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 80-006685	Instrument Location Garrison

Reason for Install/Repair

☒ Install After Receiving From Crime Laboratory   ☐ Install After Location Change

☐ 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:

    ☒ 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 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 Richard Johnson	Date 7/12/2019

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 Charles E. Eder	Certified Date 7/24/19

FORM 104-G

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

CMI, Inc. Intoxilyzer   Alcohol Analyzer
North Dakota Model 8000   SN 80-006685
Location = GARR   8164.14.00 09/16
07/12/2019   09:57

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

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

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

Current Instrument Setup
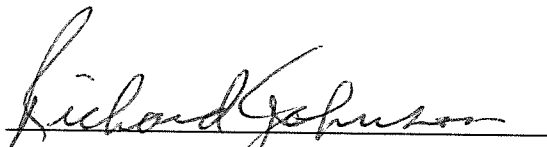Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt?   Yes
Display Third Digit?   Yes
Inhib Printer(Y/N)?   No
Display Volume?   No
Disable On Memfull?   Yes
# of Print Copies?   1
Select Std (D/W/I)?   Dry
Standard Value?   0.080
Standard Lot #?   34917080A3
Standard Cyl #?   11
Standard Expiration?   02/05/2020
Oper No?   118707

Flow Cal. Date: 09/06/2016
Slope   705
Intercept   -687370

IR Calibration Date: 09/06/2016
                          3um   9um

0th Coef(*100):   -14155   -22915
1st Coef(*100):   271436   135296
2nd Coef(*100):   2016   1251
H2O adj(mg/l*10k): 372   505

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

Richard Johnson
Operator Signature
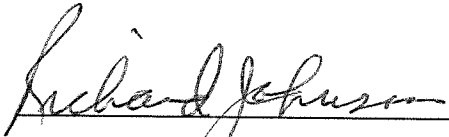RICHARD JOHNSON

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 80-006685
Location = GARR   8164.14.00 09/16
07/12/2019   09:57

┌─────────────────────┐
│   DRY CAL CHECK   │
└─────────────────────┘

Test	AC	Time
01 Room Air	0.000	09:58
02 Std. Gas	0.078	09:58
03 Room Air	0.000	09:59
04 Std. Gas	0.078	09:59
05 Room Air	0.000	10:00
06 Std. Gas	0.079	10:00
07 Room Air	0.000	10:01

Lot No = 34917080A3
Cyl No = 11
Exp Date = 02/05/2020
County = 28   Oper No. = 118707

_____
            Operator Signature
            RICHARD JOHNSON

Remarks:

                Form 106-I8000
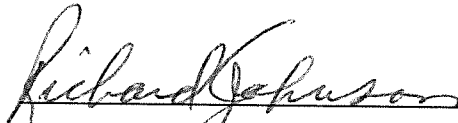
```
        Intoxilyzer Test Record and Checklist
        NDOAG Crime Lab. Div.,  Bismarck, ND 58501

        CMI, Inc. Intoxilyzer     Alcohol Analyzer
        North Dakota Model 8000       SN 80-006685
        Location = GARR          8164.14.00 09/16
        07/12/2019                          10:02


           Test                 AC            Time
        ─────────────────────────────────────────────
        01 Room Air             0.000         10:04
        02 *Subject Test        RFI*          10:05
        03 Room Air             0.000         10:05

        *Invalid Test
           Inhibited - RFI

        Sub Name = TEST, TEST T
        Sub DOB = 01/01/2000
        Sub Sex = Male           Weight = 100
        Test = OTH                  Cit = 12345
        Dr. Lic. = ND/TES001234
        Lot No = 34917080A3
        Cyl No = 11
        Expiration Date = 02/05/2020
        County = 28              Oper No. = 118707
```

Richard Johnson

        Operator Signature
        RICHARD JOHNSON

   Remarks:

        Form 106-I8000