



INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT
 OFFICE OF ATTORNEY GENERAL
 CRIME LABORATORY DIVISION
 Toxicology Section/Breath Alcohol Program
 SFN 59281 (03-2014)

Serial Number 80-006496	Instrument Location Cass County Sheriff's Office - Jail
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/Properly 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. 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 (SFN50496, 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 K. All 3671	Date 4-14-2021
Reviewed By (Crime Laboratory Use Only) Charles E. Ed	Date 4.26.21

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: **Charles E. Ed** Certified Date: **4.26.21**

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
04/14/2021 18:27

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

abcdefghijklmnopqrstuvwxy1234567890-=
|
ABCDEFGHIJKLMNopQRSTUVWXYZ!@#\$\$%^&*()_+?

abcdefghijklmnopqrstuvwxy1234567890-=
|
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 #? 27
Standard Expiration? 04/05/2022
Oper No? 090801

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

IR Calibration Date: 08/18/2015
 3um 9um

0th Coef(*100): -22081 -15963
1st Coef(*100): 278490 136818
2nd Coef(*100): 2086 1282
H2O adj(mg/l*10k): 598 386

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


Operator Signature
KATHRYN ALLEN

Remarks:

Form 106-I8000

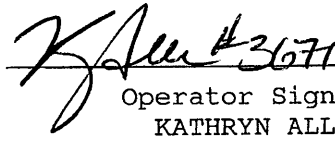
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006496
Location = CASS 8164.13.00 06/09
04/14/2021 18:35

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	18:36
02 Std. Gas	0.082	18:36
03 Room Air	0.000	18:37
04 Std. Gas	0.082	18:37
05 Room Air	0.000	18:38
06 Std. Gas	0.082	18:38
07 Room Air	0.000	18:38

Lot No = 05620080A1
Cyl No = 27
Exp Date = 04/05/2022
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
04/14/2021 18:43

Test	AC	Time
01 Room Air	0.000	18:45
02 *Subject Test	RFI*	18:45
03 Room Air	0.000	18:45

*Invalid Test
Inhibited - RFI

Sub Name = TEST INSTAL, TEST TEST
Sub DOB = 01/01/2000
Sub Sex = Female Weight = NA
Test = DUI Cit = 000000000000001
Dr. Lic. = ND/NA
Lot No = 05620080A1
Cyl No = 27
Expiration Date = 04/05/2022
County = 09 Oper No. = 090801



Operator Signature
KATHRYN ALLEN

Remarks:

Form 106-I8000