



ETHANOL BREATH STANDARD CYLINDER REPORT

OFFICE OF ATTORNEY GENERAL

CRIME LABORATORY DIVISION

Toxicology Section/Breath Alcohol Program

SFN 59282 (5-2011)

Chemical Test Operator Name (Print) <i>Jeremy Grohs</i>		
Location <i>Burke County Sheriff's Office</i>	Intoxilyzer® Serial Number <i>80-004940</i>	
Gas Lot Number <i>16512080A2</i>	Gas Cylinder Number <i>45</i>	Gas Expiration Date <i>8-1-2014</i>

Check When Done:

- 1. Scan/Enter Gas Cylinder Information (Level 1, Function S).
- 2. Perform an ACA Test (Level 1, Function C).
Write in the ACA Test Results (Reported to 3 Digits, Ex. 0.081).
 - A. 0.080 AC
 - B. 0.079 AC
 - C. 0.080 AC
- 3. Complete the Top Portion of the Intoxilyzer® Record (SFN50496, Form 120-G) and Place it by the Intoxilyzer® for Use.
- 4. File Previous Intoxilyzer® Record (SFN50496, Form 120-G) at the Intoxilyzer® Location at the Agency.
- 5. Send the Following to the Crime Laboratory:
 - A. Ethanol Breath Standard Cylinder Report (SFN59282, Form 105-G).
 - B. ACA Test Record.

Chemical Test Operator Signature <i>Jeremy Grohs</i>	Date <i>9/20/13</i> ✓
Reviewed By (Crime Laboratory Use Only) <i>Deb Rashner</i>	Date <i>26 Sept 2013</i>

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004940
Location = BURK 8164.13.00 06/09
09/20/2013 21:33

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	21:34
02 Std. Gas	0.080	21:34
03 Room Air	0.000	21:35
04 Std. Gas	0.079	21:35
05 Room Air	0.000	21:36
06 Std. Gas	0.080	21:36
07 Room Air	0.000	21:37


Lot No = 16512080A2
Cyl No = 45
Exp Date = 08/01/2014
County = 07 Oper No. = 130230

 #4172
Operator Signature
JEREMY GROHS

Remarks:
Change of EBS cylinder

Form 106-I8000

I certify that the attached is a true and correct copy of the Intoxilyzer test record.

Print Name and Badge # Jeremy Grohs #4172
Signature 
Date 9/20/13