

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

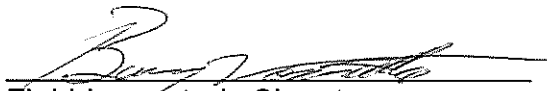
Serial No.: 80-004204 Instrument Location: MobL

Reason for Install/Repair: I Install After Lab Repair/Inspection
 Other (specify)

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:

10-8-09
Date
13 Oct 09
Date


Field Inspector's Signature
Deb Kashur
Reviewed By

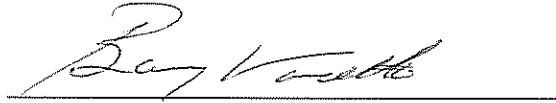
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004204
Location = MOHL 8164.12.00 06/09
10/08/2009 13:06

DRY CAL CHECK

| Test | AC | Time |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 13:06 |
| 02 Std. Gas | 0.083 | 13:07 |
| 03 Room Air | 0.000 | 13:07 |
| 04 Std. Gas | 0.083 | 13:08 |
| 05 Room Air | 0.000 | 13:08 |
| 06 Std. Gas | 0.084 | 13:09 |
| 07 Room Air | 0.000 | 13:09 |

Lot No = 659358
Cyl No = 8
Exp Date = 09/03/2011
County = 38 Oper No. = 039909



Operator Signature
BARRY A. VANNATTA

Remarks:

Form 106-I8000

80-004204
P. 2 of 4 KM

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

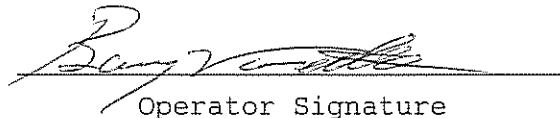
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004204
Location = MOHL 8164.12.00 06/09
10/08/2009 13:41

| Test | AC | Time |
|---------------|-------|-------|
| 01 Diagnostic | OK | 13:43 |
| 02 Room Air | RFI* | 13:43 |
| 03 Room Air | 0.000 | 13:43 |

*Invalid Test
Inhibited - RFI

Sub Name = TEST, SUBJECT NA
Sub DOB = 11/12/1957
Sub Sex = Unknown Weight = NA
Test = OTH Cit = 0000000
Dr. Lic. = ND/NA
Lot No = 659358
Cyl No = 8
Expiration Date = 09/03/2011
County = 38 Oper No. = 039909

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



Operator Signature
BARRY A. VANNATTA

Remarks:

Form 106-I8000

80-004204
P. 4 of 4 RTH