



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 <i>80-006667</i>	Instrument Location <i>Golden Valley County Sheriff's Office</i>
Reason for Install/Repair <input type="checkbox"/> Install After Receiving From Crime Laboratory <input type="checkbox"/> Install After Location Change <input checked="" type="checkbox"/> Other (Specify) <i>Annual Inspection at Crime Laboratory</i>	

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 (Level 1, 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>Dey Mark L</i>	Date <i>05/13/2024</i>
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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>Ame Nahl</i>	Certified Date 13May2024
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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 80-006667
Location = GLDN 8164.14.00 09/16
05/13/2024 13:13

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

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

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

Current Instrument Setup

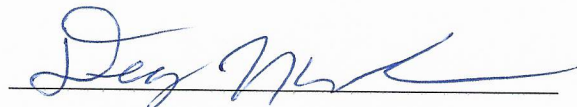
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 14323080A1
Standard Cyl #? 64
Standard Expiration? 06/05/2025
Oper No? 130349

Flow Cal. Date: 05/22/2020
Slope 678
Intercept -711846

IR Calibration Date: 05/22/2020
 3um 9um

0th Coef(*100):	-22305	-20910
1st Coef(*100):	281966	134470
2nd Coef(*100):	1570	1173
H2O adj(mg/l*10k):	336	351

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



Operator Signature
DEY MUCKLE

Remarks:

Form 106-I8000

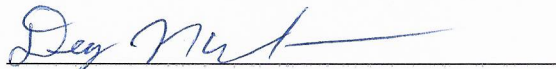
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006667
Location = GLDN 8164.14.00 09/16
05/13/2024 13:14

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	13:14
02 Std. Gas	0.081	13:15
03 Room Air	0.000	13:15
04 Std. Gas	0.081	13:16
05 Room Air	0.000	13:16
06 Std. Gas	0.082	13:16
07 Room Air	0.000	13:17

Lot No = 14323080A1
Cyl No = 64
Exp Date = 06/05/2025
County = 17 Oper No. = 130349


Operator Signature
DEY MUCKLE

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 80-006667
Location = GLDN 8164.14.00 09/16
05/13/2024 13:19

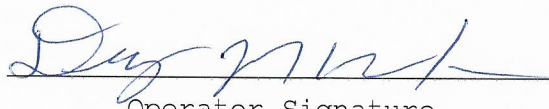
Test	AC	Time
01 Diagnostic	OK	13:21
02 Room Air	0.000	13:22
03 *Subject Test	0.000*	13:25
04 Room Air	0.000	13:27
05 Std. Gas	0.082	13:28
06 Room Air	0.000	13:29
07 *Subject Test	RFI**	13:30
08 Room Air	0.000	13:30

*Deficient Sample - Value Printed was
Highest Obtained

**Invalid Test
Inhibited - RFI

Sub Name = TEST, INSTALL NA
Sub DOB = 01/01/1900
Sub Sex = Male Weight = 199
Test = DUI Cit = TEST
Dr. Lic. = ND/TEST
Lot No = 14323080A1
Cyl No = 64
Expiration Date = 06/05/2025
County = 17 Oper No. = 130349

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



Operator Signature
DEY MUCKLE

Remarks:

Form 106-I8000