



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 80-004199	Instrument Location SBCP
Reason for Install/Repair	
<input type="checkbox"/> Install After Receiving From Crime Laboratory <input checked="" 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 <i>K. Lee 3071</i>	Date 8-25-23
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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 <i>Ann Nahl</i>	Certified Date 29Aug2023
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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 80-004199
Location = SBCP 8164.14.00 09/16
08/25/2023 20:05

***** 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 #? 01923080A3
Standard Cyl #? 23
Standard Expiration? 02/05/2025
Oper No? 090801

Flow Cal. Date: 06/17/2019
Slope 593
Intercept -481610

IR Calibration Date: 06/17/2019

	3um	9um
0th Coef(*100):	-17512	-19237
1st Coef(*100):	277207	136841
2nd Coef(*100):	1620	1027
H2O adj(mg/l*10k):	211	375

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


Operator Signature
KATHRYN ALLEN

*Instal at
Checkpoint*

Remarks:

Form 106-I8000

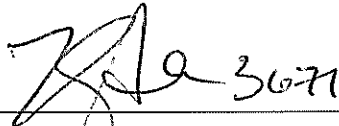
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004199
Location = SBCP 8164.14.00 09/16
08/25/2023 20:06

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	20:06
02 Std. Gas	0.081	20:07
03 Room Air	0.000	20:07
04 Std. Gas	0.082	20:08
05 Room Air	0.000	20:08
06 Std. Gas	0.081	20:08
07 Room Air	0.000	20:09

Lot No = 01923080A3
Cyl No = 23
Exp Date = 02/05/2025
County = 09 Oper No. = 090801


Operator Signature
KATHRYN ALLEN

Remarks:

Form 106-I8000

*Instal at
Checkpoint!*

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

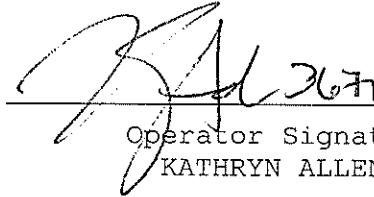
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004199
Location = SBCP 8164.14.00 09/16
08/25/2023 20:10

Test	AC	Time
01 Diagnostic	OK	20:11
02 Room Air	0.000	20:11
03 Subject Test 1	0.000	20:12
04 Room Air	0.000	20:14
05 Std. Gas	0.081	20:15
06 Room Air	0.000	20:16
07 *Subject Test	RFI*	20:16
08 Room Air	0.000	20:17

*Invalid Test
Inhibited - RFI

Sub Name = TESTING, TESTING TEST
Sub DOB = 01/01/1900
Sub Sex = Female Weight = 155
Test = DUI Cit = 010000000000000
Dr. Lic. = ND/NA
Lot No = 01923080A3
Cyl No = 23
Expiration Date = 02/05/2025
County = 09 Oper No. = 090801

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


Operator Signature
KATHRYN ALLEN

Remarks:

Form 106-I8000

*Instal
at
checkpoint!*