

## 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 - COCOSO2   | Instrument Location  Stutsman LEC, 1st floor                    |  |  |  |
|--|---|--|--|--|
| Reason for Install/Repair  |   |  |  |  |
| ☐ Install After Receiving From Crime Laboratory ☐ Install After  | er Location Change  |  |  |  |
| Other (Specify)  |   |  |  |  |
| Check When Done:   |   |  |  |  |
|  |   |  |  |  |
| ∑ 72. 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. Rµn Tests:  |   |  |  |  |
| 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): \(\mu\)A  |   |  |  |  |
| 8. Complete the Top Portion of the Intoxilyzer® Record (SFN50  | 0496, 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 Into 104-G), Print Test, ACA Test, and RFI Test.   | oxilyzer® 8000 Installation and Repair Checkout (SFN59281, Form |  |  |  |
| Field Inspector Signature  | Date 66/18/2.021  |  |  |  |
| 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 fi County of Burleigh, North Dakota, is certified to be a true and correct co |   |  |  |  |

Reviewed/Certified By

lealer El

Certified Date

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
06/18/2021 09:32

\*\*\*\*\*\*\* 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? Select Std (D/W/I)? Dry Standard Value? 0.080 Standard Lot #? Standard Cyl #? 05620080A1 Standard Expiration? 04/05/2022 Oper No? 131678

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 \*\*\*\*\*\*\*

r Signaty

Remarks: Test Completed

Form 106-I8000

CHANCE RENERO

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = STUT
06/18/2021

Alcohol Analyzer SN 80-006502 8164.14.00 09/16 09:33

## DRY CAL CHECK

| Test        | AC    | Time  |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 09:33 |
| 02 Std. Gas | 0.082 | 09:34 |
| 03 Room Air | 0.000 | 09:34 |
| 04 Std. Gas | 0.082 | 09:35 |
| 05 Room Air | 0.000 | 09:35 |
| 06 Std. Gas | 0.082 | 09:36 |
| 07 Room Air | 0.000 | 09:36 |

Lot No = 05620080A1

Cyl No = 4

Exp Date = 04/05/2022

County = 47

Oper No. = 131678

r 5**4**2

Operator Signature CHANCE RENFRO

Remarks: Test completed

Form 106-I8000

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = STUT
06/18/2021

Alcohol Analyzer SN 80-006502 8164.14.00 09/16 09:37

| Test    | AC       | Time  |
|---------|----------|-------|
| 01 Room | <br>RFI* | 09:40 |
| 02 Room | 0.000    | 09:41 |

\*Invalid Test Inhibited - RFI

Sub Name = RFI, TEST NA Sub DOB = 06/18/1989

Sub Sex = Unknown Weight = NA Test = OTH Cit = NA

Dr. Lic. = ND/NA
Lot No = 05620080A1

Cyl No = 4Expiration Date = 04/6

Expiration Date = 04/05/2022County = 47 Oper No. = 131678

Operator Signature CHANCE RENFRO

Remarks: Test completed

Form 106-I8000