

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 00-005957	Instrument Location Mandan						
Reason for Install/Repair	Nuviaari						
	er Location Change						
Dother (Specify) Annual Inspection at Chine Laboratory							
	0						
Check When Done:							
U Surge Protector Installed/Property Grounded.							
2. Telephone Line Connected to Intoxilyzer® 8000.							
3. Breath Tube Heated.							
Enter Preliminary Data (i.e. Date, Time, DST (Y), and Locati	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).	5. Scan/Enter Gas Cylinder Information (Level 1, Function S).						
6. Run Tests:	6. Run Tests:						
A. Print Test (Level1, Function P).							
B. ACA Test (Level 1, Function C).	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.							
 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 9/25/2023						

0 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.

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Reviewed/Certified By	/	$\boldsymbol{\Gamma}$				Certified Date
		r	NI	1	ret	264042023
	/					401111 2005

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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
04/25/2023	13:38

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

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

Current Instrument Data Entry Mode: Start Test Sequence Display Prelim Rs1 Display Third Digit Inhib Printer(Y/N) Display Volume? Disable On Memfull # of Print Copies? Select Std (D/W/I) Standard Value? Standard Lot #? Standard Cyl #? Standard Expiration Oper No? Flow Cal. Date:	Enabled DABACABA Yes Yes No No Yes 1 Dry 0.080 26021080A1 4 10/05/2023 020611		
Slope Intercept		06/21/20 647 -613317)15
IR Calibration Date	e: 3um	05/11/20)15 9um
0th Coef(*100): 1st Coef(*100): 2nd Coef(*100): H2O adj(mg/l*10k):	3303		-18045 132949 1397 351

Operator Signature

TOM SHARP

Remarks:

Form 106-18000

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

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-005957Location = MAND8164.14.00 09/1604/25/202313:55

	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 0.079 0.000 0.079 0.000	13:56 13:56 13:57 13:57 13:58 13:58 13:58 13:59

Lot No = 26021080A1 Cyl No = 4 Exp Date = 10/05/2023 County = 30 Oper

Oper No. = 020611

Operator Signature

TOM SHARP

Remarks:

Form 106-18000

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 04/25/2023 13:59 Test AC Time 01 Room Air RFI* 14:00 02 Room Air RFI* 14:00 *Invalid Test Inhibited - RFI Sub Name = TEST, TEST TEST Sub DOB = 01/01/2000Sub Sex = Male Weight = 100Test = DUI Cit = 00000Dr. Lic. = ND/000000 Lot No = 26021080A1Cyl No = 4Expiration Date = 10/05/2023County = 30Oper No. = 020611

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Operator Signature TOM SHARP

Remarks:

Form 106-I8000