

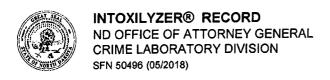
INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL CRIME LABORATORY DIVISION-TOXICOLOGY SECTION/BREATH ALCOHOL PROGRAM SFN 59281 (06/2018)

Serial Number 80 -006513	Instrument Location Bawman Co. S.	her, Ff's OFC.
Reason for Install/Repair		
Install After Receiving From Crime Laboratory Install After	er 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 Locati	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 D	ouring Test).
7. Repair and/or Maintenance Performed (if any):		
8. Complete the Top Portion of the Intoxilyzer® Record (SFN50	496, 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 Ag	ency.
10. Send the Following to the Crime Laboratory: Completed Into 104-G), Print Test, ACA Test, and RFI Test.	xilyzer® 8000 Installation and Repair	Checkout (SFN59281, Form
Field Inspector Signature		Date 5 - 21 - 2020
Crime Laboratory Use Only		
This installation has been reviewed and the instrument is approved to be he date the Field Inspector performed the installation. This record on file County of Burleigh, North Dakota, is certified to be a true and correct cop	e at the Office of Attorney General, Cri	ermine alcohol concentration from me Laboratory Division, in the
Reviewed/Certified By	2	Certified Date 5-21-2020

FORM 104-G

Reviewed/Certified By



Intoxilyzer® Serial Nur	006513		Location Bowns	·N C	O. SheriFF	ofc.
Gas Lot Number	40000	Gas Cylinder Numbe	041	G	O. Sher IFF: Bas Expiration Date 2 - 5 -	202/
Test Date	Chemical Test Operator Number	Operator's Name (PRINT Last Name, First, MI)				
5-21-2020		Eberle	Frank	7	INTAIL	+ bottle

FORM 120-G AGENCY RETAIN AT INTOXILYZER® LOCATION

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

CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-006513 Location = BOWM 8164.13.00 06/09 11:19 05/21/2020

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

abcdefghijklmnopgrstuvwxyz1234567890-=| ABCDEFGHIJKLMNOPQRSTUVWXYZ!@#\$%^&*()_+?

abcdefghijklmnopgrstuvwxyz1234567890-= 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 #? Standard Cyl #? 34418080A2 041 Standard Expiration? 02/05/2021 130015 Oper No?

08/20/2015 Flow Cal. Date: Slope 680 -696037 Intercept

IR Calibration Date: 08/21/2015 3um 9um

 0th Coef(*100):
 -14436
 -13610

 1st Coef(*100):
 265490
 136147

 2nd Coef(*100):
 4422
 1710

 H2O adj(mg/l*10k): 672

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

Operator Signature FRANK EBERLE

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 80-006513 Location = BOWM 05/21/2020

8164.13.00 06/09 13:05

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	13:06
02 Std. Gas	0.080	13:06
03 Room Air	0.000	13:07
04 Std. Gas	0.080	13:07
05 Room Air	0.000	13:08
06 Std. Gas	0.080	13:08
07 Room Air	0.000	13:09

Lot No = 34418080A2

Cyl No = 041

Exp Date = 02/05/2021

County = 06

Oper No. = 130015

Operator Signature FRANK EBERLE

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 80-006513
Location = BOWM	8164.13.00 06/09
05/21/2020	13:09

Test	AC	Time
01 Room Air	RFI*	13:11
02 Room Air	0.000	13:11

*Invalid Test Inhibited - RFI

Sub Name = TEST, SUBJECT T

Sub DOB = 03/18/1968

Sub Sex = Male Weight = 220Test = OTH Cit = ABC123

Dr. Lic. = ND/TEST681234

Lot No = 34418080A2

Cyl No = 041

Expiration Date = 02/05/2021

County = 06 Oper No. = 130015

Operator Signature FRANK EBERLE

Remarks:

Form 106-I8000