



# 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>80-004197</i>	Instrument Location <i>Fort Totten 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): *None*
- 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>Jamie D. Moore</i>	Date <i>7-15-11</i>
Reviewed By (Crime Laboratory Use Only) <i>Deb Kashum</i>	Date <i>20 July 2011</i>

*80-004197  
p. 90 of 93  
JM*

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

CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000        SN 80-004197  
Location = FTOT                8164.13.00 06/09  
07/15/2011                      15:46

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

abcdefghijklmnopqrstuvwxy1234567890-=\_|  
ABCDEFGHIJKLMNopqrstuvwxyz!@#%&^&\*()\_+?

abcdefghijklmnopqrstuvwxy1234567890-=\_|  
ABCDEFGHIJKLMNopqrstuvwxyz!@#%&^&\*()\_+?

Current Instrument Setup

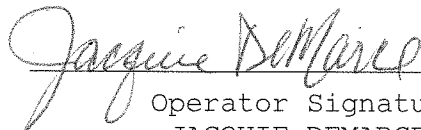
Data Entry Mode:            Enabled  
Start Test Sequence:        DABACABA  
Display Prelim Rslt?        Yes  
Display Third Digit?        Yes  
Inhib Printer(Y/N)?        No  
Display Volume?            No  
Disable On Memfull?        Yes  
# of Print Copies?         1  
Select Std (D/W/I)?        Dry  
Standard Value?            0.080  
Standard Lot #?            659358  
Standard Cyl #?            56  
Standard Expiration?       09/03/2011  
Oper No?                    100103

Flow Cal. Date:            06/04/2009  
Slope                      697  
Intercept                  -597078

IR Calibration Date:        06/03/2011

	3um	9um
0th Coef(*100):	2548	-942
1st Coef(*100):	242333	119472
2nd Coef(*100):	7141	2296
H2O adj(mg/l*10k):	665	778

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



Operator Signature  
JACQUIE DEMARCE

Remarks:

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

CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000        SN 80-004197  
Location = FTOT                    8164.13.00 06/09  
07/15/2011                            15:47

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	15:47
02 Std. Gas	0.079	15:48
03 Room Air	0.000	15:48
04 Std. Gas	0.079	15:48
05 Room Air	0.000	15:49
06 Std. Gas	0.079	15:49
07 Room Air	0.000	15:50

Lot No = 659358  
Cyl No = 56  
Exp Date = 09/03/2011  
County = 03                            Oper No. = 100103



Operator Signature  
JACQUIE DEMARCE

Remarks:

Form 106-I8000

80-004197  
P. 924 93  
JAN

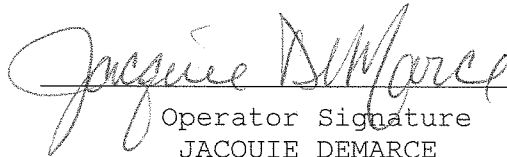
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer                      Alcohol Analyzer  
North Dakota Model 8000                      SN 80-004197  
Location = FTOT                              8164.13.00 06/09  
07/15/2011    15:50

Test	AC	Time
01 Room Air	RFI*	15:51
02 Room Air	0.000	15:51

\*Invalid Test  
Inhibited - RFI

Sub Name = SMITH, JOHN NA  
Sub DOB = 01/01/1990  
Sub Sex = Male                              Weight = 190  
Test = MIC                                      Cit = NA  
Dr. Lic. = ND/NA  
Lot No = 659358  
Cyl No = 56  
Expiration Date = 09/03/2011  
County = 03                              Oper No. = 100103

  
Operator Signature  
JACQUIE DEMARCE

Remarks:

Form 106-I8000

80-004197  
P. 93 of 93  
JEM