

INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT

Serial No.: 80-003071 Instrument Location: STAN

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: _____

12/30/09
Date


Field Inspector's Signature

07 Jan 2010
Date

Deb Kashner
Reviewed By

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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 80-003071
Location = STAN 8164.13.00 06/09
12/30/2009 19:23

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

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

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

Current Instrument Setup

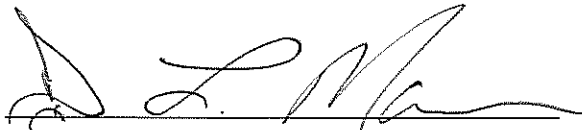
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 659358
Standard Cyl #? 43
Standard Expiration? 09/03/2011
Oper No? 100019

Flow Cal. Date: 04/08/2008
Slope 696
Intercept -591525

IR Calibration Date: 12/15/2009
 3um 9um

0th Coef(*100): -23386 -16310
1st Coef(*100): 273044 136944
2nd Coef(*100): -333 360
H2O adj(mg/l*10k): 568 414

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



Operator Signature
DUANE L. MARMON

Remarks:

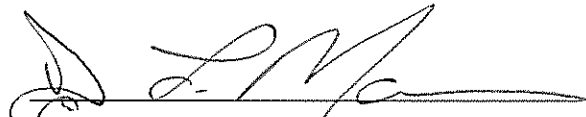
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003071
Location = STAN 8164.13.00 06/09
12/30/2009 19:24

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	19:25
02 Std. Gas	0.078	19:25
03 Room Air	0.000	19:26
04 Std. Gas	0.079	19:26
05 Room Air	0.000	19:27
06 Std. Gas	0.079	19:27
07 Room Air	0.000	19:28

Lot No = 659358
Cyl No = 43
Exp Date = 09/03/2011
County = 31 Oper No. = 100019


Operator Signature
DUANE L. MARMON

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 80-003071
Location = STAN 8164.13.00 06/09
12/30/2009 19:33

Test	AC	Time
01 Diagnostic	OK	19:38
02 Room Air	RFI*	19:39
03 Room Air	PUR**	19:39

*Invalid Test
 Inhibited - RFI
**Purge Fail

Sub Name = TEST, SUBJECT M
Sub DOB = 02/02/1990
Sub Sex = Female Weight = 500
Test = OTH Cit = 12345
Dr. Lic. = ND/TES901234
Lot No = 659358
Cyl No = 43
Expiration Date = 09/03/2011
County = 31 Oper No. = 100019

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



Operator Signature
DUANE MARMON

Remarks:

Form 106-I8000

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