

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 - 00 7095 | Instrument Location | HETT | | |
|--|---------------------|-----------------|--|--|
| Reason for Install/Repair | | | | |
| 🕅 Install After Receiving From Crime Laboratory 🛛 Install After Location Change | | | | |
| 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 (Level1, 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): NONE | | | | |
| 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 12/18/2018 | | |

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 |
|------------------------|----------------|
| Roberta Hurger- nimmor | 12/20/2018 |
| | |

Intoxilyzer Test Record and Checklist NDOAG Crime Lab. Div., Bismarck, ND 58501 CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-007095 Location = HETT 8164.16.00 09/18 12/18/2018 18:34 ************ 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 Dry Select Std (D/W/I)? Standard Value? 0.080 Standard Lot #? 34917080A3 Standard Cyl #? 14 Standard Expiration? 02/05/2020 Oper No? 020533 Flow Cal. Date: 09/27/2018 Slope 683 Intercept -637452 IR Calibration Date: 09/27/2018 3um 9um 0th Coef(*100): -59629 -23097 137307 1st Coef(*100):2523792nd Coef(*100):2489 1549 H2O adj(mg/l*10k): 1414 594 ********** Printer Test End **********

Operator Signature TRAVIS COLLINS

Remarks:

Print Test, Install

Form 106-18000

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000Alcohol Analyzer
SN 80-007095Location = HETT8164.16.00 09/18
18:35

| | DRY CAL CHECK | |
|---|--|---|
| Test | AC | Time |
| 01 Room Air 02 Std. Gas 03 Room Air 04 Std. Gas 05 Room Air 06 Std. Gas 07 Room Air | 0.000 0.080 0.000 0.080 0.000 0.080 0.080 0.000 | 18:36 18:36 18:37 18:37 18:38 18:38 18:38 |

Operator Signature TRAVIS COLLINS

Remarks:

ACAT, Install

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Form 106-18000

Intoxilyzer Test Record and Checklist NDOAG Crime Lab. Div., Bismarck, ND 58501 CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-007095 Location = HETT 8164.16.00 09/18 12/18/2018 18:44 Test AC Time 01 Diagnostic OK 18:45 02 Room Air 0.000 18:46 03 *Subject Test RFI* 18:46 04 Room Air 0.000 18:47 *Invalid Test Inhibited - RFI Sub Name = TEST, TEST ZSub DOB = 01/01/1988\$ Sub Sex = Male Weight = 200Test = DUI Cit = 01234Dr. Lic. = ND/012345Lot No = 34917080A3Cyl No = 14Expiration Date = 02/05/2020 County = 01Oper No. = 020533

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

Operator Signature TRAVIS COLLINS

Remarks:

RFI Install lest

Form 106-18000