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 80-007095	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):　NA _____

☒ 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 *Y Collins*	Date 8/6/2019

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 *Charles E. Eck*	Certified Date 8.8.2019

FORM 104-G

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
08/06/2019   20:38

************* 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 #?   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
1st Coef(*100):   252379   137307
2nd Coef(*100):   2489   1549
H2O adj(mg/l*10k): 1414   594

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

_____
         Operator Signature
         TRAVIS COLLINS

Remarks: Print Test

Form 106-I8000

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
08/06/2019   20:38

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            ┌─────────────────────┐
            │   DRY CAL CHECK     │
            └─────────────────────┘
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Test	AC	Time
01 Room Air	0.000	20:39
02 Std. Gas	0.079	20:39
03 Room Air	0.000	20:40
04 Std. Gas	0.079	20:40
05 Room Air	0.000	20:40
06 Std. Gas	0.080	20:41
07 Room Air	0.000	20:41

Lot No = 34917080A3
Cyl No = 14
Exp Date = 02/05/2020
County = 01   Oper No. = 020533

ℒ Collins

_____
        Operator Signature
        TRAVIS COLLINS

Remarks: *ACA*

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 80-007095
   Location = HETT             8164.16.00 09/18
   08/06/2019                            20:42


      Test                AC            Time
   _____

   01 Room Air          0.000          20:43
   02 *Subject Test     RFI*           20:44
   03 Room Air          0.000          20:44

   *Invalid Test
      Inhibited - RFI

   Sub Name = TEST, TEST J
   Sub DOB = 01/01/2001
   Sub Sex = Male          Weight = 123
   Test = MIC              Cit = 123456
   Dr. Lic. = ND/123456
   Lot No = 34917080A3
   Cyl No = 14
   Expiration Date = 02/05/2020
   County = 01             Oper No. = 020533
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Y Collins (signature)

Operator Signature
TRAVIS COLLINS

Remarks: *RFI*

Form 106-I8000