

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 80-006686 | Instrument Location Walsh County | | | |
| Reason for Install/Repair | | | | |
| ☐ Install After Receiving From Crime Laboratory ☐ Install After | er Location Change | | | |
| | | | | |
| Check When Done: | | | | |
| | | | | |
| X 2. Telephone Line Connected to Intoxilyzer® 8000. | | | | |
| ☒ 3. Breath Tube Heated. | | | | |
| X 4. Enter Preliminary Data (i.e. Date, Time, DST (Y), and Location | on; 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 Du | rring Test). | | |
| ▼ 7. Repair and/or Maintenance Performed (if any): None | | | | |
| 8. Complete the Top Portion of the Intoxilyzer® Record (SFN50) | 0496, Form 120-G) and Place it by the I | ntoxilyzer® for Use. | | |
| ☑ 9. File Previous Intoxilyzer® Record (SFN504096, Form 120-G |) at the Intoxilyzer® Location at the Age | ency. | | |
| 10. Send the Following to the Crime Laboratory: Completed Into 104-G), Print Test, ACA Test, and RFI Test. | oxilyzer® 8000 Installation and Repair C | heckout (SFN59281, Form | | |
| Field Inspector Signature | | Date | | |
| But Wing a New | | 9-17-2018 | | |
| Crime Laboratory Use Only | | | | |
| This installation has been reviewed and the instrument is approved to be the date the Field Inspector performed the Installation. This record on fill County of Burleigh, North Dakota, is certified to be a true and correct county. | e at the Office of Attorney General, Crir | | | |
| Reviewed/Certified By | | Certified Date | | |
| Koberta Buega- Nummo | | 9-18-2018 | | |
| Note: Form 104-6 revision date 06 | 12018 was received | after | | |
| revision date 03/2014. The same test records apply. | | | | |
| 9-18-2018 Rosh | | | | |



INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT

OFFICE OF ATTORNEY GENERAL CRIME LABORATORY DIVISION Toxicology Section/Breath Alcohol Program SFN 59281 (03-2014)

| Serial Number | | Instrument Location | | |
|---|--|---|--|--|
| 80-001 | 0686 | Walsh County | | |
| Reason for In | stall/Repair | | | |
| ☐ Install After Receiving From Crime Laboratory ☐ Install After Location Change | | | | |
| Other (S | Specify) Intor Check | | | |
| | | | | |
| Check When | Done: | | | |
| 1. | Surge Protector installed/Properly Ground | led. | | |
| 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 (Level 1, Function P). | | | |
| | B. ACA Test (Level 1, Function C). | | | |
| | C. RFI Test (CMS Mode or Level 1, Fund | tion B or C; Key Radio During Test). | | |
| 7. | Repair and/or Maintenance Performed (if A | Any): <u>None</u> | | |
| U 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 (SFN50- | 496, Form 120-G) at the Intoxilyzer® Location at the Agency. | | |
| 10. | Send the Following to the Crime Laborator (SFN59281, Form 104-G), Print Test, ACA | y: Completed Intoxilyzer®8000 Installation and Repair Checkout Test, and RFI Test. | | |
| | | | | |
| Field Inspector | Signature | Date | | |
| Brad ON 1 | Time Laboratory Use Only) | Sept-17-2018 | | |
| Roberta H | wow hummo | Sept - 17 - 2018 | | |
| | 0 | | | |
| | | | | |
| This reco | rd on file at the Office of Attorney Ge | neral, Crime Laboratory Division, in the County | | |
| 11110 16001 | ia on me at the Onice of Attorney Ge | noral, Online Laboratory Division, in the County | | |

of Burleigh, North Dakota, is certified to be a true and correct copy of the documents received.

Certified Date: Sept-17-2018

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006686
Location = GRAF 8164.14.00 09/16
09/17/2018 02:49

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

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

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

Current Instrument Setup

Data Entry Mode: Enabled Start Test Sequence: DABACABA Display Prelim Rslt? Display Third Digit? Yes Inhib Printer(Y/N)? No Display Volume? No Disable On Memfull? Yes # of Print Copies? Dry Select Std (D/W/I)? Standard Value? 0.080 19817080A4 Standard Lot #? Standard Cyl #? 22 Standard Expiration? 09/05/2019 Oper No? 130890

Flow Cal. Date: 09/07/2016
Slope 770
Intercept -749410

IR Calibration Date: 09/06/2016

3um 9um

Oth Coef(*100): -14519 -24061

1st Coef(*100): 252211 131592

2nd Coef(*100): 3527 1490

H2O adj(mg/l*10k): 522 594

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

Operator Signature BRADLEY WINGERTER

Remarks: Intox Check

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = GRAF
09/17/2018

Alcohol Analyzer SN 80-006686 8164.14.00 09/16 03:09

DRY CAL CHECK

| Te | est | | ЛC | Time |
|----|------|-----|-------|-------|
| 01 | Room | Air | 0.000 | 03:10 |
| 02 | Std. | Gas | 0.081 | 03:10 |
| 03 | Room | Air | 0.000 | 03:11 |
| 04 | Std. | Gas | 0.080 | 03:11 |
| 05 | Room | Air | 0.000 | 03:12 |
| 06 | Std. | Gas | 0.080 | 03:12 |
| 07 | Room | Air | 0.000 | 03:13 |

Lot No = 19817080A4

Cyl No = 22

Exp Date = 09/05/2019

County = 50

Oper No. = 130890

Operator Signature

BRADLEY WINGERTER

Remarks:

Into+ Check

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 80-006686 Location = GRAF 8164.14.00 09/16 09/17/2018 03:14

| Test | AC | Time |
|-----------------------------|---------------|----------------|
| 01 Room Air 02 Reference | 0.000 RFT* | 03:17 03:17 |
| 03 Room Air | 0.000 | 03:17 |

*Invalid Test Inhibited - RFI

Sub Name = DOE, JOHN DAVE

Sub DOB = 09/29/1999

Sub Sex = Male

Weight = 199

Test = DUI

Cit = 1234567

Dr. Lic. = ND/DOE991234

Lot No = 19817080A4

Cyl No = 22

Expiration Date = 09/05/2019

County = 50

Oper No. = 130890

Operator Signature

BRADLEY WINGERTER

Remarks: Into + Check

Form 106-I8000