



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>80-006667</i>	Instrument Location <i>Golden Valley Court Sheriff's Office</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. - *not done*
- 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). - *loc change*
- 6. Run Tests:
 - A. Print Test (Level 1, Function P).
 - B. ACA Test (Level 1, Function C). *CEE RECEIVED ACA TEST*
 - 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): *CEE LOCATION CHANGE*
- 8. Complete the Top Portion of the Intoxilyzer® Record (SFN50496, Form 120-G) and Place it by the Intoxilyzer® for Use. - *loc change*
- 9. File Previous Intoxilyzer® Record (SFN504096, Form 120-G) at the Intoxilyzer® Location at the Agency. - *loc change same day*
- 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. *CEE RECEIVED DOCUMENTATION OF LOCATION CHANGE*

Field Inspector Signature 	Date <i>10-24-2019</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>10/28/2019</i>
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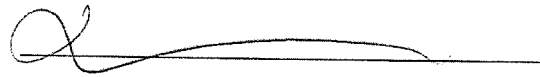
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006667
Location = GLDN 8164.14.00 09/16
10/24/2019 16:21

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	16:21
02 Std. Gas	0.081	16:22
03 Room Air	0.000	16:22
04 Std. Gas	0.081	16:23
05 Room Air	0.000	16:23
06 Std. Gas	0.081	16:23
07 Room Air	0.000	16:24

Lot No = 34917080A3
Cyl No = 8
Exp Date = 02/05/2020
County = 17 Oper No. = 130349


Operator Signature
DEY MUCKLE

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 80-006667
Location = GLDN 8164.14.00 09/16
10/24/2019 15:41

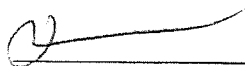
Test	AC	Time
01 Diagnostic	OK	15:45
02 Room Air	0.000	15:46
03 *Subject Test	0.000*	15:49
04 Room Air	0.000	15:51
05 Std. Gas	0.081	15:52
06 Room Air	0.000	15:53
07 *Subject Test	RFI**	15:54
08 Room Air	0.000	15:54

*Deficient Sample - Value Printed was
Highest Obtained

**Invalid Test
Inhibited - RFI

Sub Name = TEST, LOCATION CHANGE NA
Sub DOB = 01/01/1901
Sub Sex = Male Weight = 999
Test = DUI Cit = 9999999
Dr. Lic. = ND/999999999
Lot No = 34917080A3
Cyl No = 8
Expiration Date = 02/05/2020
County = 17 Oper No. = 130349

I followed the Approved Method and the
instructions displayed by the Intoxilyzer
in conducting this test.



Operator Signature
DEY MUCKLE

Remarks:

Form 106-I8000