



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	
<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 (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 <i>Delbert Hoffman</i>	Date 04-30-2021
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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 5/4/2021
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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 8164.14.00 09/16
04/30/2021 14:32

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

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

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

Current Instrument Setup

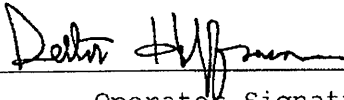
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 24119080A1
Standard Cyl #? 18
Standard Expiration? 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 *****



Operator Signature
DELBERT HOFFMANN

Remarks:

Form 106-I8000

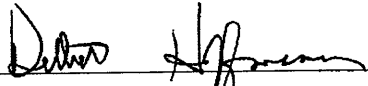
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005950
Location = SHER 8164.14.00 09/16
04/30/2021 14:33

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

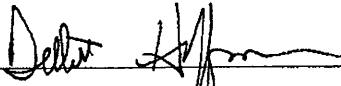
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005950
Location = SHER 8164.14.00 09/16
04/30/2021 14:38

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