

✓ Database  
com

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

Serial No.: 80-002667 Instrument Location: CROS (Divide Co. S.O.)

Reason for Install/Repair: ✓ 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: \_\_\_\_\_

10/09/09  
Date  
16 Oct 09  
Date

*Deb Kashner*  
Field Inspector's Signature  
Deb Kashner  
Reviewed By



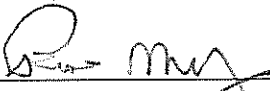
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-002667  
Location = CROS      8164.12.00 06/09  
10/09/2009      11:26

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	11:26
02 Std. Gas	0.080	11:27
03 Room Air	0.000	11:27
04 Std. Gas	0.080	11:28
05 Room Air	0.000	11:28
06 Std. Gas	0.080	11:29
07 Room Air	0.000	11:29

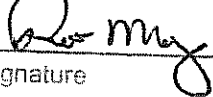
Lot No = 659358  
Cyl No = 6  
Exp Date = 09/03/2011  
County = 12      Oper No. = 100011

  
\_\_\_\_\_  
Operator Signature  
ROBERT M. MELBY

Remarks:      Test OK

Form 106-I8000

The undersigned, having custody of the original record, certifies that the information hereon is a true and correct copy of the original document maintained as part of the activities of this office.

      10/09/09  
Signature      Date

P. 3 of 4  
RM

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

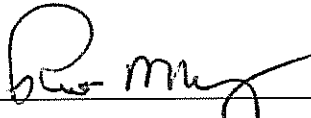
CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000        SN 80-002667  
Location = CROS                8164.12.00 06/09  
10/09/2009                        11:48

Test	AC	Time
01 Diagnostic	OK	11:51
02 Room Air	0.000	11:51
03 *Subject Test	RFI*	11:51
04 Room Air	0.000	11:52

\*Invalid Test  
Inhibited - RFI

Sub Name = JONES, JIMMY JOE JOE  
Sub DOB = 09/26/1983  
Sub Sex = Male                    Weight = 160  
Test = DUI                        Cit = 0000000  
Dr. Lic. = ND/0000000000  
Lot No = 659358  
Cyl No = 6  
Expiration Date = 09/03/2011  
County = 12                        Oper No. = 100011

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

  
\_\_\_\_\_  
Operator Signature  
ROBERT M. MELBY

Remarks:

Test RFI detected  
"Test"

Form 106-I8000

The undersigned, having custody of the original record, certifies that the information hereon is a true and correct copy of the original document maintained as part of the activities of this office.

  
\_\_\_\_\_  
Signature                            10/09/09  
Date

P. 4 of 4  
JRM