

INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT

Serial No.: 80-004201 Instrument Location: Valley City Police Dept.

Reason for Install/Repair: _____ Install After Lab Repair/Inspection
X Other (Specify) New Install

Check When Done:

- A. Surge Protector Installed/Properly Grounded.
- B. Telephone Line Connected to Intoxilyzer®.
- C. Breath Tube Heated.
- D. Review/Enter Preliminary Data Entry (Level 2, Function E).
- E. Review/Enter Gas Setup (Level 1, Function S).
- F. Print Test (Level 1, Function P). (Attach Test Record.)
- G. ACA Test (Level 1, Function C). (Attach Test Record.)
- H. RFI Test (Use CMS Mode-First Room Air). (Attach Test Record.)
- I. Repair and/or Maintenance Performed: _____

02/11/10
Date

[Signature]
Field Inspector's Signature

18 Feb 2010
Date

Deb Kashner
Reviewed By

80-004201
7/73 FM

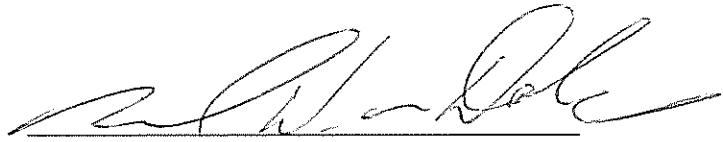
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004201
Location = VALL 8164.13.00 06/09
02/11/2010 16:51

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	16:51
02 Std. Gas	0.080	16:52
03 Room Air	0.000	16:52
04 Std. Gas	0.079	16:53
05 Room Air	0.000	16:53
06 Std. Gas	0.079	16:53
07 Room Air	0.000	16:54

Lot No = 659358
Cyl No = 24
Exp Date = 09/03/2011
County = 02 Oper No. = 119502



Operator Signature
MARK W. MCDONALD

Remarks:

Form 106-I8000

80-004201
7/2/73 VRL

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


CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004201
Location = VALL 8164.13.00 06/09
02/11/2010 16:46

Test	AC	Time
01 Diagnostic	OK	16:48
02 Room Air	RFI*	16:48
03 Room Air	0.000	16:49

*Invalid Test
Inhibited - RFI

Sub Name = SUBJECT, TEST NA
Sub DOB = 12/12/1912
Sub Sex = Male Weight = 123
Test = OTH Cit = 123
Dr. Lic. = ND/123
Lot No = 659358
Cyl No = 24
Expiration Date = 09/03/2011
County = 02 Oper No. = 119502

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



Operator Signature
MARK W. MCDONALD

Remarks:

Form 106-I8000

80-004201
7/3/93 KM