



INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT
 OFFICE OF ATTORNEY GENERAL
 CRIME LABORATORY DIVISION
 Toxicology Section/Breath Alcohol Program
 SFN 59281 (5-2011)

| | |
|---|--|
| Serial Number 80-005357 | Instrument Location Divide Co. S.D. "CROS" |
| Reason for Install/Repair <input checked="" type="checkbox"/> Install After Receiving From Crime Laboratory <input type="checkbox"/> Install After Location Change <input type="checkbox"/> Other (Specify) _____ | |

Check When Done:

- 1. Surge Protector Installed/Properly Grounded.
- 2. Telephone Line Connected to Intoxilyzer® 8000.
- 3. Breath Tube Heated.
- 4. Enter Preliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E).
- 5. Scan/Enter Gas Cylinder Information (Level 1, Function S).
- 6. Run Tests:
 - A. Print Test (Level 1, Function P).
 - B. ACA Test (Level 1, Function C).
 - C. RFI Test (Use CMS Mode; Key Radio During First Room Air).
- 7. Repair and/or Maintenance Performed (if Any): NONE
- 8. Complete the Top Portion of the Intoxilyzer® Record (SFN50496, Form 120-G) and Place it by the Intoxilyzer® for Use.
- 9. File Previous Intoxilyzer® Record (SFN50496, Form 120-G) at the Intoxilyzer® Location at the Agency.
- 10. Send the Following to the Crime Laboratory: Completed Intoxilyzer® 8000 Installation and Repair Checkout (SFN59281, Form 104-G), Print Test, ACA Test, and RFI Test.

| | |
|--|----------------------------|
| Field Inspector Signature <i>Go Muz</i> | Date 10/29/2012 |
| Reviewed By (Crime Laboratory Use Only) <i>Deb Rashur</i> | Date 07 Jan 2013 |

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005357
Location = CROS 8164.13.00 06/09
10/29/2012 14:10

***** Printer Test *****

abcdefghijklmnopqrstuvwxy1234567890-|=|
ABCDEFGHIJKLMNPOQRSTUVWXYZ!@#\$\$%^&*()_+?

abcdefghijklmnopqrstuvwxy1234567890-|=|
ABCDEFGHIJKLMNPOQRSTUVWXYZ!@#\$\$%^&*()_+?

Current Instrument Setup

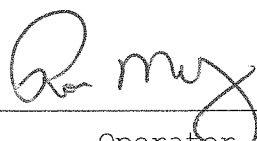
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 23411080A1
Standard Cyl #? 32
Standard Expiration? 10/01/2013
Oper No? 100011

Flow Cal. Date: 08/17/2011
Slope 663
Intercept -589414

IR Calibration Date: 08/17/2011
 3um 9um

0th Coef(*100): -16356 -26322
1st Coef(*100): 264854 139105
2nd Coef(*100): 2524 1161
H2O adj(mg/l*10k): 494 552

***** Printer Test End *****



Operator Signature
ROBERT M. MELBY

Remarks:

Test OK

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005357
Location = CROS 8164.13.00 06/09
10/29/2012 14:05

DRY CAL CHECK

| Test | AC | Time |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 14:06 |
| 02 Std. Gas | 0.082 | 14:06 |
| 03 Room Air | 0.000 | 14:07 |
| 04 Std. Gas | 0.081 | 14:07 |
| 05 Room Air | 0.000 | 14:07 |
| 06 Std. Gas | 0.081 | 14:08 |
| 07 Room Air | 0.000 | 14:08 |

Lot No = 23411080A1
Cyl No = 32
Exp Date = 10/01/2013
County = 12 Oper No. = 100011



Operator Signature
ROBERT M. MELBY

Remarks:

Test OK

Form 106-I8000

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005357
Location = CROS 8164.13.00 06/09
10/29/2012 13:59

| Test | AC | Time |
|-------------------|-------|-------|
| 01 Diagnostic | OK | 14:02 |
| 02 Room Air | 0.000 | 14:02 |
| 03 Subject Test 1 | 0.000 | 14:02 |
| 04 Room Air | RFI* | 14:04 |
| 05 Room Air | 0.000 | 14:04 |

*Invalid Test
Inhibited - RFI

Sub Name = DOE, JANE P
Sub DOB = 09/23/1977
Sub Sex = Female Weight = 130
Test = MIC Cit = 00000
Dr. Lic. = ND/000000000
Lot No = 23411080A1
Cyl No = 32
Expiration Date = 10/01/2013
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 OK

Form 106-I8000