



# 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>80-002667</i>	Instrument Location <i>Walley City Police Dept.</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): *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>[Signature]</i>	Date <i>06/13/2011</i>
Reviewed By (Crime Laboratory Use Only) <i>Deb Kashner</i>	Date <i>15 June 2011</i>

*80-002667  
P 111 of 114  
KM*

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

CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000            SN 80-002667  
Location = VALL                    8164.13.00 06/09  
06/13/2011                            12:49

\*\*\*\*\* 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 #?            659358  
Standard Cyl #?            24  
Standard Expiration?        09/03/2011  
Oper No?                    119502

Flow Cal. Date:            09/10/2007  
Slope                        693  
Intercept                   -570251

IR Calibration Date:        06/03/2011  
                                  3um                    9um

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0th Coef(\*100):            -3044                    -42  
1st Coef(\*100):            248787                   127659  
2nd Coef(\*100):            6023                    1886  
H2O adj(mg/l\*10k):        632                      468

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



Operator Signature  
MARK W. MCDONALD

Remarks:

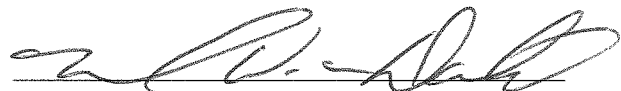
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-002667  
Location = VALL      8164.13.00 06/09  
06/13/2011      12:49

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	12:50
02 Std. Gas	0.081	12:51
03 Room Air	0.000	12:51
04 Std. Gas	0.081	12:51
05 Room Air	0.000	12:52
06 Std. Gas	0.081	12:52
07 Room Air	0.000	12:53

Lot No = 659358  
Cyl No = 24  
Exp Date = 09/03/2011  
County = 02      Oper No. = 119502



Operator Signature  
MARK W. MCDONALD

Remarks:

Form 106-I8000

80-002667  
P. 113 of 114  
KM

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

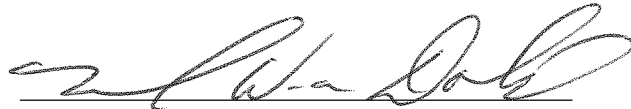
CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000            SN 80-002667  
Location = VALL                    8164.13.00 06/09  
06/13/2011                            13:06

Test	AC	Time
01 Diagnostic	OK	13:07
02 Room Air	RFI*	13:07
03 Room Air	0.000	13:08

\*Invalid Test  
Inhibited - RFI

Sub Name = TEST, TEST TEST  
Sub DOB = 12/12/1970  
Sub Sex = Male                      Weight = 123  
Test = OTH                          Cit = 12345  
Dr. Lic. = ND/12345  
Lot No = 659358  
Cyl No = 24  
Expiration Date = 09/03/2011  
County = 02                          Oper No. = 119502

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



Operator Signature  
MARK W. MCDONALD

Remarks:

Form 106-I8000

80-002667  
P 114 of 114  
FM