



INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT
 OFFICE OF ATTORNEY GENERAL
 CRIME LABORATORY DIVISION
 Toxicology Section/Breath Alcohol Program
 SFN 59281 (5-2011)

Serial Number <i>90005955</i>	Instrument Location <i>Dunn County 50</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/Properly 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. RFI Test (Use CMS Mode; Key Radio During First Room Air).
- 7. Repair and/or Maintenance Performed (if Any): *None*
- 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 (SFN50496, 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>01/23/2014</i> ✓
Reviewed By (Crime Laboratory Use Only) <i>Deb Kashur</i>	Date <i>01/24/2014</i>

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005955
Location = DUNN 8164.13.00 06/09
01/23/2014 14:11

***** 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? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 16512080A2
Standard Cyl #? 13
Standard Expiration? 08/01/2014
Oper No? 130401


Flow Cal. Date: 06/21/2013
Slope 757
Intercept -837385

IR Calibration Date: 06/21/2013

	3um	9um
0th Coef(*100):	-19897	-22878
1st Coef(*100):	268381	131979
2nd Coef(*100):	5157	1473
H2O adj(mg/l*10k):	717	600

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

I certify that the attached is a true and correct copy of the intoxilyzer test record.

Print Name/Badge #: Aaron Geddes 4257
Signature: 
Date: 01/23/14 Dept: DCSO



Operator Signature
AARON GEDDES

Remarks:

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005955
Location = DUNN 8164.13.00 06/09
01/23/2014 14:12

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	14:12
02 Std. Gas	0.083	14:13
03 Room Air	0.000	14:13
04 Std. Gas	0.084	14:14
05 Room Air	0.000	14:14
06 Std. Gas	0.083	14:15
07 Room Air	0.000	14:15


Lot No = 16512080A2
Cyl No = 13
Exp Date = 08/01/2014
County = 13 Oper No. = 130401



Operator Signature
AARON GEDDES

Remarks:

Form 106-I8000

I certify that the attached is a true and correct copy of the intoxilyzer test record.
Print Name/Badge #: Aaron Geddes 4257
Signature: 
Date: 01/23/14 Dept: DCSD

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005955

Location = DUNN 8164.13.00 06/09
01/23/2014 14:16

Test	AC	Time
01 Diagnostic	OK	14:17
02 Room Air	RFI*	14:17
03 Room Air	0.000	14:18

*Invalid Test
Inhibited - RFI

Sub Name = TEST, RFI NA
Sub DOB = 01/01/1900
Sub Sex = Male Weight = NA
Test = DUI Cit = NA
Dr. Lic. = ND/NA
Lot No = 16512080A2
Cyl No = 13
Expiration Date = 08/01/2014
County = 13 Oper No. = 130401


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



Operator Signature
AARON GEDDES

Remarks:

Form 106-I8000

<p>I certify that the attached is a true and correct copy of the intoxilyzer test record.</p> <p>Print Name/Badge #: <u>Aaron Geddes 4257</u></p> <p>Signature: <u></u></p> <p>Date: <u>01/23/14</u> Dept: <u>DCSO</u></p>
