

INTOXILYZER® 5000 G AND 8000  
INSTALLATION AND REPAIR CHECKOUT

Serial No.: 80-003066 Instrument Location: WARD

Reason for Install/Repair:  Install After Lab Repair/Inspection  
 Other (specify) \_\_\_\_\_

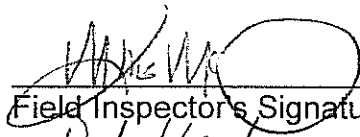
Check When Done:

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

~~12/19/10~~ <sup>DK</sup> 12/23/10

Date  
10 Jan 2011

Date

  
Field Inspector's Signature  
Deb Kasher  
Reviewed By

08-09

G:\Crime Lab\Manuals\ISO SOP\Toxicology Section\Breath Alcohol Program\Instrument Certification and Maintenance Unit\Forms-Worksheets\Form BrF-104-G Intoxilyzer 5000 G and 8000 Installation and Repair 08-09.doc

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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 80-003066  
Location = WARD                8164.13.00 06/09  
12/19/2010                      17:04

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

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

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

Current Instrument Setup

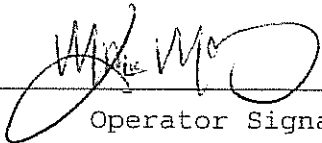
Data Entry Mode:            Enabled  
Start Test Sequence:        DABACABA  
Display Prelim Rslt?        Yes  
Display Third Digit?        Yes  
Inhib Printer(Y/N)?        No  
Display Volume?            No  
Disable On Memfull?        No  
# of Print Copies?         1  
Select Std (D/W/I)?        Dry  
Standard Value?            0.080  
Standard Lot #?            659358  
Standard Cyl #?            32  
Standard Expiration?       09/03/2011  
Oper No?                    049511

Flow Cal. Date:            07/29/2010  
Slope                      806  
Intercept                  -895033

IR Calibration Date:        07/29/2010  
                                    3um                      9um

-----  
0th Coef(\*100):            -14075                      -5808  
1st Coef(\*100):            272113                      138204  
2nd Coef(\*100):            1637                        986  
H2O adj(mg/l\*10k):        289                         148

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

  
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Operator Signature  
MICHAEL MCLOUD

Remarks:


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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-003066  
Location = WARD      8164.13.00 06/09  
12/19/2010      18:50

DRY CAL CHECK

| Test        | AC    | Time  |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 18:51 |
| 02 Std. Gas | 0.082 | 18:51 |
| 03 Room Air | 0.000 | 18:51 |
| 04 Std. Gas | 0.082 | 18:52 |
| 05 Room Air | 0.000 | 18:52 |
| 06 Std. Gas | 0.082 | 18:53 |
| 07 Room Air | 0.000 | 18:53 |

Lot No = 659358  
Cyl No = 32  
Exp Date = 09/03/2011  
County = 51      Oper No. = 049511

  
Operator Signature  
MICHAEL MC CLOUD

Remarks:

Form 106-I8000

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

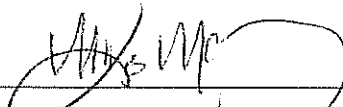
CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000        SN 80-003066  
Location = WARD                8164.13.00 06/09  
12/19/2010                        18:54

| Test          | AC    | Time  |
|---------------|-------|-------|
| 01 Diagnostic | OK    | 18:56 |
| 02 Room Air   | RFI*  | 18:56 |
| 03 Room Air   | 0.000 | 18:56 |

\*Invalid Test  
  Inhibited - RFI

Sub Name = TEST, TEST TEST  
Sub DOB = 01/01/1990  
Sub Sex = Male                    Weight = 100  
Test = DUI                        Cit = 000000  
Dr. Lic. = ND/1111111111  
Lot No = 659358  
Cyl No = 32  
Expiration Date = 09/03/2011  
County = 51                        Oper No. = 049511

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

  
\_\_\_\_\_  
Operator Signature  
MICHAEL MCLOUD

Remarks:

Form 106-I8000

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