



**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 <b>80-004938</b>	Instrument Location <b>Killdeer PD</b>
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): None
- 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 <b>She C. Oh</b>	Date <b>06/22/2022</b>
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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 <b>Janelle Pertscheller</b>	Certified Date <b>23 June 22</b>
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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 80-004938  
Location = KDPD                8164.14.00 09/16  
06/22/2022                     04:40

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

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

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

Current Instrument Setup

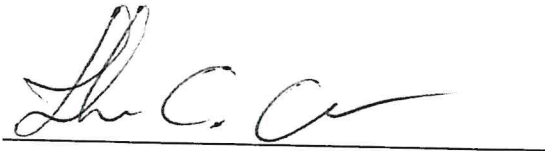
Data Entry Mode:            Enabled  
Start Test Sequence:        DABACABA  
Display Prelim Rslt?        Yes  
Display Third Digit?         Yes  
Inhib Printer(Y/N)?         No  
Display Volume?             No  
Disable On Memfull?         Yes  
# of Print Copies?          1  
Select Std (D/W/I)?         Dry  
Standard Value?             0.080  
Standard Lot #?             02621080A1  
Standard Cyl #?             5  
Standard Expiration?        03/05/2023  
Oper No?                    131669

Flow Cal. Date:             06/10/2020  
Slope                       587  
Intercept                   -338327

IR Calibration Date:        06/10/2020  
                              3um                    9um

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0th Coef(\*100):       -22434               -23179  
1st Coef(\*100):       269849              136790  
2nd Coef(\*100):       963                   840  
H2O adj(mg/l\*10k):   355                   370

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



Operator Signature  
LUKE OLSON

Remarks:

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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004938  
Location = KDPD      8164.14.00 09/16  
06/22/2022      04:41

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	04:42
02 Std. Gas	0.076	04:42
03 Room Air	0.000	04:43
04 Std. Gas	0.076	04:43
05 Room Air	0.000	04:44
06 Std. Gas	0.076	04:44
07 Room Air	0.000	04:45

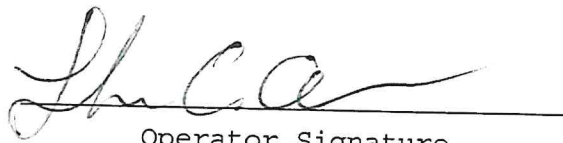
Lot No = 02621080A1

Cyl No = 5

Exp Date = 03/05/2023

County = 13

Oper No. = 131669



Operator Signature  
LUKE OLSON

Remarks:

Form 106-I8000

