

## **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 - 00 66 8 8	Instrument Location	Δ.
Reason for Install/Repair	UNDP	
☐ Install After Receiving From Crime Laboratory	ter Location Change (office Remo	الما
Other (Specify)	Location change (C. Inc.)	
Check When Done:		
☑ 1. Surge Protector Installed/Property Grounded.		
an M		
Telephone Line Connected to Intoxilyzer® 8000.		
y 5. Breath Tube Heated.		
4. Enter Preliminary Data (i.e. Date, Time, DST (Y), and Loca	tion; 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).		
V. C. Radio Frequency Interference (RFI) Test (CMS Mode of	r Level 1, Function B or C; Key Radio Du	ring Test).
P. Repair and/or Maintenance Performed (if any):		
8. Complete the Top Portion of the Intoxilyzer® Record (SFN)	50496 Form 120-G) and Place it by the Ir	ntoxilyzer® for Use
☑ 9. File Previous Intoxilyzer® Record (SFN504096, Form 120-		
Meand the Following to the Crime Laboratory: Completed In	toviluzara 2000 Installation and Banair C	backent (CENEO284 Form
Send the Following to the Crime Laboratory: Completed In 104-G), Print Test, ACA Test, and RFI Test.	toxilyzer® 6000 installation and Repair C	neckout (SFN59281, Form
Field Inspector Signature		Date
Long In Meidinger		3-25-2024
Crime Laboratory Use Only		
This installation has been reviewed and the instrument is approved to l	pe used for the analysis of breath to deter	rmine alcohol concentration from
the date the Field Inspector performed the installation. This record on	file at the Office of Attorney General, Crir	ne Laboratory Division, in the
County of Burleigh, North Dakota, is certified to be a true and correct c	opy of the documents received.	
Reviewed/Certified By		Certified Date

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 80-006688
Lócation = UNDP 8164.14.00 09/16
03/25/2024 10:31

\*\*\*\*\*\* Printer Test \*\*\*\*\*\*\*\*

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

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

Current Instrument Setup

Data Entry Mode: Enabled Start Test Sequence:
Display Prelim Rslt? DABACABA 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 #? 28423080A3 Standard Cyl #? 44 Standard Expiration? 11/05/2025 Oper No? 119409

Flow Cal. Date: 09/07/2016 Slope 698 Intercept -642832

IR Calibration Date: 09/07/2016
3um 9um

Oth Coef(\*100): -10822 -23152
1st Coef(\*100): 262468 134492
2nd Coef(\*100): 3796 1436
H2O adj(mg/l\*10k): 665 568

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

perator Signature TRACY MEIDINGER

Remarks: Print Test

Form 106-I8000

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

CMI, Inc. Intoxilyzer North Dakota Model 8000 SN 80-006688 Location = UNDP 03/25/2024

Alcohol Analyzer 8164.14.00 09/16 10:32

## DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:33
02 Std. Gas	0.083	10:33
03 Room Air	0.000	10:33
04 Std. Gas	0.083	10:34
05 Room Air	0.000	10:34
06 Std. Gas	0.083	10:35
07 Room Air	0.000	10:35

Lot No = 28423080A3

Cyl No = 44

Exp Date = 11/05/2025

County = 18

Oper No. = 119409

TRACY MEIDINGER

Remarks:

Form 106-I8000

Operator Signature

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

CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-006688 Location = UNDP 03/25/2024

8164.14.00 09/16 10:36

Test	AC	Time
01 Room	RFI*	10:37
02 Room	0.000	10:38

\*Invalid Test Inhibited - RFI

Sub Name = TEST, TEST TSub DOB = 01/25/1977

Sub Sex = MaleWeight = 190 Test = DUI Cit = 0000001

Dr. Lic. = ND/000001Lot No = 28423080A3

Cyl No = 44

Expiration Date = 11/05/2025

County = 18Oper No. = 119409

> adinge #258 Operator Signature TRACY MEIDINGER

Remarks:

Form 106-I8000