-18000

I CERTIFY THAT THIS DOCUMENT IS
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THE ORIGINAL.
NAME GALLAGHER, JONATHAN D.
DATE 2022.10.14
Police Dept, Garrison, ND