



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

Serial Number <i>80-004945</i>	Instrument Location <i>Dickinson PD</i>
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): \_\_\_\_\_
- 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>David Houser</i>	Date <i>11-16-12</i>
Reviewed By (Crime Laboratory Use Only) <i>Deb Kashner</i>	Date <i>21 NOV 12</i>

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

CMI, Inc. Intoxilyzer           Alcohol Analyzer  
North Dakota Model 8000        SN 80-004945  
Location = DKPD                 8164.13.00 06/09  
11/16/2012                      14:29

\*\*\*\*\* Printer Test \*\*\*\*\*

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

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

Current Instrument Setup

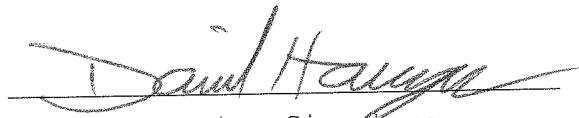
Data Entry Mode:            Enabled  
Start Test Sequence:        DABACABA  
Display Prelim Rslt?        Yes  
Display Third Digit?         Yes  
Inhib Printer(Y/N)?         No  
Display Volume?             No  
Disable On Memfull?         No  
# of Print Copies?          1  
Select Std (D/W/I)?         Dry  
Standard Value?             0.080  
Standard Lot #?             23411080A1  
Standard Cyl #?             30  
Standard Expiration?        10/01/2013  
Oper No?                    010105

Flow Cal. Date:             09/26/2012  
Slope                        622  
Intercept                   -485836

IR Calibration Date:        10/01/2012  
                              3um                    9um

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0th Coef(\*100):            -23823            -20690  
1st Coef(\*100):            260812            140752  
2nd Coef(\*100):            3107             1288  
H2O adj(mg/l\*10k):        695             492

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



Operator Signature  
DANIEL J. HAUGEN

Remarks: *New Install*


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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004945  
Location = DKPD      8164.13.00 06/09  
11/16/2012      14:39

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	14:40
02 Std. Gas	0.083	14:40
03 Room Air	0.000	14:41
04 Std. Gas	0.082	14:41
05 Room Air	0.000	14:42
06 Std. Gas	0.082	14:42
07 Room Air	0.000	14:43

Lot No = 23411080A1  
Cyl No = 30  
Exp Date = 10/01/2013  
County = 45      Oper No. = 010105

  
Operator Signature  
DANIEL J. HAUGEN

Remarks: *New Install*

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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004945  
Location = DKPD      8164.13.00 06/09  
11/16/2012      14:44

Test	AC	Time
01 Diagnostic	OK	14:45
02 Room Air	RFI*	14:46
03 Room Air	0.000	14:46

\*Invalid Test  
Inhibited - RFI

Sub Name = TEST, TEST NA  
Sub DOB = 01/01/1975  
Sub Sex = Male      Weight = 150  
Test = OTH      Cit = XXXXXX  
Dr. Lic. = ND/XXXXXX  
Lot No = 23411080A1  
Cyl No = 30  
Expiration Date = 10/01/2013  
County = 45      Oper No. = 010105

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



Operator Signature  
DANIEL J. HAUGEN

Remarks: *REI test for New Install*