



INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT
 OFFICE OF ATTORNEY GENERAL
 CRIME LABORATORY DIVISION
 Toxicology Section/Breath Alcohol Program
 SFN 59281 (1-2010)

Serial Number: 80-003065 Instrument Location: Bottineau Co. Sheriff's Dept.

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

Check When Done:

- A. Surge Protector Installed/Properly Grounded.
- B. Telephone Line Connected to Intoxilyzer® 8000.
- 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: Inspection / Install

 Field Inspector Signature Date 5-12-11

Deb Kashner
 Reviewed By Date 20 May 2011

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003065
Location = BOTT 8164.13.00 06/09
05/12/2011 12:27

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	12:28
02 Std. Gas	0.081	12:28
03 Room Air	0.000	12:29
04 Std. Gas	0.082	12:29
05 Room Air	0.000	12:30
06 Std. Gas	0.081	12:30
07 Room Air	0.000	12:31

Lot No = 659358
Cyl No = 55
Exp Date = 09/03/2011
County = 05 Oper No. = 039117



Operator Signature
SEAN J. MURPHY

Remarks:

Form 106-I8000

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

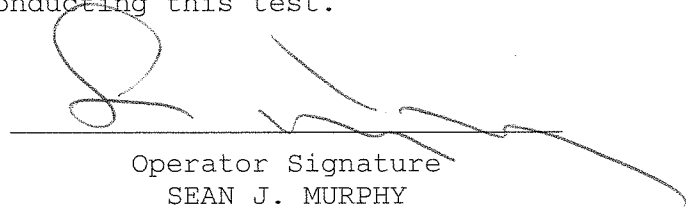
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003065
Location = BOTT 8164.13.00 06/09
05/12/2011 12:32

Test	AC	Time
01 Diagnostic	OK	12:34
02 Room Air	RFI*	12:34
03 Room Air	0.000	12:34

*Invalid Test
Inhibited - RFI

Sub Name = TEST, SUBJECT NA
Sub DOB = 01/16/1978
Sub Sex = Male Weight = 150
Test = OTH Cit = NA
Dr. Lic. = ND/NA
Lot No = 659358
Cyl No = 55
Expiration Date = 09/03/2011
County = 05 Oper No. = 039117

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



Operator Signature
SEAN J. MURPHY

Remarks:

Form 106-I8000

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