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

Serial No.: 80-663072 Instrument Location: HeTT Adams Co 50

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

Check When Done:

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

10-9-09
Date
MA 10-13-09
Date *mta*

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

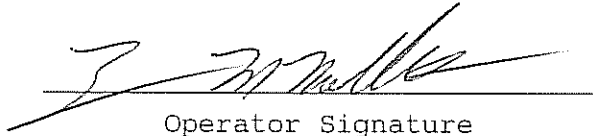
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003072
Location = HETT 8164.12.00 06/09
10/09/2009 09:43

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	09:44
02 Std. Gas	0.081	09:44
03 Room Air	0.000	09:45
04 Std. Gas	0.081	09:45
05 Room Air	0.000	09:45
06 Std. Gas	0.081	09:46
07 Room Air	0.000	09:46

Lot No = 659358
Cyl No = 7
Exp Date = 09/03/2011
County = 01 Oper No. = 049130


Operator Signature
EUGENE M. MOLBERT

Remarks:

Form 106-I8000

80-003072
P. 3 of 4
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Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

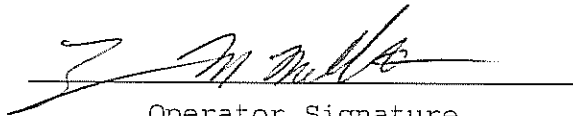
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003072
Location = HETT 8164.12.00 06/09
10/09/2009 09:48

Test	AC	Time
01 Diagnostic	OK	09:51
02 Room Air	RFI*	09:51
03 Room Air	RFI*	09:51

*Invalid Test
Inhibited - RFI

Sub Name = TEST, SUBJECT M
Sub DOB = 01/01/1999
Sub Sex = Male Weight = 110
Test = DUI Cit = 1314314
Dr. Lic. = ND/314343
Lot No = 659358
Cyl No = 7
Expiration Date = 09/03/2011
County = 01 Oper No. = 049130

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



Operator Signature
EUGENE M. MOLBERT

Remarks:

Form 106-I8000

80-003072
P 4 of 4 FM