



**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 <del>47610080A3</del> 80-005955 <i>AK</i>	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 <i>[Signature]</i>	Date 03/30/2019
---	--------------------

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 <i>[Signature]</i>	Certified Date 4.8.2018 <sup>2019</sup>
---	--

*CEE 10/02/2019*

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

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

Current Instrument Setup

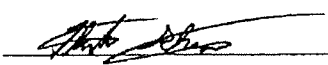
Data Entry Mode: Enabled  
Start Test Sequence: DABACABA  
Display Prelim Rslt? Yes  
Display Third Digit? Yes  
Inhib Printer(Y/N)? No  
Display Volume? No  
Disable On Memfull? Yes  
# of Print Copies? 1  
Select Std (D/W/I)? Dry  
Standard Value? 0.080  
Standard Lot #? 17618080A3  
Standard Cyl #?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

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

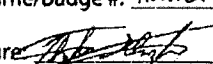
Sub Name = TEST, RFI NA  
Sub DOB = 01/01/1900  
Sub Sex = Male      Weight = 300  
Test = DUI      Cit = 0000000  
Dr. Lic. = ND/0000000  
Lot No = 17618080A3  
Cyl No = 68  
Expiration Date = 08/05/2020  
County = 13      Oper No. = 130635



Operator Signature  
HUNTER RHOADES

Remarks: RFI TEST

Form 106-18000

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.O.