



INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT

OFFICE OF ATTORNEY GENERAL
CRIME LABORATORY DIVISION
Toxicology Section/Breath Alcohol Program
SFN 59281 (10-2016)

Serial Number 80-005943	Instrument Location Golden Valley County Sheriff's Office
Reason for Install/Repair	
<input checked="" type="checkbox"/> Install After Receiving From Crime Laboratory <input type="checkbox"/> Install After Location Change <input type="checkbox"/> Other (Specify) _____	

Check When Done:

- 1. Surge Protector Installed/Properly Grounded.
- 2. Telephone Line Connected to Intoxilyzer® 8000.
- 3. Breath Tube Heated.
- 4. Enter Preliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E).
- 5. Scan/Enter Gas Cylinder Information (Level 1, Function S).
- 6. Run Tests:
 - A. Print Test (Level 1, Function P).
 - B. ACA Test (Level 1, Function C).
 - C. RFI Test (CMS Mode or Level 1, Function B or C; Key Radio During Test).
- 7. Repair and/or Maintenance Performed (if Any): None
- 8. Complete the Top Portion of the Intoxilyzer® Record (SFN50496, Form 120-G) and Place it by the Intoxilyzer® for Use..
- 9. File Previous Intoxilyzer® Record (SFN50496, Form 120-G) at the Intoxilyzer® Location at the Agency.
- 10. Send the Following to the Crime Laboratory: Completed Intoxilyzer®8000 Installation and Repair Checkout (SFN59281, Form 104-G), Print Test, ACA Test, and RFI Test.

Field Inspector Signature

Date **03-08-2017**

Crime Laboratory Use Only

This installation has been reviewed and the instrument is approved to be used for the analysis of breath to determine alcohol concentration from the date the Field Inspector performed the installation. This record on file at the Office of Attorney General, Crime Laboratory Division, in the County of Burleigh, North Dakota, is certified to be a true and correct copy of the documents received.

Reviewed/Certified by **Deb Shanaver**

Certified Date **08 Mar 17**

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN-80-005943
Location = GLDN 8164.13.00 06/09
03/08/2017 13:03

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

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

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

Current Instrument Setup

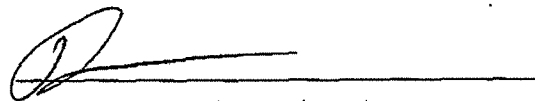
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 09216080A3
Standard Cyl #? 39
Standard Expiration? 05/05/2018
Oper No? 130349

Flow Cal. Date: 06/20/2013
Slope 686
Intercept -735246

IR Calibration Date: 08/26/2016

	3um	9um
0th Coef(*100):	-13589	-19547
1st Coef(*100):	284566	139614
2nd Coef(*100):	2717	1336
H2O adj(mg/l*10k):	381	404

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



Operator Signature
DEY MUCKLE

Remarks:

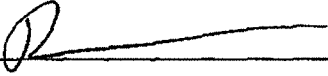
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005943
Location = GLDN 8164.13.00 06/09
03/08/2017 13:12

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	13:13
02 Std. Gas	0.082	13:13
03 Room Air	0.000	13:14
04 Std. Gas	0.081	13:14
05 Room Air	0.000	13:15
06 Std. Gas	0.082	13:15
07 Room Air	0.000	13:16

Lot No = 09216080A3
Cyl No = 39
Exp Date = 05/05/2018
County = 17 Oper No. = 130349



Operator Signature
DEY MUCKLE

Remarks:

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005943
Location = GLDN 8164.13.00 06/09
03/08/2017 13:18

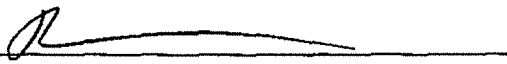
Test	AC	Time
01 Diagnostic	OK	13:21
02 Room Air	0.000	13:21
03 *Subject Test	0.000*	13:24
04 Room Air	0.000	13:27
05 Std. Gas	0.082	13:28
06 Room Air	0.000	13:29
07 *Subject Test	RFI**	13:30
08 Room Air	0.000	13:30

*Deficient Sample - Value Printed was
Highest Obtained

**Invalid Test
Inhibited - RFI

Sub Name = INSTALL, TEST INSTALL
Sub DOB = 01/01/1900
Sub Sex = Male Weight = 180
Test = DUI Cit = 123456789
Dr. Lic. = ND/INSTALLTEST
Lot No = 09216080A3
Cyl No = 39
Expiration Date = 05/05/2018
County = 17 Oper No. = 130349

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


Operator Signature
DEY MUCKLE

Remarks:

Form 106-I8000