

INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT

Serial No.: 80-004199 Instrument Location: Rolla 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®.
- 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: _____

12-10-2009
Date

Joseph Kowalski
Field Inspector's Signature

30 Dec 2009
Date

Deb Kashur
Reviewed By

80-004199
P.1 of 4 pk

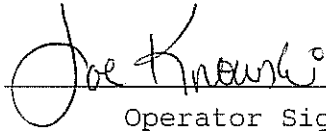
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004199
Location = ROLL 8164.13.00 06/09
12/10/2009 16:00

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	16:01
02 Std. Gas	0.082	16:01
03 Room Air	0.000	16:02
04 Std. Gas	0.082	16:02
05 Room Air	0.000	16:03
06 Std. Gas	0.081	16:03
07 Room Air	0.000	16:04

Lot No = 659358
Cyl No = 11
Exp Date = 09/03/2011
County = 40 Oper No. = 109208



Operator Signature
JOSEPH J. KNOWSKI

Remarks:

Form 106-I8000

80-004199
P.3 of 4 JAL

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

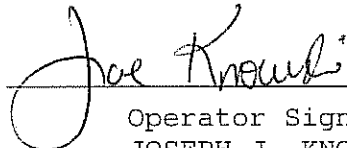
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004199
Location = ROLL 8164.13.00 06/09
12/10/2009 16:08

Test	AC	Time
01 Diagnostic	OK	16:09
02 Room Air	RFI*	16:09
03 Room Air	0.000	16:10

*Invalid Test
Inhibited - RFI

Sub Name = JOHNSON, STEVE K
Sub DOB = 12/31/1965
Sub Sex = Male Weight = 123
Test = DUI Cit = 123345
Dr. Lic. = ND/JOH657890
Lot No = 659358
Cyl No = 11
Expiration Date = 09/03/2011
County = 36 Oper No. = 109208

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



Operator Signature
JOSEPH J. KNOWSKI

Remarks:

Form 106-18000

80-004199
P. 4/2/11 JAK