



**INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT**  
 OFFICE OF ATTORNEY GENERAL  
 CRIME LABORATORY DIVISION  
 Toxicology Section/Breath Alcohol Program  
 SFN 59281 (03-2014)

Serial Number <i>80-004934</i>	Instrument Location <i>JK JAME - Statsman Co (downstairs)</i>
Reason for Install/Repair <i>STUT</i>	
<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 (CMS Mode or Level 1, Function B or C; Key Radio During Test).
- 7. Repair and/or Maintenance Performed (if Any): *N/A - install during annual inspection*
- 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>Deb Kashur</i>	Date <i>15 Apr 15 ✓</i>
Reviewed By (Crime Laboratory Use Only) <i>Charles E. Eln</i>	Date <i>17 APR 15</i>

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.

Certified By: *Charles E. Eln* Certified Date: *29 Nov. 2016*

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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004934  
Location = STUT      8164.13.00 06/09  
04/15/2015      10:26

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

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

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

Current Instrument Setup

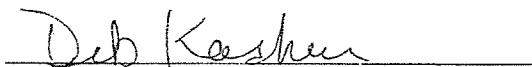
Data Entry Mode:      Enabled  
Start Test Sequence:      DABACABA  
Display Prelim Rslt?      Yes  
Display Third Digit?      Yes  
Inhib Printer(Y/N)?      No  
Display Volume?      No  
Disable On Memfull?      Yes  
# of Print Copies?      1  
Select Std (D/W/I)?      Dry  
Standard Value?      0.080  
Standard Lot #?      33913080A4  
Standard Cyl #?      16  
Standard Expiration?      01/01/2016  
Oper No?      777777

Flow Cal. Date:      01/20/2010  
Slope      698  
Intercept      -694859

IR Calibration Date:      04/08/2015

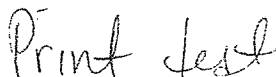
	3um	9um
0th Coef(*100):	-27086	-37187
1st Coef(*100):	261158	135425
2nd Coef(*100):	1128	764
H2O adj(mg/l*10k):	493	494

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



Operator Signature  
DEB KASHUR

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 80-004934  
Location = STUT      8164.13.00 06/09  
04/15/2015      10:48

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:49
02 Std. Gas	0.078	10:49
03 Room Air	0.000	10:50
04 Std. Gas	0.079	10:50
05 Room Air	0.000	10:51
06 Std. Gas	0.079	10:51
07 Room Air	0.000	10:52

Lot No = 33913080A4

Cyl No = 16

Exp Date = 01/01/2016

County = 47

Oper No. = 777777



Operator Signature  
DEB KASHUR

Remarks:

Calibration check 0.080 AC

Form 106-I8000

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

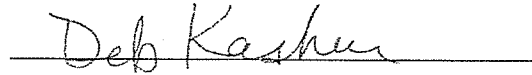
CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004934  
Location = STUT      8164.13.00 06/09  
04/15/2015      10:54

Test	AC	Time
01 Diagnostic	OK	10:55
02 Room Air	RFI*	10:55
03 Room Air	0.000	10:55

\*Invalid Test  
Inhibited - RFI

Sub Name = RFI, NA NA  
Sub DOB = 08/18/1956  
Sub Sex = Unknown      Weight = NA  
Test = DUI      Cit = NA  
Dr. Lic. = ND/NA  
Lot No = 33913080A4  
Cyl No = 16  
Expiration Date = 01/01/2016  
County = 47      Oper No. = 777777

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

  
Operator Signature  
DEB KASHUR

Remarks:

RFI for install

Form 106-18000