



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

Serial Number 90-004193	Instrument Location Ft. Yates PD (BJA)
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): N/A
- 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>Sterling Keel</i>	Date 5-17-13 5-21-13 ^{DK}
Reviewed By (Crime Laboratory Use Only) <i>Deb Rasher</i>	Date 21 May 13

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. Eden*** Certified Date: **08 Nov. 16**

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004193
Location = FYPD 8164.13.00 06/09
05/17/2013 16:24

***** 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 #? 16512080A2
Standard Cyl #? 25
Standard Expiration? 08/01/2014
Oper No? 020717

Flow Cal. Date: 06/04/2009
Slope 692
Intercept -611138

IR Calibration Date: 04/08/2013
 3um 9um

0th Coef(*100): -16195 -13956
1st Coef(*100): 263840 129613
2nd Coef(*100): 2879 1369
H2O adj(mg/l*10k): 539 519

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



Operator Signature
STERLING R. REED

Remarks:

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004193
Location = FYPD 8164.13.00 06/09
05/17/2013 16:24

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	16:25
02 Std. Gas	0.078	16:25
03 Room Air	0.000	16:26
04 Std. Gas	0.078	16:26
05 Room Air	0.000	16:27
06 Std. Gas	0.079	16:27
07 Room Air	0.000	16:27

Lot No = 16512080A2
Cyl No = 25
Exp Date = 08/01/2014
County = 61 Oper No. = 020717


Operator Signature
STERLING R. REED

Remarks:

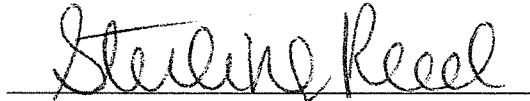
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004193
Location = FYPD 8164.13.00 06/09
05/17/2013 16:28

Test	AC	Time
01 Room Air	RFI*	16:29
02 Room Air	0.000	16:29

*Invalid Test
Inhibited - RFI

Sub Name = TEST, TEST T
Sub DOB = 11/11/1992
Sub Sex = Male Weight = 125
Test = MIC Cit = 0001
Dr. Lic. = ND/TEST920001
Lot No = 16512080A2
Cyl No = 25
Expiration Date = 08/01/2014
County = 61 Oper No. = 020717


Operator Signature
STERLING R. REED

Remarks:

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

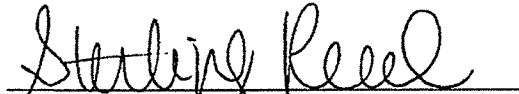
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004193
Location = FYPD 8164.13.00 06/09
05/21/2013 09:35

Test	AC	Time
01 Diagnostic	OK	09:37
02 Room Air	RFI*	09:37
03 Room Air	0.000	09:38

*Invalid Test
Inhibited - RFI

Sub Name = TEST, TEST NA
Sub DOB = 11/12/1985
Sub Sex = Male Weight = 175
Test = DUI Cit = 0001
Dr. Lic. = ND/TES800001
Lot No = 16512080A2
Cyl No = 25
Expiration Date = 08/01/2014
County = 61 Oper No. = 020717

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



Operator Signature
STERLING R. REED

Remarks: