



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 <i>80-007091</i>	Instrument Location <i>Mott</i>
Reason for Install/Repair <input checked="" type="checkbox"/> Install After Receiving From Crime Laboratory <input 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 (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 Needed (Crime Lab replaced Battery)*
- 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 <i>Sarah J Warner</i>	Date <i>6/24/2022</i>
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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 <i>Janelle Portschiller</i>	Certified Date <i>06/28/2022</i>
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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 80-007091
Location = MOTT 8164.16.00 09/18
06/24/2022 10:24

***** Printer Test *****

abcdefghijklmnopqrstuvwxyz1234567890-|=|
ABCDEFGHIJKLMNPOQRSTUVWXYZ!@#\$\$%^&*()_+?

abcdefghijklmnopqrstuvwxyz1234567890-|=|
ABCDEFGHIJKLMNPOQRSTUVWXYZ!@#\$\$%^&*()_+?

Current Instrument Setup

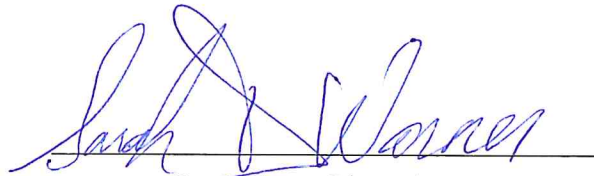
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 26021080A1
Standard Cyl #? 9
Standard Expiration? 10/05/2023
Oper No? 100620

Flow Cal. Date: 09/25/2018
Slope 681
Intercept -651030

IR Calibration Date: 09/25/2018
 3um 9um

0th Coef(*100): -39121 -20906
1st Coef(*100): 240667 132345
2nd Coef(*100): 3960 1516
H2O adj(mg/l*10k): 899 428

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


Operator Signature
SARAH WARNER

Remarks:

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-007091
Location = MOTT 8164.16.00 09/18
06/24/2022 10:36

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:37
02 Std. Gas	0.077	10:37
03 Room Air	0.000	10:38
04 Std. Gas	0.077	10:38
05 Room Air	0.000	10:39
06 Std. Gas	0.078	10:39
07 Room Air	0.000	10:39

Lot No = 26021080A1

Cyl No = 9

Exp Date = 10/05/2023

County = 21

Oper No. = 100620



Operator Signature
SARAH WARNER

Remarks:

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 80-007091
Location = MOTT 8164.16.00 09/18
06/24/2022 10:40

DRY CAL CHECK

Test	AC	Time
01 Room Air	RFI*	10:41
02 Room Air	RFI*	10:41

*Invalid Test
 Inhibited - RFI

Lot No = 26021080A1
Cyl No = 9
Exp Date = 10/05/2023
County = 21 Oper No. = 100620



Operator Signature
SARAH WARNER

Remarks:

Form 106-I8000