



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

Serial Number 80-004199	Instrument Location MOTT
Reason for Install/Repair <input type="checkbox"/> Install After Receiving From Crime Laboratory <input checked="" 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>Sarah D Warner</i>	Date 3/8/12
Reviewed By (Crime Laboratory Use Only) <i>Deb Kashner</i>	Date 03 Apr 2012

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004199
Location = MOTT 8164.13.00 06/09
03/08/2012 09:26

***** Printer Test *****

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

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

Current Instrument Setup

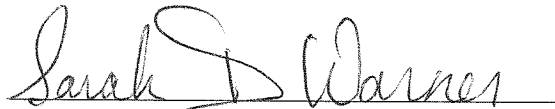
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 23411080A1
Standard Cyl #? 60
Standard Expiration? 10/01/2013
Oper No? 100620

Flow Cal. Date: 07/05/2011
Slope 672
Intercept -604945

IR Calibration Date: 07/05/2011
 3um 9um

0th Coef(*100): -11921 -14558
1st Coef(*100): 259221 127392
2nd Coef(*100): 3824 1697
H2O adj(mg/l*10k): 486 640

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



Operator Signature
SARAH WARNER

Remarks: *Print Test*

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NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004199
Location = MOTT 8164.13.00 06/09
03/08/2012 09:32

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	09:33
02 Std. Gas	0.084	09:34
03 Room Air	0.000	09:34
04 Std. Gas	0.084	09:34
05 Room Air	0.000	09:35
06 Std. Gas	0.083	09:35
07 Room Air	0.000	09:36

Lot No = 23411080A1
Cyl No = 60
Exp Date = 10/01/2013
County = 21 Oper No. = 100620


Operator Signature
SARAH WARNER

Remarks:

ACA

Form 106-I8000

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

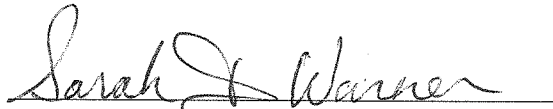
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004199
Location = MOTT 8164.13.00 06/09
03/08/2012 09:37

Test	AC	Time
01 Diagnostic	OK	09:39
02 Room Air	RFI*	09:39
03 Room Air	RFI*	09:40

*Invalid Test
Inhibited - RFI

Sub Name = WARNER, SARAH D
Sub DOB = 01/15/1973
Sub Sex = Female Weight = 195
Test = OTH Cit = NA
Dr. Lic. = ND/WAR736345
Lot No = 23411080A1
Cyl No = 60
Expiration Date = 10/01/2013
County = 21 Oper No. = 100620

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



Operator Signature
SARAH WARNER

Remarks:

RFI

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


CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004199
Location = MOTT 8164.13.00 06/09
03/08/2012 09:47

Test	AC	Time
01 Diagnostic	OK	09:48
02 Room Air	RFI*	09:48
03 Room Air	0.000	09:49

*Invalid Test
Inhibited - RFI

Sub Name = WARNER, SARAH D
Sub DOB = 01/15/1973
Sub Sex = Female Weight = 195
Test = OTH Cit = NA
Dr. Lic. = ND/WAR736345
Lot No = 23411080A1
Cyl No = 60
Expiration Date = 10/01/2013
County = 21 Oper No. = 100620

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



Operator Signature
SARAH WARNER

Remarks: