

INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT

OFFICE OF ATTORNEY GENERAL CRIME LABORATORY DIVISION

Toxicology Section/Breath Alcohol Program SFN 59281 (10-2016)

ſ	Serial Number			moranicii Locatioi	Instrument Location							
-		80	.0	06676 Morton CO.	morton co. fair grounds							
1	Re	eason f	or Ir	stall/Repair	,							
		☐ Ins	tall A	fter Receiving From Crime Laboratory 🔀 Install After Location	on Change							
	Other (Specify)											
L												
	Check When Done:											
		Ø	1.	Surge Protector Installed/Properly Grounded.								
NA	:		2.	Telephone Line Connected to Intoxilyzer® 8000.								
וןרווי	8	Ø	3.	Breath Tube Heated.								
		Ø	4.	Enter Preliminary Data (i.e. Date, Time, DST (Y), and Location	; Level 2, Function E).							
		囚	5.	Scan/Enter Gas Cylinder Information (Level 1, Function S).								
		凶	6.	Run Tests:								
				A. Print Test (Level 1, Function P).B. ACA Test (Level 1, Function C).								
				C. RFI Test (CMS Mode or Level 1, Function B or C; Key Rad	io During Test).							
Ņ	A		7.	Repair and/or Maintenance Performed (if Any):	· .							
7/17	18	X	8.	Complete the Top Portion of the Intoxilyzer® Record (SFN5049 Intoxilyzer® for Use.	96, Form 120-G) and Place it by the							
		X	9.	File Previous Intoxilyzer® Record (SFN50496, Form 120-G) at the Intoxilyzer® Location at the Agency.								
		团	10.	Send the Following to the Crime Laboratory: Completed Intoxil (SFN59281, Form 104-G), Print Test, ACA Test, and RFI Test.	yzer®8000 Installation and Repair Checkout							
	Fiel	d Inspe	ector	Signature	Date 7-/2-78							
i			_		1 12 . 0							
С	Crime Laboratory Use Only											
a A	lcol ttor	hol con ney Ge	cent ener	has been reviewed and the instrument is approved to be used for ration from the date the Field Inspector performed the installation al, Crime Laboratory Division, in the County of Burleigh, North Duments received.	n. This record on file at the Office of							
Г	_			fied by	Certified Date							
. L		Hobe	ta	Huge ninno	7-17-18							
			-	v								

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006676
Location = MAND 8164.14.00 09/16
07/12/2018 15:35

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

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

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

Current Instrument Setup Data Entry Mode: Enabled Start Test Sequence: Display Prélim Rslt? DABACABA Display Prelim No...

Display Third Digit? Yes

Third (V/N)? No. Yes Yes Display Volume? No Disable On Memfull? Yes # of Print Copies? Select Std (D/W/I)? Dry Standard Value? 0.080 34917080A3 35 Standard Lot #? Standard Cyl #? Standard Expiration? 02/05/2020 Oper No? 020611

Flow Cal. Date: 08/22/2016 Slope 710 Intercept -713681

IR Calibration Date: 08/22/2016
3um 9um

Oth Coef(*100): -16667 -22327
1st Coef(*100): 259190 132291
2nd Coef(*100): 3393 1374
H2O adj(mg/l*10k): 611 546

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

Operator Signature
TOM SHARP

Remarks:

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = MAND
07/12/2018

Alcohol Analyzer SN 80-006676 8164.14.00 09/16 15:36

DRY CAL CHECK

Τe	est		AC	Time		
01	Room	Air	0.000	5:	37	
02	Std.	Gas	0.080	5:	37	
0.3	Room	Air	0.000	5:	38	
04	Std.	Gas	0.078	5:	38	
05	Room	Air	0.000	5:	39	
06	Std.	Gas	0.078	5:	39	
07	Room	Air	0.000	5:	40	

Lot No = 34917080A3

Cyl No = 35

Exp Date = 02/05/2020

County = 30

Oper No. = 020611

Operator Signature TOM SHARP

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 80-006676
Location = MAND	8164.14.00 09/16
07/12/2018	15:41

Test	AC	Time		
01 Room Air	0.000	15:45		
02 *Subject	RFI*	15:45		
03 Room Air	0.000	15:46		

*Invalid Test Inhibited - RFI

Sub Name = RFI TEST, INSTALL NA

Sub DOB = 01/01/2001

Sub Sex = Unknown Weight = NA Test = OTH Cit = NA

Dr. Lic. = ND/NA

Lot No = 34917080A3

Cyl No = 35

Expiration Date = 02/05/2020

> Operator Signature TOM SHARP

Remarks:

Form 106-I8000