



**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>80-006680</i>	Instrument Location <i>Oakes PD</i>
Reason for Install/Repair	
<input checked="" type="checkbox"/> Install After Receiving From Crime Laboratory <input 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:
  - 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 <i>[Signature]</i>	Date <i>4/15/21</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 <i>[Signature]</i>	Certified Date <i>4/26/21</i>
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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 80-006680  
Location = OKPD      8164.14.00 09/16  
04/15/2021      20:16

\*\*\*\*\* Printer Test \*\*\*\*\*

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

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

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 #?      05620080A1  
Standard Cyl #?      32  
Standard Expiration?      04/05/2022  
Oper No?      130690

Flow Cal. Date:      07/20/2020  
Slope      659  
Intercept      -627239

IR Calibration Date:      07/20/2020  
                            3um                      9um

	3um	9um
0th Coef(*100):	-19714	-24116
1st Coef(*100):	276675	136189
2nd Coef(*100):	822	883
H2O adj(mg/l*10k):	491	529

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

  
Operator Signature  
MATTHEW O'BRIEN

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 80-006680  
Location = OKPD      8164.14.00 09/16  
04/15/2021      20:19

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	20:19
02 Std. Gas	0.082	20:20
03 Room Air	0.000	20:20
04 Std. Gas	0.081	20:20
05 Room Air	0.000	20:21
06 Std. Gas	0.081	20:21
07 Room Air	0.000	20:22

Lot No = 05620080A1  
Cyl No = 32  
Exp Date = 04/05/2022  
County = 11      Oper No. = 130690

  
\_\_\_\_\_  
Operator Signature  
MATTHEW O'BRIEN

Remarks:

Form 106-I8000

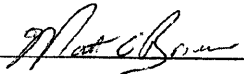
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006680  
Location = OKPD      8164.14.00 09/16  
04/15/2021      20:25

Test	AC	Time
01 Room Air	RFI*	20:27
02 Room Air	0.000	20:28

\*Invalid Test  
Inhibited - RFI

Sub Name = RFI TEST, NA NA  
Sub DOB = 01/27/1991  
Sub Sex = Male      Weight = NA  
Test = OTH      Cit = NA  
Dr. Lic. = ND/NA  
Lot No = 05620080A1  
Cyl No = 32  
Expiration Date = 04/05/2022  
County = 11      Oper No. = 130690

  
\_\_\_\_\_  
Operator Signature  
MATTHEW O'BRIEN

Remarks:

Form 106-I8000