

**INTOXILYZER® 5000 G AND 8000  
INSTALLATION AND REPAIR CHECKOUT**

Serial No.: 80-003067 Instrument Location: Batt. near Co. S.O. ✓

Reason for Install/Repair: \_\_\_\_\_ Install After Lab Repair/Inspection  
 Other (specify) New Instrument

Check When Done:

- A. Surge Protector Installed/Properly Grounded.
- B. Telephone Line Connected to Intoxilyzer® KB.
- C. Breath Tube Heated.
- D. Review/Enter Preliminary Data Entry (Level 2, Function E).
- E. Ethanol Breath Standard: \_\_\_\_\_ Connected  Installed.  
(Include Form 105-G if New Cylinder Installed.)
- F. Review/Enter Gas Setup (Level 1, Function S). (Intoxilyzer® 8000 Only.)
- G. Print Test (Level 1, Function P). (Attach Test Record.)
- H. ACA Test (Level 1, Function C). (Attach Test Record.)
- I. RFI Test (Use CMS Mode-First Room Air). (Attach Test Record.)
- J. Repair and/or Maintenance Performed: \_\_\_\_\_

9-29-09  
Date  
16 Nov 09  
Date

[Signature]  
Field Inspector's Signature  
Deb Kashner  
Reviewed By




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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-003067  
Location = BOTT      8164.12.00 06/09  
09/29/2009      17:00

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	17:01
02 Std. Gas	0.081	17:01
03 Room Air	0.000	17:02
04 Std. Gas	0.080	17:02
05 Room Air	0.000	17:02
06 Std. Gas	0.080	17:03
07 Room Air	0.000	17:03

Lot No = 659358  
Cyl No = 55  
Exp Date = 09/03/2011  
County = 05      Oper No. = 039117

  
\_\_\_\_\_  
Operator Signature  
SEAN J. MURPHY

Remarks:

Form 106-I8000

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

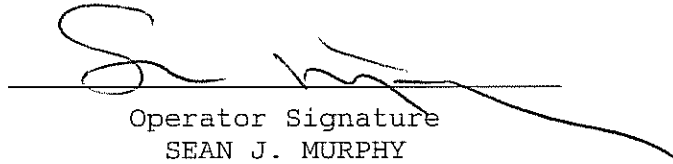
CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000            SN 80-003067  
Location = BOTT                    8164.12.00 06/09  
09/29/2009                            17:38

Test	AC	Time
01 Diagnostic	OK	17:41
02 Room Air	RFI*	17:41
03 Room Air	0.000	17:42

\*Invalid Test  
Inhibited - RFI

Sub Name = TEST, SUBJECT NA  
Sub DOB = 09/01/1984  
Sub Sex = Male                      Weight = NA  
Test = OTH                            Cit = NA  
Dr. Lic. = ND/NA  
Lot No = 659358  
Cyl No = 55  
Expiration Date = 09/03/2011  
County = 05                          Oper No. = 039117

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

  
Operator Signature  
SEAN J. MURPHY

Remarks:

Form 106-I8000

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