

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 80 - 00 5360	Instrument Location GFPD	
Reason for Install/Repair		
☑ Install After Receiving From Crime Laboratory ☐ Install Aft	er Location Change	
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 Locat	ion; Level 2, Function E).	
5. Scan/Enter Gas Cylinder Information (Level 1, Function S).		
6. Run Tests:		
An Print Test (Level1, 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 Du	ring Test).
Z Repair and/or Maintenance Performed (if any):	√ E	
8. Complete the Top Portion of the Intoxilyzer® Record (SFN5	0496, Form 120-G) and Place it by the I	ntoxilyzer® for Use.
9. File Previous Intoxilyzer® Record (SFN504096, Form 120-0	6) at the Intoxilyzer® Location at the Age	ency.
10. Send the Following to the Crime Laboratory: Completed Int 104-G), Print Test, ACA Test, and RFI Test.	oxilyzer® 8000 Installation and Repair C	heckout (SFN59281, Form
Field Inspector Signature		Date 08-18-2019 9/2/2019
Crime Laboratory Use Only	CEE	9/2/2019
This installation has been reviewed and the instrument is approved to be the date the Field Inspector performed the installation. This record on ficulty of Burleigh, North Dakota, is certified to be a true and correct co	le at the Office of Attorney General, Crin	
Reviewed/Certified By		Certified Date 9-6-19

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005360
Location = GFPD 8164.14.00 09/16
08/18/2019 14:18

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

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

abcdefghijklmnopqrstuvwxyz1234567890-=|
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 # OI FILE COPIES.
Select Std (D/W/I)? Dry Standard Value? 0.080 Standard Lot #? 34418080A2 Standard Cyl #? 59 Standard Expiration? 02/05/2021 Oper No? 130674

Flow Cal. Date: 08/17/2011 Slope 639

Intercept -343114

IR Calibration Date: 05/18/2017
3um 9um

Oth Coef(*100): -16956 -22484

1st Coef(*100): 266917 141716

2nd Coef(*100): 2089 1446

H2O adj(mg/l*10k): 216 365

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

Operator Signature VANESSA RICHTER

Remarks: Print Ar sctup

Form 106-I8000

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = GFPD
08/18/2019

Alcohol Analyzer SN 80-005360 8164.14.00 09/16 14:42

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	14:43
02 Std. Gas	0.079	14:44
03 Room Air	0.000	14:44
04 Std. Gas	0.079	14:45
05 Room Air	0.000	14:45
06 Std. Gas	0.080	14:45
07 Room Air	0.000	14:46

Lot No = 34418080A2

Cyl No = 59

Exp Date = 02/05/2021

County = 18

Oper No. = 130674

Operator Signature VANESSA RICHTER

Remarks: ACA For schup

Form 106-I8000

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = GFPD
08/18/2019

Alcohol Analyzer SN 80-005360 8164.14.00 09/16 14:48

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	14:49
02 Std. Gas	0.080	14:49
03 Room Air	0.000	14:50
04 Std. Gas	0.079	14:50
05 Room Air	0.000	14:50
06 Std. Gas	0.079	14:51
07 Room Air	0.000	14:51

Lot No = 34418080A2

Cyl No = 59

Exp Date = 02/05/2021

County = 18

Oper No. = 130674

Operator Signature VANESSA RICHTER

Remarks:

RFI Test For set up

Form 106-I8000

CAMED VANESSA AND ASKED
THAT A RFI BE RE-RUN.
CER



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VTIV		9/2/2019
Crime Laboratory Use Only		
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Reviewed/Certified By		Certified Date
(Maxilly / //		a / a

CMI, Inc. Intoxilyzer	Alcohol Analyzer
North Dakota Model 8000	SN 80-005360
Location = GFPD	8164.14.00 09/16
09/02/2019	10:53

Test	AC	Time
01 Room Air	0.000	10:55
02 *Subject Test	RFI*	10:55
03 Room Air	0.000	10:56

*Invalid Test Inhibited - RFI

Sub Name = TEST, TEST TEST

Sub DOB = 01/01/1920

Sub Sex = Male Weight = 100 Test = OTH Cit = 0

Dr. Lic. = ND/0Lot No = 34418080A2

Cyl No = 59

Expiration Date = 02/05/2021

County = 18 Oper No. = 130674

Operator Signature VANESSA RICHTER

Remarks:

RFI Test

Form 106-I8000