

INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT

Serial No.: 80-003065 Instrument Location: Divide County S.O. (CR05)

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®.
- C. Breath Tube Heated.
- D. Review/Enter Preliminary Data Entry (Level 2, Function E).
- E. Review/Enter Gas Setup (Level 1, Function S).
- F. Print Test (Level 1, Function P). (Attach Test Record.)
- G. ACA Test (Level 1, Function C). (Attach Test Record.)
- H. RFI Test (Use CMS Mode-First Room Air). (Attach Test Record.)
- I. Repair and/or Maintenance Performed: Install from Lab

12/10/2009
Date

R. Mux
Field Inspector's Signature

15 Dec 2009
Date

Deb Kashner
Reviewed By

*80-003065
P-1 of 4 PM*

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003065
Location = CROS 8164.13.00 06/09
12/10/2009 14:46

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

abcdefghijklmnopqrstuvwxyz1234567890-=_|
ABCDEFGHIJKLMNPOQRSTUVWXYZ!@#\$\$%^&*()_+?

abcdefghijklmnopqrstuvwxyz1234567890-=_|
ABCDEFGHIJKLMNPOQRSTUVWXYZ!@#\$\$%^&*()_+?

Current Instrument Setup

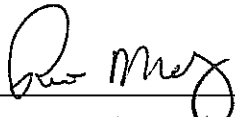
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 659358
Standard Cyl #? 6
Standard Expiration? 09/03/2011
Oper No? 100011

Flow Cal. Date: 04/08/2008
Slope 694
Intercept -539075

IR Calibration Date: 06/05/2008
 3um 9um

0th Coef(*100): -9383 -9235
1st Coef(*100): 288128 138520
2nd Coef(*100): 957 781
H2O adj(mg/l*10k): 391 239

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



Operator Signature
ROBERT M. MELBY

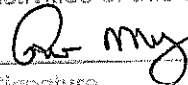
Remarks:

Test OK

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.

Form 106-I8000

Signature



Date

12/11/09

80-003065
P. 2 of 4 FR

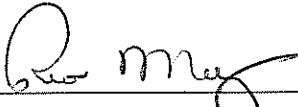
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003065
Location = CROS 8164.13.00 06/09
12/10/2009 14:41

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	14:41
02 Std. Gas	0.081	14:42
03 Room Air	0.000	14:42
04 Std. Gas	0.081	14:43
05 Room Air	0.000	14:43
06 Std. Gas	0.082	14:44
07 Room Air	0.000	14:44

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

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Signature 12/11/09
Date

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

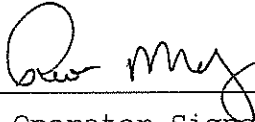
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003065
Location = CROS 8164.13.00 06/09
12/10/2009 14:47

Test	AC	Time
01 Diagnostic	OK	14:53
02 Room Air	0.000	14:54
03 *Subject Test	RFI*	14:54
04 Room Air	RFI*	14:54

*Invalid Test
Inhibited - RFI

Sub Name = DOE, JOHN J
Sub DOB = 08/09/1999
Sub Sex = Male Weight = 150
Test = DUI Cit = 000000
Dr. Lic. = ND/DOE997333
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.



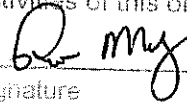
Operator Signature
ROBERT M. MELBY

Remarks:

*RFI Detected
Test*

Form 106-18000

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

12/11/09
Date

80-003065
P. 444 PM