



INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL

CRIME LABORATORY DIVISION-TOXICOLOGY SECTION/BREATH ALCOHOL PROGRAM

SFN 59281 (06/2018)

Serial Number 17618080A3	Instrument Location 205 Owens St. Manning ND, 58642
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/Property 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. Radio Frequency Interference (RFI) Test (CMS Mode or Level 1, Function B or C; Key Radio During Test).
- 7. Repair and/or Maintenance Performed (if any): _____
- 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 (SFN504096, 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 03/30/2019
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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 	Certified Date 4.8.2018
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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 80-005955
Location = DUNN 8164.14.00 09/16
03/30/2019 17:14

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

abcdefghijklmnopqrstuvwxyz1234567890-=_|
ABCDEFGHIJKLMNPOQRSTUVWXYZ!@#\$\$%^&*()_+?

abcdefghijklmnopqrstuvwxyz1234567890-=_| ;
ABCDEFGHIJKLMNPOQRSTUVWXYZ!@#\$\$%^&*()_+?

Current Instrument Setup

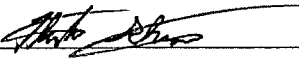
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 17618080A3
Standard Cyl #? 68
Standard Expiration? 08/05/2020
Oper No? 130635

Flow Cal. Date: 06/21/2013
Slope 757
Intercept -837385

IR Calibration Date: 06/21/2013
3um 9um


0th Coef(*100): -19897 -22878
1st Coef(*100): 268381 131979
2nd Coef(*100): 5157 1473
H2O adj(mg/l*10k): 717 600

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



Operator Signature
HUNTER RHOADES

Remarks:

I certify that the attached is a true and correct copy of the intoxilyzer test record.
Print Name/Badge #: HUNTER, RHOADES / 3261
Signature: 
Date: 03/30/19 Dept: DUNN COURT? SP.

Form 106-I8000

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005955
Location = DUNN 8164.14.00 09/16
03/30/2019 17:14

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	17:15
02 Std. Gas	0.084	17:15
03 Room Air	0.000	17:16
04 Std. Gas	0.084	17:16
05 Room Air	0.000	17:16
06 Std. Gas	0.085	17:17
07 Room Air	0.000	17:17


Lot No = 17618080A3
Cyl No = 68
Exp Date = 08/05/2020
County = 13 Oper No. = 130635



Operator Signature
HUNTER RHOADES

Remarks:

Form 106-I8000

I certify that the attached is a true and correct copy of the intoxilyzer test record.
Print Name/Badge #: HUNTER RHOADES / 3261
Signature: 
Date: 03/30/19 Dept: DUNN COUNTY SO.


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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005955
Location = DUNN 8164.14.00 09/16
03/30/2019 17:18

Test	AC	Time
01 Room Air	0.000	17:20
02 *Subject Test	RFI*	17:20
03 Room Air	0.000	17:21

*Invalid Test
Inhibited - RFI


Sub Name = TEST, RFI NA
Sub DOB = 01/01/1900
Sub Sex = Male Weight = 300
Test = DUI Cit = 0000000
Dr. Lic. = ND/0000000
Lot No = 17618080A3
Cyl No = 68
Expiration Date = 08/05/2020
County = 13 Oper No. = 130635



Operator Signature
HUNTER RHOADES

Remarks: RFI TEST

Form 106-I8000

I certify that the attached is a true and correct copy of the intoxilyzer test record.
Print Name/Badge #: HUNTER RHOADES /3261
Signature: 
Date: 03/30/19 Dept: DUNN COUNTY S.A.