

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	emical Test Operator Name (Print)			
Tro	acy i	L. Meiding	er	
Location UNOPD	/		Intoxilyzer® Serial Nur 80	mber -007092
Gas Lot Number 34418080	AZ	Gas Cylinder Number		Gas Expiration Date

Check When Done:

T-1.	Scan/Enter Gas Cylinder Information (Level 1, Function S).
2M	Perform an ACA Test (Level 1, Function C).
r 🚺 2.	Perform an ACA Test (Level 1, Function C).
	Write in the ACA Test Results (Reported to 3 Digits, Ex. 0.081).
	A. 0. <u>2</u> <u>2</u> AC
	B. 0. <u>0</u> <u>≰</u> <u>₹</u> AC
	C. 0. <u>0</u> <u>8</u> AC
P 3.	Complete the Top Portion of the Intoxilyzer® Record (SFN50496, Form 120-G) and Place it by the Intoxilyzer® for Use.
2 T 4.	File Previous Intoxilyzer® Record (SFN50496, Form 120-G) at the Intoxilyzer® Location at the Agency.
TT 5.	Send the Following to the Crime Laboratory:
	A. Ethanol Gas Standard Cylinder Report (SFN59282, Form 105-G).

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B	ACA Test Record.	
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Chemical Test Operator Signature	Date
hurs h. I leding	10-31-2019
Reviewed By (Crime Laboratory Use Only)	Date
Challottel	11-5-2019

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

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-007092Location = UNDP8164.16.00 09/1810/31/201917:00

			DRY CAL CHECK	
Test			AC	Time
01	Room	Air	0.000	17:01
02	Std.	Gas	0.082	17:02
03	Room	Air	0.000	17:02
04	Std.	Gas	0.082	17:03
05	Room	Air	0.000	17:03
06	Std.	Gas	0.081	17:03
07	Room	Air	0.000	17:04

Operator Signature TRACY MEIDINGER

Remarks:

Form 106-I8000