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 80-005950	Instrument Location SHER

Reason for Install/Repair

☒ Install After Receiving From Crime Laboratory ☐ Install After Location Change

☐ 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 (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 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 Delbert Hoffmann	Date 04-30-2021

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 Ede	Certified Date 5/4/2021

FORM 104-G

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 — 8164.14.00 09/16
04/30/2021 — 14:32

********** 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 #?	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 **********

Delbert Hoffmann

Operator Signature
DELBERT HOFFMANN

Remarks:

Form 106-I8000

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = SHER
04/30/2021

Alcohol Analyzer
SN 80-005950
8164.14.00 09/16
14:33

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	14:34
02 Std. Gas	0.082	14:34
03 Room Air	0.000	14:34
04 Std. Gas	0.082	14:35
05 Room Air	0.000	14:35
06 Std. Gas	0.082	14:36
07 Room Air	0.000	14:36

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

Oper No. = 048909

Operator Signature
DELBERT HOFFMANN

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 80-005950
Location = SHER — 8164.14.00 09/16
04/30/2021 — 14:38

Test	AC	Time
01 Diagnostic	OK	14:41
02 Room Air	RFI*	14:41
03 Room Air	0.000	14:41

*Invalid Test
Inhibited - RFI

Sub Name = TEST RFI, TEST RFI A
Sub DOB = 01/01/1990
Sub Sex = Male — Weight = 140
Test = DUI — Cit = 0000000
Dr. Lic. = ND/000000000
Lot No = 24119080A1
Cyl No = 18
Expiration Date = 11/05/2021
County = 42 — Oper No. = 048909

I followed the Approved Method and the instructions displayed by the Intoxilyzer in conducting this test.

Operator Signature
DELBERT HOFFMANN

Remarks:

Form 106-I8000