

## 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	Cass County Jac	,			
Reason for Install/Repair	Tass areing the				
1	er Location Change				
Amstan Andrew					
Other (Specify)	definite militia				
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).					
<b>★</b> 6. Run Tests:					
A. Print Test (Level1, Function P).					
B. ACA Test (Level 1, Function C).					
C. Radio Frequency Interference (RFI) Test (CMS Mode of	r Level 1, Function B or C; Key Radio D	uring Test).			
7. Repair and/or Maintenance Performed (if any):					
8. Complete the Top Portion of the Intoxilyzer® Record (SFN5	60496, Form 120-G) and Place it by the	Intoxilyzer® for Use.			
9. File Previous Intoxilyzer® Record (SFN504096, Form 120-0	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 Int 104-G), Print Test, ACA Test, and RFI Test.	toxilyzer® 8000 Installation and Repair	Checkout (SFN59281, Form			
Field Inspector Signature  Eathur Mallen		Date 2/20/2020			
Crime Laboratory Use Only		the boundaries from			
This installation has been reviewed and the instrument is approved to be the date the Field Inspector performed the installation. This record on f County of Burleigh, North Dakota, is certified to be a true and correct co	the at the Office of Attorney General, Offi	ermine alcohol concentration from ime Laboratory Division, in the			
Reviewed/Certified By	2	Certified Date 2/21/20			

FORM 104-G

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = CASS
02/20/2020

Alcohol Analyzer
SN 80-006496
8164.13.00 06/09

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

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

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

Current Instrument Setup

Enabled Data Entry Mode: Start Test Sequence: DABACABA Yes Display Prelim Rslt? Display Third Digit? Yes Inhib Printer(Y/N)? No No Display Volume? Disable On Memfull? Yes # of Print Copies? 1 Dry Select Std (D/W/I)? Standard Value? 0.080 Standard Lot #? Standard Cyl #? 17618080A3 · 73 Standard Expiration? 08/05/2020 090801 Oper No?

Flow Cal. Date: 01/29/2020 Slope 663 Intercept -706121

IR Calibration Date: 08/18/2015

3um 9um

Oth Coef(\*100): -22081 -15963

1st Coef(\*100): 278490 136818

2nd Coef(\*100): 2086 1282

H2O adj(mg/l\*10k): 598 386

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

perator Signature KATHRYN ALLEN

Remarks: New MAettine & New Conister

instal

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 80-006496 Location = CASS 02/20/2020

8164.13.00 06/09 19:49

## DRY CAL CHECK

T	est		AC	Time
01	Room	Air	0.000	19:50
02	Std.	Gas	0.083	19:50
03	Room	Air	0.000	19:51
04	Std.	Gas	0.083	19:51
05	Room	Air	0.000	19:52
06	Std.	Gas	0.083	19:52
07	Room	Air	0.000	19:53

Lot No = 17618080A3

Cyl No = 73

Exp Date = 08/05/2020

County = 09

Oper No. = 090801

Operator Signature KATHRYN ALLEN

Remarks:

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 80-006496
Location = CASS	8164.13.00 06/09
02/20/2020	20:09

Test	AC	Time
01 Room Air	0.000	20:11
02 *Subject Test	RFI*	20:11
03 Room Air	0.000	20:12

\*Invalid Test Inhibited - RFI

Sub Name = TEST, TEST TEST

Sub DOB = 01/01/1900

Sub Sex = Male

Weight = 135

Test = DUI

Cit = 100000000

Dr. Lic. = ND/TEST00001

Lot No = 17618080A3

Cyl No = 73

Expiration Date = 08/05/2020

County = 09

Oper No. = 090801

Operator Signature
KATHRYN ALLEN

Remarks:

Form 106-I8000