# INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT <br> NORTH DAKOTA OFFICE OF ATTORNEY GENERAL CRIME LABORATORY DIVISION-TOXICOLOGY SECTION/BREATH ALCOHOL PROGRAM SF 59281 (06/2018) 

| Serial Number <br> $80-007087$ | Instrument Location <br> Sargent County SO - Forman |
| :--- | :--- |
| Reason for Install/Repair |  |
| $\square$ Install After Receiving From Crime Laboratory $\quad \boxed{x}$ Install After Location Change |  |
| $\square$ Other (Specify) |  |

## Check When Done:

( 1. Surge Protector Installed/Property Grounded.
X 2. Telephone Line Connected to Intoxilyzer® 8000.
X 3. Breath Tube Heated.
X 4. Enter Preliminary Data (ie. Date, Time, DST (Y), and Location; Level 2, Function E).
( 5. Scan/Enter Gas Cylinder Information (Level 1, Function S).
(X) 6. Run Tests:

【 A. Print Test (Level1, Function P).
双 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).

X 7. Repair and/or Maintenance Performed (if any):

$\boxed{\boxed{x}}$ 8. Complete the Top Portion of the Intoxilyzer® Record (SFN50496, Form 120-G) and Place it by the Intoxilyzer® for Use.
$\boxtimes$ 9. File Previous Intoxilyzer® Record (SFN504096, Form 120-G) at the Intoxilyzer® Location at the Agency.
$\nmid$ 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.


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.


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

```
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-C07087
Location = SACO
12/03/2018
8164.16.00 09/18
15:40
************** Printer Test ***************
```

abcdefghijklmnopqrstuvwxyz1234567890-=|
ABCDEFGHIJKLMNOPQRSTUVWXYZ!@\#\$\%^\&*()_+?
abcdefghijklmnopqrstuvwxyz1234567890-=|
ABCDEFGHIJKLMNOPQRSTUVWXYZ! @\#\$\%^ \&* ()_+?
Current Instrument Setup
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer( $\mathrm{Y} / \mathrm{N}$ ) ? No
Display Volume? No
Disable On Memfull? Yes
\# of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot \#? 17618080A3
Standard Cyl \#? 27
Standard Expiration? 08/05/2020
Oper No? 131081
Flow Cal. Date: 07/11/2018
Slope 688
Intercept -653049
IR Calibration Date: 07/11/2018
$3 \mathrm{um} \quad 9 \mathrm{um}$
Oth Coef (*100): -35550 -17836
lst Coef (*100): 246580130222
2nd Coef (*100): 42771696
$\mathrm{H} 2 \mathrm{O} \mathrm{adj}(\mathrm{mg} / \mathrm{l} * 10 \mathrm{k}): 1232531$
*********** Printer Test End


Operator Signature

Remarks:

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

CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-007087 Location $=$ SACO $\quad 8164.16 .00$ 09/18 12/03/2018 16:03


| Test. | AC | Time |
| :--- | :--- | ---: |
| 01 Room Air | 0.000 | $16: 04$ |
| 02 Std. Gas | 0.080 | $16: 04$ |
| 03 Room Air | 0.000 | $16: 05$ |
| 04 Std. Gas | 0.081 | $16: 05$ |
| 05 Room Air | 0.000 | $16: 05$ |
| 06 Std. Gas | 0.081 | $16: 06$ |
| 07 Room Air | 0.000 |  |
|  |  |  |
| Lot No $=17618080$ A3 |  |  |
| Cyl No $=27$ |  |  |
| Exp Date $=08 / 05 / 2020$ | Oper No. $=131081$ |  |
| County $=41$ |  |  |



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 80-007087 |  |
| Location $=$ SACO |  | 8164.16 .00 |
| $12 / 03 / 2018$ |  | $09 / 18$ |
|  | AC |  |
| Test |  | Time |
| 01 Room Air | 0.000 | $16: 09$ |
| 02 Reference | RFI* | $16: 09$ |
| 03 Room Air | 0.000 | $16: 09$ |
|  |  |  |
| *Invalid Test |  |  |
| $\quad$ Inhibited -RFI |  |  |

Sub Name $=$ TEST, TEST TEST
Sub DOB $=01 / 01 / 1900$
Sub Sex = Male Weight = NA
Test $=\mathrm{OTH}$
Dr. Lic. = ND/TES001234
Lot $\mathrm{No}=17618080 \mathrm{~A} 3$
Cyl No $=27$
Expiration Date $=08 / 05 / 2020$
County $=41 \quad$ Oper No. $=131081$


Remarks:

Form 106-I8000

