




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 80-003060	Instrument Location Williston
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) <u>Had to move Intox to phone line for update. Intox re-installed after update.</u>	

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): N/A
- 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 	Date 11/15/2024
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 Anna Narehood 	Certified Date 18Nov2024
--	------------------------------------

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003060
Location = WILL 8164.14.00 09/16
11/15/2024 12:41

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

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

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


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 #? 28423080A3
Standard Cyl #? 38
Standard Expiration? 11/05/2025
Oper No? 030922

Flow Cal. Date: 04/08/2008
Slope 702
Intercept -647610

IR Calibration Date:	06/04/2008	
	3um	9um
0th Coef(*100):	-5190	-7737
1st Coef(*100):	270580	138779
2nd Coef(*100):	2499	956
H2O adj(mg/l*10k):	377	188

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


Operator Signature
COBY HUBBLE

Remarks:


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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003060
Location = WILL 8164.14.00 09/16
11/15/2024 12:42

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	12:43
02 Std. Gas	0.081	12:43
03 Room Air	0.000	12:44
04 Std. Gas	0.080	12:44
05 Room Air	0.000	12:45
06 Std. Gas	0.080	12:45
07 Room Air	0.000	12:45

Lot No = 28423080A3
Cyl No = 38
Exp Date = 11/05/2025
County = 53 Oper No. = 030922



Operator Signature
COBY HUBBLE

Remarks:

Form 106-I8000

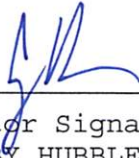
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003060
Location = WILL 8164.14.00 09/16
11/15/2024 12:48

Test	AC	Time
01 Room Air	0.000	12:50
02 *Subject Test	RFI*	12:51
03 Room Air	0.000	12:51

*Invalid Test
Inhibited - RFI

Sub Name = RFI TEST, RFI TEST RFI TEST
Sub DOB = 01/01/2000
Sub Sex = Male Weight = 200
Test = OTH Cit = NA
Dr. Lic. = ND/NA
Lot No = 28423080A3
Cyl No = 38
Expiration Date = 11/05/2025
County = 53 Oper No. = 030922



Operator Signature
COBY HUBBLE

Remarks:

Form 106-I8000