



**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>80-004201</i>	Instrument Location <i>FTDT</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>Jessie DeMarce</i>	Date <i>7-29-11</i>
Reviewed By (Crime Laboratory Use Only) <i>Deb Kashur</i>	Date <i>03 Aug 2011</i>

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 FM*

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

CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000        SN 80-004201  
Location = FTOT                    8164.13.00 06/09  
07/29/2011                            13:00

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

abcdefghijklmnopqrstuvwxyz1234567890-=\_|  
ABCDEFGHIJKLMNopqrstuvwxyz!@#\$\$%^&\*()\_+?

abcdefghijklmnopqrstuvwxyz1234567890-=\_|  
ABCDEFGHIJKLMNopqrstuvwxyz!@#\$\$%^&\*()\_+?

Current Instrument Setup

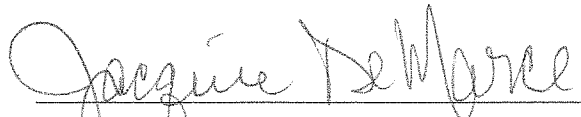
Data Entry Mode:            Enabled  
Start Test Sequence:        DABACABA  
Display Prelim Rslt?        Yes  
Display Third Digit?        Yes  
Inhib Printer(Y/N)?        No  
Display Volume?            No  
Disable On Memfull?        Yes  
# of Print Copies?         1  
Select Std (D/W/I)?        Dry  
Standard Value?            0.080  
Standard Lot #?            05911080A1  
Standard Cyl #?            14  
Standard Expiration?       02/01/2013  
Oper No?                    100103

Flow Cal. Date:            06/03/2009  
Slope                        696  
Intercept                   -646527

IR Calibration Date:        06/14/2011

	3um	9um
0th Coef(*100):	-1608	107
1st Coef(*100):	260582	122874
2nd Coef(*100):	7456	2614
H2O adj(mg/l*10k):	645	621

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

  
Operator Signature  
JACQUIE DEMARCE

Remarks:

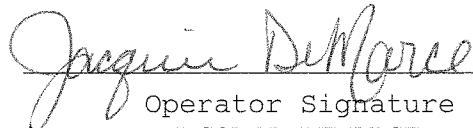
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004201  
Location = FTOT      8164.13.00 06/09  
07/29/2011      13:10

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	13:11
02 Std. Gas	0.077	13:11
03 Room Air	0.000	13:12
04 Std. Gas	0.077	13:12
05 Room Air	0.000	13:13
06 Std. Gas	0.077	13:13
07 Room Air	0.000	13:14

Lot No = 05911080A1  
Cyl No = 14  
Exp Date = 02/01/2013  
County = 03      Oper No. = 100103

  
\_\_\_\_\_  
Operator Signature  
JACQUIE DEMARCE

Remarks:

Form 106-I8000

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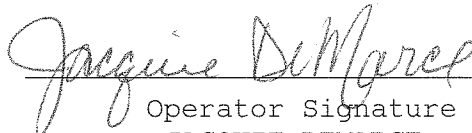
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000            SN 80-004201  
Location = FTOT                    8164.13.00 06/09  
07/29/2011                            13:16

Test	AC	Time
01 Room Air	RFI*	13:17
02 Room Air	0.000	13:17

\*Invalid Test  
Inhibited - RFI

Sub Name = SMITH, JOHN L  
Sub DOB = 01/01/1990  
Sub Sex = Male                      Weight = 190  
Test = DUI                            Cit = NA  
Dr. Lic. = ND/NA  
Lot No = 05911080A1  
Cyl No = 14  
Expiration Date = 02/01/2013  
County = 03                          Oper No. = 100103

  
Operator Signature  
JACQUIE DEMARCE

Remarks:

Form 106-I8000

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