

Database ✓

INTOXILYZER® 5000 G AND 8000  
INSTALLATION AND REPAIR CHECKOUT

© ML

BIA - Ft. Totten

Serial No.: 80-004201 Instrument Location: Ft. Totten PD

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  
01 Oct 2009  
Date

Josie DiMarco  
Field Inspector's Signature  
Deb Kashner  
Reviewed By

80-004201  
p. 1 of 4 JFH




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      8164.12.00 06/09  
09/29/2009      16:31

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	16:31
02 Std. Gas	0.083	16:32
03 Room Air	0.000	16:32
04 Std. Gas	0.083	16:33
05 Room Air	0.000	16:33
06 Std. Gas	0.084	16:33
07 Room Air	0.000	16:34

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

  
Operator Signature  
JACQUIE L. DEMARCE

Remarks:

*Cal test*

Form 106-I8000

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

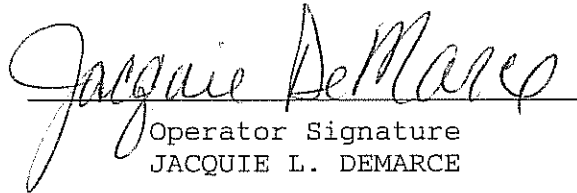
CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004201  
Location = FTOT      8164.12.00 06/09  
09/29/2009      16:37

Test	AC	Time
01 Diagnostic	OK	16:39
02 Room Air	RFI*	16:39
03 Room Air	0.000	16:39

\*Invalid Test  
Inhibited - RFI

Sub Name = TEST, SUBJECT NA  
Sub DOB = 01/01/1999  
Sub Sex = Male      Weight = 150  
Test = OTH      Cit = NA  
Dr. Lic. = ND/NA  
Lot No = 659358  
Cyl No = 56  
Expiration Date = 09/03/2011  
County = 03      Oper No. = 100103

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

  
Operator Signature  
JACQUIE L. DEMARCE

Remarks:

*RFI test*

Form 106-I8000

80-004201  
B. 4/4 KAL