

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 - 003 067 | Instrument Location | | | | | | |
|---|---|-------------------------|--|--|--|--|--|
| Reason for Install/Repair | | | | | | | |
| ☐ Install After Receiving From Crime Laboratory ☐ Install After Location Change | | | | | | | |
| Other (Specify) | • | | | | | | |
| | | | | | | | |
| Check When Done: | | | | | | | |
| ☑ 1. Surge Protector Installed/Property Grounded. | | | | | | | |
| ☑ 2. Telephone Line Connected to Intoxilyzer® 8000. | √ 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): | | | | | | | |
| 3. Complete the Top Portion of the Intoxilyzer® Record (SFN50 | 0496, Form 120-G) and Place it by the li | ntoxilyzer® for Use. | | | | | |
| ☑ 9. File Previous Intoxilyzer® Record (SFN504096, Form 120-G) | i) at the Intoxilyzer® Location at the Age | ncy. | | | | | |
| 10. Send the Following to the Crime Laboratory: Completed Into 104-G), Print Test, ACA Test, and RFI Test. | oxilyzer® 8000 Installation and Repair C | heckout (SFN59281, Form | | | | | |
| Field Inspector Signature | | Date 1/26/2024 | | | | | |
| 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 | | Certified Date | | | | | |
| Uhr 1h | | 29Jan2024 | | | | | |

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003067
Location = GFTN 8164.14.00 09/16
01/26/2024 12:04

********* 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? Select Std (D/W/I)? Dry 0.080 Standard Value? Standard Lot #? 01923080A3 Standard Cyl #? 16 Standard Expiration? 02/05/2025 Oper No? 132597

Flow Cal. Date:

04/17/2020 609

Slope Intercept

-236750

IR Calibration Date:

04/17/2020

3um

9um

Oth Coef(*100): -19307 -18350 1st Coef(*100): 282277 142540 2nd Coef(*100): 1257 744 H2O adj(mg/l*10k): 302 214

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

Operator Signature
JACOB NIKKO

Remarks:

Form 106-I8000

The undersigned, having custody of the original public record, certifies that the information hereon is a true and correct copy of the original document maintained as a part of the activities of this agency.

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

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location = GFTN 01/26/2024

Alcohol Analyzer SN 80-003067 8164.14.00 09/16 12:05

DRY CAL CHECK

| Te | est | | AC | Time |
|----|------|-----|-------|-------|
| 01 | Room | Air | 0.000 | 12:05 |
| 02 | Std. | Gas | 0.080 | 12:06 |
| 03 | Room | Air | 0.000 | 12:06 |
| 04 | Std. | Gas | 0.080 | 12:07 |
| 05 | Room | Air | 0.000 | 12:07 |
| 06 | Std. | Gas | 0.080 | 12:08 |
| 07 | Room | Air | 0.000 | 12:08 |

Lot No = 01923080A3

Cyl No = 16

Exp Date = 02/05/2025

County = 50

Oper No. = 132597

Operator Signature JACOB NIKKO

Remarks:

Form 106-I8000

The undersigned, having custody of the original public record, certifies that the information hereon is a true and correct copy of the original document maintained as a part of the activities of this agency.

Agency/Date Graffin PD/1/25/29

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = GFTN
01/26/2024

Alcohol Analyzer SN 80-003067 8164.14.00 09/16 12:10

| Test | | AC | Time |
|-----------|--|-------|-------|
| 01 Room 2 | | RFI* | 12:11 |
| 02 Room 2 | | 0.000 | 12:12 |

*Invalid Test Inhibited - RFI

Sub Name = TEST, RFI NA Sub DOB = 11/11/2000

Sub Sex = Male

Weight = 180 Cit = TEST

Test = OTH

Dr. Lic. = ND/TEST Lot No = 01923080A3

Cyl No = 16

Expiration Date = 02/05/2025

County = 50

Oper No. = 132597

Operator Signature JACOB NIKKO

Remarks:

Form 106-I8000

The undersigned, having custody of the original public record, certifies that the information hereon is a true and correct copy of the original document maintained as a part of the activities of this agency.

Signature/Title

Agency/Date God