



**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>80-006501</b>	Instrument Location <b>Minot AFB</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): \_\_\_\_\_
- 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>Joseph u. Tua</b>	Date <b>04 Jan 2023</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>An Muel</b>	Certified Date <b>05 Jan 23</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 80-006501  
Location = GFTN                    8164.14.00 09/16  
01/04/2023                            23:22

\*\*\*\*\* 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 #?            34921080A1  
Standard Cyl #?            43  
Standard Expiration?        02/05/2024  
Oper No?                    133147

Flow Cal. Date:            06/13/2019  
Slope                        651  
Intercept                   -777821

IR Calibration Date:        06/13/2019

	3um	9um
0th Coef(*100):	-20531	-14906
1st Coef(*100):	270252	139749
2nd Coef(*100):	1917	1284
H2O adj(mg/l*10k):	393	321

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

  
Operator Signature  
JOSEPH TUA

Remarks:


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North Dakota Model 8000        SN 80-006501  
Location = GFTN                    8164.14.00 09/16  
01/04/2023                            23:23

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	23:24
02 Std. Gas	0.081	23:24
03 Room Air	0.000	23:25
04 Std. Gas	0.080	23:25
05 Room Air	0.000	23:26
06 Std. Gas	0.080	23:26
07 Room Air	0.000	23:26

Lot No = 34921080A1  
Cyl No = 43  
Exp Date = 02/05/2024  
County = 64                            Oper No. = 133147

  
Operator Signature  
JOSEPH TUA

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 80-006501  
Location = GFTN                    8164.14.00 09/16  
01/04/2023                            23:27

Test	AC	Time
01 Diagnostic	OK	23:29
02 Room Air	0.000	23:30
03 *Subject Test	RFI*	23:30
04 Room Air	RFI*	23:30

\*Invalid Test  
Inhibited - RFI

Sub Name = TUA, JOSEPH ULISESE  
Sub DOB = 09/12/1989  
Sub Sex = Male                            Weight = 235  
Test = OTH                                    Cit = NA  
Dr. Lic. = ND/NA  
Lot No = 34921080A1  
Cyl No = 43  
Expiration Date = 02/05/2024  
County = 64                                    Oper No. = 133147

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

  
Operator Signature  
JOSEPH TUA

Remarks:

Form 106-I8000