



**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 <i>80-005957</i>	Instrument Location <i>MAND</i>
Reason for Install/Repair <input checked="" type="checkbox"/> Install After Receiving From Crime Laboratory <input type="checkbox"/> Install After Location Change <input checked="" type="checkbox"/> Other (Specify) <i>AFTER ANNUAL TOSP.</i>	

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 	Date <i>5/7/2021</i>
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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 	Certified Date <i>5.7.2021</i>
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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 80-005957  
Location = MAND      8164.14.00 09/16  
05/07/2021      09:39

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

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

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

Current Instrument Setup

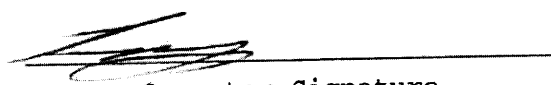
Data Entry Mode: Enabled  
Start Test Sequence: DABACABA  
Display Prelim Rslt? Yes  
Display Third Digit? Yes  
Inhib Printer(Y/N)? No  
Display Volume? No  
Disable On Memfull? Yes  
# of Print Copies? 1  
Select Std (D/W/I)? Dry  
Standard Value? 0.080  
Standard Lot #? 05620080A1  
Standard Cyl #? 39  
Standard Expiration? 04/05/2022  
Oper No? 020611

Flow Cal. Date: 06/21/2013  
Slope 647  
Intercept -613317

IR Calibration Date: 05/11/2015  
3um 9um

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0th Coef(\*100): -16666 -18045  
1st Coef(\*100): 278478 132949  
2nd Coef(\*100): 3303 1397  
H2O adj(mg/l\*10k): 379 351

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



Operator Signature  
TOM SHARP

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 80-005957  
Location = MAND      8164.14.00 09/16  
05/07/2021      09:39

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	09:40
02 Std. Gas	0.080	09:40
03 Room Air	0.000	09:41
04 Std. Gas	0.080	09:41
05 Room Air	0.000	09:42
06 Std. Gas	0.080	09:42
07 Room Air	0.000	09:43

Lot No = 05620080A1  
Cyl No = 39  
Exp Date = 04/05/2022  
County = 30      Oper No. = 020611

  
Operator Signature  
TOM SHARP

Remarks:

Form 106-I8000

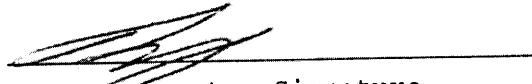
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer            Alcohol Analyzer  
North Dakota Model 8000        SN 80-005957  
Location = MAND                8164.14.00 09/16  
05/07/2021                        09:43

Test	AC	Time
01 Room Air	RFI*	09:45
02 Room Air	RFI*	09:45

\*Invalid Test  
Inhibited - RFI

Sub Name = TEST, TEST TEST  
Sub DOB = 01/01/2000  
Sub Sex = Male                    Weight = 150  
Test = DUI                        Cit = 00000  
Dr. Lic. = ND/TES000000  
Lot No = 05620080A1  
Cyl No = 39  
Expiration Date = 04/05/2022  
County = 30                        Oper No. = 020611

  
Operator Signature  
TOM SHARP

Remarks:

Form 106-I8000