

## 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		
80~004204	Instrument Location	
Reason for Install/Repair		
🔲 Install After Receiving From Crime Laboratory 🛛 Install Af	ter Location Change	
De Other (Specify) ANNUAL INSPECTION I	AT CLIME LABO	RATORY
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 Loca	tion; Level 2, Function E).	
5, Scan/Enter Gas Cylinder Information (Level 1, Function S).	'	
6. Run Tests:		
Ar Print Test (Level1, Function P).		
B. ACA Test (Level 1, Function C).		
C. Radio Frequency Interference (RFI) Test (CMS Mode o	r Level 1. Function B or C: Key Radio r	Juring Test)
7. Repair and/or Maintenance Performed (if any):	A	ang teat.
8. Complete the Top Portion of the Intoxilyzer® Record (SFN5	50496, Form 120-G) and Place it by the	Intovilyzor® for Lloo
9. File Previous Intoxilyzer® Record (SFN504096, Form 120-0	G) at the Intoviluzer® Location at the A	
10. Send the Following to the Crime Laboratory: Completed Int		
M 104-G), Print Test, ACA Test, and RFI Test.		Checked (St NS3201, Fulli
Field Inspector Signature		
Calhow MATA		Date 4/3/2025
		117/00-5
Crime Laboratory Use Only		
This installation has been reviewed and the instrument is approved to be the date the Field Inspector performed the installation. This record on f	be used for the analysis of breath to det file at the Office of Attorney Conercil, Co	ermine alcohol concentration from
County of Burleigh, North Dakota, is certified to be a true and correct of	opy of the documents received.	ime Laboratory Division, in the
Reviewed/Certified By	Anton	Contribution Deter
Anna Narehood	Malel	Certified Date 15April2025
	erformed at ROLL	
after the Annual I	nspection was	
	nspection was Crime Lab.	·
after the Annual I performed at the 0	nspection was Crime Lab.	· . •

FORM 104-G

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

CMI, Inc. Intoxilyzer<br/>North Dakota Model 8000Alcohol Analyzer<br/>SN 80-004204Location = ROLL<br/>04/03/20258164.14.00 09/16<br/>23:54

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? 1 Select Std (D/W/I)? Dry Standard Value? 0.080 Standard Lot #? 2502080A3 Standard Cyl #? 51 Standard Expiration? 10/05/2026 Oper No? 133866 Flow Cal. Date: 04/15/2020 Slope 657

Intercept

IR Calibration Date: 06/22/2023 3um 9um Oth Coef(\*100): -20901 -22715 1st Coef(\*100): 264345 135832 2nd Coef(\*100): 2957 1309 H2O adj(mg/l\*10k): 448 454

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

Operator Signature ANTHONY HILL Remarks:

-673032

Form 106-18000

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

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-004204Location = ROLL8164.14.00 09/1604/03/202523:54

	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 0.081 0.000 0.081 0.000 0.081 0.000	23:55 23:55 23:56 23:56 23:57 23:57 23:57 23:58

Lot No = 2502080A3 Cyl No = 51 Exp Date = 10/05/2026 County = 40

Oper No. = 133866

12 Operator Signature ANTHONY HILL

Remarks:

Form 106-18000

Intoxilyzer Test Record and Checklist NDOAG Crime Lab. Div., Bismarck, ND 58501 CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-004204 Location = ROLL 8164.14.00 09/16 04/04/2025 00:02 Test AC Time 01 Room Air RFI\* 00:05 02 Room Air RFI\* 00:05 \*Invalid Test Inhibited - RFI Sub Name = RFI TEST, RFI TEST RFI TEST Sub DOB = 04/03/2025Sub Sex = UnknownWeight = NA Test = OTHCit = NA Dr. Lic. = ND/NALot No = 2502080A3Cyl No = 51Expiration Date = 10/05/2026County = 40Oper No. = 133866

Operator Signature ANTHONY HILL

Remarks:

Form 106-18000