



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>80-005950</i>	Instrument Location <i>SHER</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) <u><i>Annual Inspection at Crime Laboratory</i></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).
- AEN 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): _____
- 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.
- AEN 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>[Signature]</i>	Date <i>04/09/25</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 Anna Narehood <i>[Signature]</i>	Certified Date 15 April 2025
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This install was performed at SHER after the annual inspection was completed at the Crime Laboratory. -AEN 04/15/2025

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005950
Location = SHER 8164.14.00 09/16
04/04/2025 11:05

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

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

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

Current Instrument Setup

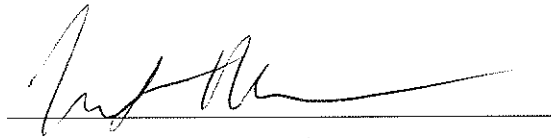
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 28423080A3
Standard Cyl #? 43
Standard Expiration? 11/05/2025
Oper No? 020320

Flow Cal. Date: 06/20/2013
Slope 713
Intercept -723515

IR Calibration Date: 06/20/2013

	3um	9um
0th Coef(*100):	-37081	-23816
1st Coef(*100):	290549	133411
2nd Coef(*100):	552	1090
H2O adj(mg/l*10k):	683	502

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



Operator Signature
TRENT NASER

Remarks:

Form 106-I8000

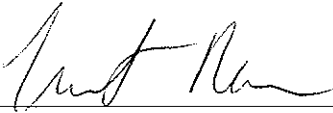
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005950
Location = SHER 8164.14.00 09/16
04/04/2025 11:06

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	11:07
02 Std. Gas	0.082	11:07
03 Room Air	0.000	11:08
04 Std. Gas	0.082	11:08
05 Room Air	0.000	11:08
06 Std. Gas	0.082	11:09
07 Room Air	0.000	11:09

Lot No = 28423080A3
Cyl No = 43
Exp Date = 11/05/2025
County = 42 Oper No. = 020320



Operator Signature
TRENT NASER

Remarks:

Form 106-I8000

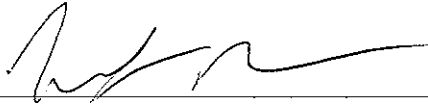
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005950
Location = SHER 8164.14.00 09/16
04/04/2025 11:11

Test	AC	Time
01 Room Air	0.000	11:13
02 *Subject Test	RFI*	11:14
03 Room Air	0.000	11:14

*Invalid Test
Inhibited - RFI

Sub Name = RFI, TEST NA
Sub DOB = 02/02/2020
Sub Sex = Male Weight = 0
Test = OTH Cit = NA
Dr. Lic. = ND/NA
Lot No = 28423080A3
Cyl No = 43
Expiration Date = 11/05/2025
County = 42 Oper No. = 020320



Operator Signature
TRENT NASER

Remarks:

Form 106-I8000