



**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 <b>80-005950</b>	Instrument Location <b>SHER</b>
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>Dellert Hoffman</i>	Date <b>06-12-2020</b>
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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 <i>Charles E. Eck</i>	Certified Date <b>6-15-2020</b>
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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 80-005950  
Location = SHER 8164.13.00 06/09  
06/12/2020 12:33

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

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

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

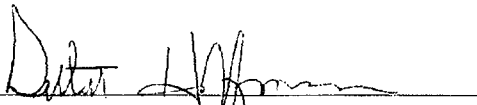
Current Instrument Setup

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 #? 24119080A1  
Standard Cyl #? 18  
Standard Expiration? 11/05/2021  
Oper No? 048909  
  
Flow Cal. Date: 06/20/2013  
Slope 713  
Intercept -723515

IR Calibration Date: 06/20/2013  
3um 9um

0th Coef(*100):	-37081	-23816
1st Coef(*100):	290549	133411
2nd Coef(*100):	552	1090
H2O adj(mg/l*10k):	683	502

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

  
Operator Signature  
DELBERT HOFFMANN

Remarks:

PRINT TEST

Form 106-I8000

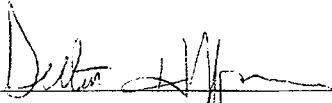
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-005950  
Location = SHER      8164.13.00 06/09  
06/12/2020      12:34

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	12:37
02 Std. Gas	0.085	12:38
03 Room Air	0.000	12:38
04 Std. Gas	0.081	12:38
05 Room Air	0.000	12:39
06 Std. Gas	0.081	12:39
07 Room Air	0.000	12:40

Lot No = 24119080A1  
Cyl No = 18  
Exp Date = 11/05/2021  
County = 42      Oper No. = 048909

  
Operator Signature  
DELBERT HOFFMANN

Remarks:

NCA TEST

Form 106-I8000

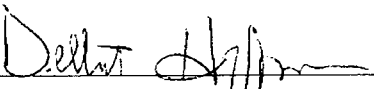
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-005950  
Location = SHER      8164.13.00 06/09  
06/12/2020      12:43

Test	AC	Time
01 Room Air	RFI*	12:47
02 Room Air	0.000	12:47

\*Invalid Test  
Inhibited - RFI

Sub Name - TEST, TEST A  
Sub DOB = 01/01/2001  
Sub Sex = Male      Weight = 150  
Test = MIC      Cit = 000000  
Dr. Lic. - ND/111111111  
Lot No = 24119080A1  
Cyi No = 18  
Expiration Date - 11/05/2021  
County = 42      Oper No. = 048909

  
Operator Signature  
DELBERT HOFFMANN

Remarks:

RFI TEST

Form 106-I8000