



**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 <b>80-006667</b>	Instrument Location <b>Golden Valley County Sheriff's Office</b>
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): None, Annual Maintenance Completed on 05/19/2021
- 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>Doug M. [Signature]</i>	Date <b>05/24/2021</b>
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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>Charles E. [Signature]</i>	Certified Date <b>5/25/2021</b>
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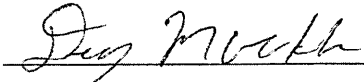
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006667  
Location = GLDN      8164.4.00 09/16  
05/24/2021      13:34

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	13:35
02 Std. Gas	0.080	13:35
03 Room Air	0.000	13:36
04 Std. Gas	0.080	13:36
05 Room Air	0.000	13:37
06 Std. Gas	0.081	13:37
07 Room Air	0.000	13:38

Lot No = 24119080A1  
Cyl No = 8  
Exp Date = 11/05/2021  
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  
05/24/2021                      13:40

Test	AC	Time
01 Diagnostic	OK	13:44
02 Room Air	0.000	13:44
03 *Subject Test	0.000*	13:47
04 Room Air	0.000	13:50
05 Std. Gas	0.079	13:51
06 Room Air	0.000	13:52
07 *Subject Test	RFI**	13:54
08 Room Air	0.000	13:54

\*Deficient Sample - Value Printed was  
Highest Obtained

\*\*Invalid Test  
Inhibited - RFI

Sub Name = TEST, INSTALL NA  
Sub DOB = 01/01/1900  
Sub Sex = Unknown                Weight = NA  
Test = OTH                        Cit = 0000000  
Dr. Lic. = ND/INSTALL TEST  
Lot No = 24119080A1  
Cyl No = 8  
Expiration Date = 11/05/2021  
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

