

INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL CRIME LABORATORY DIVISION-TOXICOLOGY SECTION/BREATH ALCOHOL PROGRAM SFN 59281 (06/2018)

Reason for Install/Repair Install After Receiving From Crime Laboratory Install After Location Change Other (Specify) Check When Done: Install After Protector Installed/Property Grounded. Install After Preliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E). Install After Tereliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E). Install After Tereliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E). Install After Tereliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E). Install After Tereliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E). Install After Tereliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E). Install After Tereliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E). Install After Tereliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E). Install After Tereliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E). Install After Tereliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E). Install After Tereliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E). Install After Tereliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function F). Install After Tereliminary Data (i.e. Date, Time, DST (Y), and Location; Level 1, Function S).<	Serial Number 90-004950 Instrument Location SmPC				
Check When Done:					
Check When Done:	Install After Receiving From Crime Laboratory				
 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): M/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. Field Inspector Signeture Date 	Other (Specify)				
 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): M.A. 9. File Previous Intoxilyzer® Record (SFN50496, Form 120-G) and Place it by the Intoxilyzer® for Use. 9. File Previous Intoxilyzer® Record (SFN50496, Form 120-G) and Repair Checkout (SFN59281, Form 104-G), Print Test, ACA Test, and RFI Test. 	Check When Done:				
 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): M.A. 9. File Previous 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. 	1. Surge Protector Installed/Property Grounded.				
 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): MA 9. File Previous 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. 	2. Telephone Line Connected to Intoxilyzer® 8000.				
 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): MA 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. 	3. Breath Tube Heated.				
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 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): M/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. 	5. Scan/Enter Gas Cylinder Information (Level 1, Function S).				
 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): 7. Repair and/or Maintenance Performed (if any): 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. 	6. Run Tests:				
 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): 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. 	A. Print Test (Level1, Function P).				
 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. 	B. ACA Test (Level 1, Function C).				
 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. 	C. Radio Frequency Interference (RFI) Test (CMS Mode or Level 1, Function B or C; Key Radio During Test).				
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Interview 104-G), Print Test, ACA Test, and RFI Test. Field Inspector Signature Date					
- 100/1 20 - 10 - 10 - 10 - 10 - 10 - 10 -					
	- 1011 01/02/2025				
Crime Laboratory Use Only	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	hul	Anna Narehood	Certified Date 04/14/2025
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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 80-004950 Location = BMDC 8164.14.00 09/16 04/02/2025 10:02 abcdefghijklmnopgrstuvwxyz1234567890-=| 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 No Yes Display Volume? Disable On Memfull? # of Print Copies? 1 Dry 0.080 Select Std (D/W/I)? Standard Value? Standard Lot #? Standard Cyl #? 28423080A3 6 Standard Cyl #? Standard Expiration? 11/05/2025 Oper No? 131856 Flow Cal. Date: 01/18/2010 774 Slope -908904 Intercept IR Calibration Date: 04/19/2024 3um 9um _____ 0th Coef(*100):-281891st Coef(*100):2782002nd Coef(*100):2249 -35353 142117 1342 H2O adj(mg/l*10k): 369 463

Operator Signature TAYLOR WRAY

Remarks:

Form 106-I8000

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

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-004950Location = BMDC8164.14.00 09/1604/02/202510:03

	DRY CAL CHECK	
Test	AC	Time
01 Room Air 02 Std. Gas 03 Room Air 04 Std. Gas 05 Room Air 06 Std. Gas 07 Room Air	0.000 0.079 0.000 0.079 0.000 0.079 0.000	10:04 10:04 10:05 10:05 10:06 10:06 10:07

Lot No = 28423080A3 Cyl No = 6 Exp Date = 11/05/2025 County = 08 Oper No. = 131856

Operator Signature TAYLOR WRAY

Remarks:

Form 106-18000

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

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-004950Location = BMDC8164.14.00 09/1604/02/202510:08

DRY CAL	CHECK	
Test	AC	Time
01 Room Air 02 Room Air	RFI* 0.000	10:08 10:09
*Invalid Test Inhibited - RFI		
Lot No = 28423080A3 Cyl No = 6 Exp Date = 11/05/2025 County = 08	Oper No.	= 131856

Operator Signature TAYLOF WRAY

Remarks:

Form 106-18000