

*Database
CML*

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

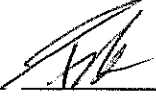
Serial No.: 80-003065 Instrument Location: West Fargo PD

Reason for Install/Repair: _____ Install After Lab Repair/Inspection
 Other (specify) New install

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: _____

10-7-09 PM
~~10-2-09~~
Date
19 Oct 09
Date


Field Inspector's Signature
Deb Kashur
Reviewed By

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

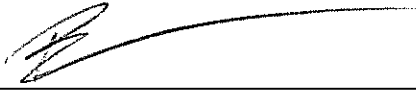
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003065
Location = WFPD 8164.12.00 06/09
10/02/2009 14:00

Test	AC	Time
01 Diagnostic	OK	14:02
02 Room Air	0.000	14:03
03 *Subject Test	RFI*	14:05
04 Room Air	0.000	14:05

*Invalid Test
Inhibited - RFI

Sub Name = TEST, TEST T
Sub DOB = 01/01/1901
Sub Sex = Male Weight = 200
Test = OTH Cit = 0
Dr. Lic. = ND/0
Lot No = 659357
Cyl No = 10
Expiration Date = 09/03/2011
County = 09 Oper No. = 039617

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



Operator Signature
PETER D. NIELSEN

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 80-003065
Location = WFPD 8164.12.00 06/09
10/07/2009 09:37

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	09:38
02 Std. Gas	0.082	09:38
03 Room Air	0.000	09:39
04 Std. Gas	0.082	09:39
05 Room Air	0.000	09:40
06 Std. Gas	0.081	09:40
07 Room Air	0.000	09:40

Lot No = 659357

Cyl No = 10

Exp Date = 09/03/2011

County = 09

Oper No. = 039617



Operator Signature
PETER D. NIELSEN

Remarks:

Form 106-I8000

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