



**ETHANOL GAS STANDARD CYLINDER REPORT**  
 OFFICE OF ATTORNEY GENERAL  
 CRIME LABORATORY DIVISION  
 Toxicology Section/Breath Alcohol Program  
 SFN 59282 (10-2013)

Chemical Test Operator Name (Print) <i>Jeremy R. Grows</i>		
Location <i>Burke County Sheriff's Office</i>	Intoxilyzer® Serial Number <i>8U-0010673</i>	
Gas Lot Number <i>03417080A3</i>	Gas Cylinder Number <i>9</i>	Gas Expiration Date <i>3-5-2019</i>

Check When Done:

- 1. Scan/Enter Gas Cylinder Information (Level 1, Function S).
- 2. Perform an ACA Test (Level 1, Function C).  
 Write in the ACA Test Results (Reported to 3 Digits, Ex. 0.081).  
 A. *0.080* AC  
 B. *0.079* AC  
 C. *0.079* AC
- 3. Complete the Top Portion of the Intoxilyzer® Record (SFN50496, Form 120-G) and Place it by the Intoxilyzer® for Use.
- 4. File Previous Intoxilyzer® Record (SFN50496, Form 120-G) at the Intoxilyzer® Location at the Agency.
- 5. Send the Following to the Crime Laboratory:
  - A. Ethanol Gas Standard Cylinder Report (SFN59282, Form 105-G).
  - B. ACA Test Record.

Chemical Test Operator Signature <i>Jeremy R. Grows</i>	Date <i>8/3/18</i>
Reviewed By (Crime Laboratory Use Only) <i>Robert J. McGuire</i>	Date <i>8/6/18</i>

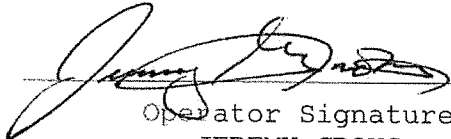
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006673  
Location = BURK      8164.14.00 09/16  
08/03/2018      15:26

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	15:26
02 Std. Gas	0.080	15:27
03 Room Air	0.000	15:27
04 Std. Gas	0.079	15:28
05 Room Air	0.000	15:28
06 Std. Gas	0.079	15:29
07 Room Air	0.000	15:29

Lot No = 03417080A3  
Cyl No = 9  
Exp Date = 03/05/2019  
County = 07      Oper No. = 130230

  
Operator Signature  
JEREMY GROHS

Remarks: *Good test*

Form 106-I8000

I certify that the attached is a true and correct copy of the Intoxilyzer test record.

Print Name and Badge # *Jeremy Grohs #4170*

Signature *Jeremy Grohs*

Date *8/3/18*