

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 - 004191	Instrument Location D	cso= Dunn	County	AEN		
Reason for Install/Repair						
☐ Install After Receiving From Crime Laboratory ☐ Install After Location Change						
Dother (Specify) Annual Inspection at Chine Laboratory						
32130 (3		0		_		
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 (SFN5	0496, Form 120-G) and Place	ce 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		Date				
ta +.	3254	06/0	7/2023			
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 the County of Burleigh, North Dakota, is certified to be a true and correct county.	file at the Office of Attorney C	Seneral, Crime Laborato	ol concentration ory Division, in	n from the		
Reviewed/Certified By		Certified D	ate			
		67JUI	123			

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 80-004191
Location = DUNN 8164.14.00 09/16
06/07/2023 02:57

******** Printer Test ********

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

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

Current Instrument Setup

Enabled Data Entry Mode: Start Test Sequence: DABACABA Yes Display Prelim Rslt? 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 0.080 Standard Value? Standard Lot #? 34921080A1 Standard Cyl #? 53 02/05/2024 Standard Expiration? 132823 Oper No?

Flow Cal. Date: 01/28/2010 Slope 738 Intercept -777574

IR Calibration Date: 04/20/2017 3um 9um

 0th Coef(*100):
 -8758
 -19235

 1st Coef(*100):
 262182
 129903

 2nd Coef(*100):
 3907
 1462

 H2O adj(mg/l*10k):
 423
 588

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

Operator Signature EASTON BROST

Remarks:

Form 106-I8000

I certify that the attached is a true and correct copy of the intoxilyzer test record.

Print Name/Badge #: Brust, Easton #3254

F100

Date: 06/07/23 DUNN COUNTY SHERIFF'S OFFICE

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

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location = DUNN 06/07/2023 Alcohol Analyzer SN 80-004191 8164.14.00 09/16 03:14

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	03:14
02 Std. Gas	0.079	03:15
03 Room Air	0.000	03:15
04 Std. Gas	0.078	03:16
05 Room Air	0.000	03:16
06 Std. Gas	0.079	03:17
07 Room Air	0.000	03:17

Lot No = 34921080A1

Cyl No = 53

Exp Date = 02/05/2024

County = 13

Oper No. = 132823

Operator Signature EASTON BROST

Remarks:

Form 106-I8000

I certify that the attached is a true and correct copy of the intoxilyzer test record.

Print Name/Badge #: Brost, Easton #3254

Signature

Date: 06/07/23

DUNN COUNTY SHERIFF'S OFFICE

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

CMI, Inc. Intoxilyzer	Alcohol Analyzer
North Dakota Model 8000	SN 80-004191
Location = DUNN	8164.14.00 09/16
06/07/2023	03:03

Te	est	AC	Time
	Room Air	0.000	03:05
02	*Subject Test	RFI*	03:06
03	Room Air	0.000	03:06

^{*}Invalid Test Inhibited - RFI

Sub Name = BROST, EASTON ANTON

Sub DOB = 09/19/1996

Sub Sex = Male Weight = 175Test = OTH Cit = 4701300600

Dr. Lic. = ND/BRO968185

Lot No = 34921080A1

Cyl No = 53

Expiration Date = 02/05/2024

County = 13 Oper No. = 132823

Operator Signature EASTON BROST

Remarks:

Form 106-I8000

I certify that the attached is a true and correct copy of the intoxilyzer test record.

Print Name/Badge #: Brost, Ecoton #3254

Signature:

Date: 06/07/23 DUNN COUNTY SHERIFF'S OFFICE