

## 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 - 006502	Instrument Location			
Reason for Install/Repair				
☐ Install After Receiving From Crime Laboratory ☐ Install After	er Location Change			
Other (Specify) CER 7.14.20 INSTAU AFTE	R ANNUAL INSPECTION	AT CRIME LAB.		
Check When Done:				
Surge Protector Installed/Property Grounded.				
☑ 2. Telephone Line Connected to Intoxilyzer® 8000.  ☑ 3. Telephone Line Connected to Intoxilyzer® 8000.  ☑ 4. Telephone Line Connected to Intoxilyzer® 8000.  ☑ 5. Telephone Line Connected to Intoxilyzer® 8000.  ☑ 6. Telephone Line Connected to Intoxilyzer® 8000.  ☑ 7. Telephone Line Connected to Intoxilyzer® 8000.  ☑ 8. Telephone Line Connec				
3. Breath Tube Heated.				
4. Enter Preliminary Data (i.e. Date, Time, DST (Y), and Locati	on; Level 2, Function E).			
5. Scan/Enter Gas Cylinder Information (Level 1, Function S).				
6. Run Tests:				
A. 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	iring 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 Age	ency.		
0. Send the Following to the Crime Laboratory: Completed Into 104-G), Print Test, ACA Test, and RFI Test.	oxilyzer® 8000 Installation and Repair C	heckout (SFN59281, Form		
Field Inspector Signature		Date 7/12/2020		
Crime Laboratory Use Only				
This installation has been reviewed and the instrument is approved to be the date the Field Inspector performed the installation. This record on fill County of Burleigh, North Dakota, is certified to be a true and correct cop	e at the Office of Attorney General, Crin	mine alcohol concentration from ne Laboratory Division, in the		

FORM 104-G

Reviewed/Certified By

Certified Date 7.14.2020

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006502
Location = STUT 8164.14.00 09/16
07/12/2020 13:20

\*\*\*\*\*\*\* 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 #? 05620080A1
Standard Cyl #? 4
Standard Expiration? 04/05/2022
Oper No? 100012

Flow Cal. Date: 08/19/2015 Slope 674 Intercept -654491

IR Calibration Date: 08/19/2015
3um 9um

Oth Coef(\*100): -24446 -18103 1st Coef(\*100): 267787 135417 2nd Coef(\*100): 3387 1610 H2O adj(mg/l\*10k): 740 513

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

Operator Signature DANA RUSTEBAKKE

Remarks:

Print Test - Good

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 80-006502 Location = STUT 07/12/2020

8164.14.00 09/16 13:21

## DRY CAL CHECK

Test		AC	Time
01 Room 02 Std. 03 Room 04 Std. 05 Room 06 Std.	Gas Air Gas Air	0.000 0.081 0.000 0.081 0.000 0.081	13:22 13:22 13:23 13:23 13:24 13:24
07 Room	Air	0.000	13:24

Lot No = 05620080A1

Cyl No = 4

Exp Date = 04/05/2022

County = 47

Oper No. = 100012

Operator Signature DANA RUSTEBAKKE

Remarks:

ACA Test - Good

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 80-006502 Location = STUT 07/12/2020

8164.14.00 09/16 13:26

## DRY CAL CHECK

Test		AC	Time
01 Room 02 Std. 03 Room 04 Room	Gas n Air	0.000 0.081 RFI* 0.000	13:27 13:27 13:28 13:28

\*Invalid Test Inhibited - RFI

Lot No = 05620080A1

Cyl No = 4

Exp Date = 04/05/2022

County = 47

Oper No. = 100012

Operator Signature DANA RUSTEBAKKE

Remarks:

Form 106-I8000