



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>80-006676</i>	Instrument Location <i>New Salem PD 400 Main Ave New Salem</i>
Reason for Install/Repair <input type="checkbox"/> Install After Receiving From Crime Laboratory <input checked="" 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: *CEE 5.23.19 TESTS PERFORMED*
 - A. Print Test (Level 1, 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): _____
- 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 	Date <i>5-23-19</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 	Certified Date <i>5.23.19</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 80-006676
Location = NS 8164.14.00 09/16
03/07/2019 15:14

***** 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(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 #? 34917080A3
Standard Cyl #? 35
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

	3um	9um
0th 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:

Form 106-18000


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 = NS 8164.14.00 09/16
03/07/2019 15:15

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	15:16
02 Std. Gas	0.083	15:16
03 Room Air	0.000	15:17
04 Std. Gas	0.082	15:17
05 Room Air	0.000	15:18
06 Std. Gas	0.083	15:18
07 Room Air	0.000	15:18

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 = NS 8164.14.00 09/16
03/07/2019 15:19

Test	AC	Time
01 Room Air	0.000	15:21
02 *Subject Test	RFI*	15:21
03 Room Air	0.000	15:22

*Invalid Test
Inhibited - RFI

Sub Name = TEST, TEST TEST
Sub DOB = 01/01/2001
Sub Sex = Male Weight = 200
Test = DUI Cit = 000000
Dr. Lic. = ND/TES010000
Lot No = 34917080A3
Cyl No = 35
Expiration Date = 02/05/2020
County = 30 Oper No. = 020611



Operator Signature
TOM SHARP

Remarks:

Form 106-I8000