



**INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT**  
 OFFICE OF ATTORNEY GENERAL  
 CRIME LABORATORY DIVISION  
 Toxicology Section/Breath Alcohol Program  
 SFN 59281 (1-2010)

Serial Number: <u>80-002667</u>	Instrument Location: <u>GFAF</u>
Reason for Install/Repair:	
<input checked="" type="checkbox"/> Install After Lab Repair/Inspection <input type="checkbox"/> Other (Specify) _____	

Check When Done:

- A. Surge Protector Installed/Properly Grounded.
- B. Telephone Line Connected to Intoxilyzer® 8000.
- C. Breath Tube Heated.
- D. Review/Enter Preliminary Data Entry (Level 2, Function E).
- E. Review/Enter Gas Setup (Level 1, Function S).
- F. Print Test (Level 1, Function P). (Attach Test Record.)
- G. ACA Test (Level 1, Function C). (Attach Test Record.)
- H. RFI Test (Use CMS Mode-First Room Air). (Attach Test Record.)
- I. Repair and/or Maintenance Performed: \_\_\_\_\_

Will Pett  
 Field Inspector Signature

~~23 Sep 10~~ 28 Sept 10 DK  
 Date

Deb Kashur  
 Reviewed By

18 Oct 2010  
 Date

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 [Signature]



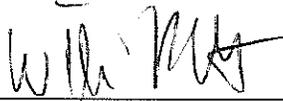
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-002667  
Location = GFAP      8164.13.00 06/09  
09/23/2010      16:47

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	16:49
02 Std. Gas	0.080	16:49
03 Room Air	0.000	16:49
04 Std. Gas	0.080	16:50
05 Room Air	0.000	16:50
06 Std. Gas	0.080	16:51
07 Room Air	0.000	16:51

Lot No = 659358  
Cyl No = 39  
Exp Date = 09/03/2011  
County = 18      Oper No. = 120011



Operator Signature  
WILLIAM R. PETTY

Remarks:

Form 106-I8000

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

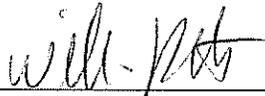
CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-002667  
Location = GFAF      8164.13.00 06/09  
09/28/2010      06:23

Test	AC	Time
01 Diagnostic	OK	06:25
02 Room Air	RFI*	06:26
03 Room Air	RFI*	06:26

\*Invalid Test  
Inhibited - RFI

Sub Name = PETTY, WILLIAM R  
Sub DOB = 10/28/1962  
Sub Sex = Male      Weight = 240  
Test = OTH      Cit = XXXXX  
Dr. Lic. = ND/PET629806  
Lot No = 659358  
Cyl No = 39  
Expiration Date = 09/03/2011  
County = 18      Oper No. = 120011

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



Operator Signature  
WILLIAM R. PETTY

Remarks:

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