



**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>80-004188</i>	Instrument Location <i>Bowman County SD</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): \_\_\_\_\_
- 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>5-21-12</i>
Reviewed By (Crime Laboratory Use Only) <i>Deb Kashner</i>	Date <i>24 May 2012</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: *[Signature]* Certified Date: *07 Nov. 16*



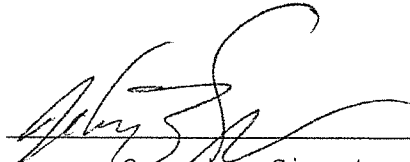
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004188  
Location = BOWM      8164.13.00 06/09  
05/21/2012      09:10

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	09:10
02 Std. Gas	0.079	09:11
03 Room Air	0.000	09:11
04 Std. Gas	0.078	09:12
05 Room Air	0.000	09:12
06 Std. Gas	0.077	09:12
07 Room Air	0.000	09:13

Lot No = 23411080A1  
Cyl No = 69  
Exp Date = 10/01/2013  
County = 06      Oper No. = 020814

  
Operator Signature  
JOHNNY Z. LAWSON

Remarks:

Form 106-I8000

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

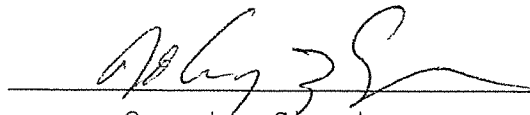
CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004188  
Location = BOWM      8164.13.00 06/09  
05/21/2012      09:14

Test	AC	Time
01 Diagnostic	OK	09:15
02 Room Air	RFI*	09:15
03 Room Air	0.000	09:16

\*Invalid Test  
Inhibited - RFI

Sub Name = TEST, SUBJECT T  
Sub DOB = 09/09/1989  
Sub Sex = Male      Weight = 175  
Test = OTH      Cit = 090909  
Dr. Lic. = ND/TES896789  
Lot No = 23411080A1  
Cyl No = 69  
Expiration Date = 10/01/2013  
County = 06      Oper No. = 020814

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

  
Operator Signature  
JOHNNY Z. LAWSON

Remarks: