

## INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT

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

7.7.				
Serial Number 80-00681 Instrument Location SACO Sargent County	Sheriff office			
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.				
Z. 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).				
$_{oxdot}$ 7. Repair and/or Maintenance Performed (if any): $\mathcal{N}U\mathcal{N}\mathcal{Q}$				
8. Complete the Top Portion of the Intoxilyzer® Record (SFN50496, Form 120-G) and Place it by the Intoxilyzer®	ntoxilyzer® for Use.			
✓ 9. File Previous Intoxilyzer® Record (SFN504096, Form 120-G) at the Intoxilyzer® Location at the Age				
10. Send the Following to the Crime Laboratory: Completed Intoxilyzer® 8000 Installation and Repair C 104-G), Print Test, ACA Test, and RFI Test.	Checkout (SFN59281, Form			
Field Inspector Signature	Date 4/6/2022			
Crime Laboratory Use Only				
This installation has been reviewed and the instrument is approved to be used for the analysis of breath to determ the date the Field Inspector performed the installation. This record on file at the Office of Attorney General, Crin County of Burleigh, North Dakota, is certified to be a true and correct copy of the documents received.				
Reviewed/Certified By	Certified Date			
Janelle Portschiller	20Apraa			

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006681
Location = SACO 8164.14.00 09/16
04/06/2022 15:43

\*\*\*\*\*\*\*\* 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? Select Std (D/W/I)? Dry Standard Value? 0.080 Standard Lot #? 34921080A1 Standard Cyl #? 57 Standard Expiration? 02/05/2024 Oper No? 132834

Flow Cal. Date: 05/27/2020 Slope 651 Intercept -622365

IR Calibration Date: 05/27/2020 3um 9um

Oth Coef(\*100): -10420 -19573

1st Coef(\*100): 269401 137403

2nd Coef(\*100): 1095 923

H2O adj(mg/l\*10k): 127 287

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

Operator Signature
WYATT SCHILLING

Remarks:

I certify that the foregoing is a true and correct copy of the original document on file in this office.

Form 106-I8000

SCSO

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = SACO
04/06/2022

Alcohol Analyzer SN 80-006681 8164.14.00 09/16 15:35

## DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	15:35
02 Std. Gas	0.079	15:36
03 Room Air	0.000	15:36
04 Std. Gas	0.079	15:37
05 Room Air	0.000	15:37
06 Std. Gas	0.078	15:37
07 Room Air	0.000	15:38

Lot No = 34921080A1

Cyl No = 57

Exp Date = 02/05/2024

County = 41

Oper No. = 132834

Operator Signature
WYATT SCHILLING

Remarks:

Form 106-I8000

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SCSO

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

CMI, Inc. Intoxilyzer	Alcohol Analyzer
North Dakota Model 8000	SN 80-006681
Location = SACO	8164.14.00 09/16
04/06/2022	15:45

T	est	AC	Time
02	Room Air	0.000	15:46
	*Subject Test	RFI*	15:46
	Room Air	0.000	15:46

\*Invalid Test Inhibited - RFI

Operator Signature
WYATT SCHILLING

Remarks:

Form 106-I8000

I certify that the foregoing is a true and correct copy of the original document on file in this office.

SCSO