

INTOXILYZER® 5000 G AND 8000  
INSTALLATION AND REPAIR CHECKOUT

Serial No.: 80-004200 Instrument Location: TRAIL CO. SD.

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

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: New

INTOXILYZER 8000

12/31/2009  
Date  
25 Jan 2010  
Date

Rafael Weber  
Field Inspector's Signature  
Deb Kashur  
Reviewed By

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

CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000            SN 80-004200  
Location = HILL                    8164.13.00 06/09  
12/31/2009                            18:20

\*\*\*\*\* 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?            0.077  
Standard Lot #?            659358  
Standard Cyl #?            45  
Standard Expiration?        09/03/2011  
Oper No?                    058405

Flow Cal. Date:            06/04/2009  
Slope                        715  
Intercept                   -655593

IR Calibration Date:        12/21/2009  
                                    3um                    9um

|                    | 3um    | 9um    |
|--------------------|--------|--------|
| 0th Coef(*100):    | -28821 | -30199 |
| 1st Coef(*100):    | 265418 | 139385 |
| 2nd Coef(*100):    | -207   | 427    |
| H2O adj(mg/l*10k): | 678    | 645    |

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

  
\_\_\_\_\_  
Operator Signature  
RAY G. WEBER

Remarks:

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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004200  
Location = HILL      8164.13.00 06/09  
12/31/2009      20:33

DRY CAL CHECK

| Test        | AC    | Time  |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 20:34 |
| 02 Std. Gas | 0.080 | 20:34 |
| 03 Room Air | 0.000 | 20:35 |
| 04 Std. Gas | 0.080 | 20:35 |
| 05 Room Air | 0.000 | 20:35 |
| 06 Std. Gas | 0.081 | 20:36 |
| 07 Room Air | 0.000 | 20:36 |

Lot No = 659358  
Cyl No = 45  
Exp Date = 09/03/2011  
County = 49      Oper No. = 058405

*Ray Weber*

Operator Signature  
RAY G. WEBER

Remarks: *ACA TEST*

Form 106-I8000

*80-004200  
P. 3 of 4*

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

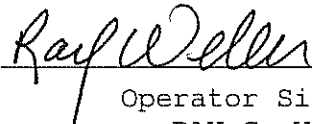
CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004200  
Location = HILL      8164.13.00 06/09  
12/31/2009      20:27

| Test          | AC    | Time  |
|---------------|-------|-------|
| 01 Diagnostic | OK    | 20:30 |
| 02 Room Air   | RFI*  | 20:30 |
| 03 Room Air   | 0.000 | 20:31 |

\*Invalid Test  
Inhibited - RFI

Sub Name = TEST, SUBJECT B  
Sub DOB = 01/01/2001  
Sub Sex = Male      Weight = 123  
Test = OTH      Cit = NA  
Dr. Lic. = ND/NA  
Lot No = 659358  
Cyl No = 45  
Expiration Date = 09/03/2011  
County = 49      Oper No. = 058405

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

  
\_\_\_\_\_  
Operator Signature  
RAY G. WEBER

Remarks:

*RFI TEST*

Form 106-I8000

80-004200  
P. 4 of 4