

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 8: -0030 | Instrument Location KS Carry Corrections |
|--|---|
| Reason for Install/Repair | |
| Install After Receiving From Crime Laboratory X Ins | stall After Location Change |
| 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 | d Location; Level 2, Function E). |
| 5. Scan/Enter Gas Cylinder Information (Level 1, Function | ion S). |
| X 6. Run Tests: | |
| X A. Print Test (Level1, Function P). | |
| B. ACA Test (Level 1, Function C). | |
| C. Radio Frequency Interference (RFI) Test (CMS N | Mode or Level 1, Function B or C; Key Radio During Test). |
| 7. Repair and/or Maintenance Performed (if any): K | he he has been |
| 0 | (SFN50496, Form 120-G) and Place it by the Intoxilyzer® for Use. |
| [X] 9. File Previous Intoxilyzer® Record (SFN504096, Form | |
| 10. Send the Following to the Crime Laboratory: Complete 104-G), Print Test, ACA Test, and RFI Test. | eted Intoxilyzer® 8000 Installation and Repair Checkout (SFN59281, Form |
| Field Inspector Signature | Date 3/15/2073 |
| Crime Laboratory Use Only | |
| This installation has been reviewed and the instrument is approv the date the Field Inspector performed the installation. This reco County of Burleigh, North Dakota, is certified to be a true and co | ved to be used for the analysis of breath to determine alcohol concentration from ord on file at the Office of Attorney General, Crime Laboratory Division, in the prrect copy of the documents received. |

| Reviewed/Certified By | 7 Certified Date 15MAV 2023 |
|-----------------------|--------------------------------|
| Cool: Conf | |

FORM 104-G

Intoxilyzer Test Record and Checklist NDOAG Crime Lab. Div., Bismarck, ND 58501 CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-003061 Location = GFSO8164.14.00 09/16 03/15/2023 12:00 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 #? 26021080A1 Standard Cyl #? 3 Standard Expiration? 10/05/2023 Oper No? 020836 Flow Cal. Date: 03/04/2011 Slope 700 Intercept -623726 IR Calibration Date: 04/10/2015 3um 9um 0th Coef(*100): -25722 -17879 1st Coef(*100): 266163 2nd Coef(*100): 2302 136703 1151 H2O adj(mg/l*10k): 412 294 ********** Printer Test End **********

Operator Signature DAVID STROMBERG

Remarks:

Form 106-18000

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

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-003061Location = GFS08164.14.00 09/1603/15/202312:04

| DR | Y CAL CHECK | |
|---------------------|-------------|-------|
| Test | AC | Time |
| 01 Room Air | 0.000 | 12:05 |
| 02 Std. Gas | 0.080 | 12:05 |
| 03 Room Air | 0.000 | 12:06 |
| 04 Std. Gas | 0.079 | 12:06 |
| 05 Room Air | 0.000 | 12:07 |
| 06 Std. Gas | 0.080 | 12:07 |
| 07 Room Air | 0.000 | 12:08 |
| Lot No = 26021080 | 0A1 | |

Lot NO = 2602+080ATCyl NO = 3Exp Date = 10/05/2023 County = 18 Oper N

Oper No. = 020836

Signatur Opera 69 DAV D STROMBERG Remarks:

Form 106-18000

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

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-003061Location = GFS08164.14.00 09/1603/15/202312:00

| | DRY CAL CHECK | | | |
|---|--|---|--|--|
| Test | AC | Time | | |
| 01 Room Air 02 Std. Gas 03 Room Air 04 Std. Gas 05 Room Air 06 Std. Gas 07 Room Air | 0.000 0.080 0.000 0.080 0.000 RFI* 0.000 | 12:01 12:01 12:02 12:02 12:03 12:03 12:03 | | |
| <pre>*Invalid Test Inhibited - Lot No = 26021 Cyl No = 3 Exp Data = 10/</pre> | 080A1 | | | |
| Exp Date = 10/05/2023 County = 18 Oper No. = 020836 Operator Signature DAVID STROMBERG | | | | |
| Remarks: | | | | |

Form 106-18000