

## 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    Reason for Install/Repair   Install After Receiving From Crime Laboratory   Install After Location Change     Other (Specify)	Contribution		
Reason for Install/Repair  Install After Receiving From Crime Laboratory Install After Location Change Other (Specify)  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. Rup Tests: A Print Test (Level1, Function P). B ACA Test (Level1, Function P). 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 (SFN50496, Form 120-G) at the Intoxilyzer® Location at the Agency. 10. Send the Following to the Crime Laboratory: Completed Intoxilyzer® 6000 Installation and Repair Checkout (SFN59281, Form 104-G), Print Test, ACA Test, and RFI Test.  Field Inspector Signatura  Date 10. June 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 Country of Burleigh, North Dakota, is certified to be a true and correct copy of the documents received.  Reviewed/Certified By Anna Narehood	80-005944	Instrument Location 5+a+	
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): 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 (SFN50496, 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 Signatura  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 Naterhood  Certified Date	Reason for Install/Repair		
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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):  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  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	3. Breath Tube Heated.		
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):  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  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	4. Enter Preliminary Data (i.e. Date, Time, DST (Y), and Location	on; Level 2, Function E).	
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Anna Narehood Certified Date	and date the riold inspector performed the installation. This record on the	e at the Office of Attorney Conord Crim	mine alcohol concentration from ne Laboratory Division, in the
Anna Narenood		1 1	Certified Date
	Anna Narehood	Inle	

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005944
Location = STAT 8164.14.00 09/16
04/14/2025 12:56

\*\*\*\*\*\*\*\* 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 Dry Select Std (D/W/I)? Standard Value? 0.080 Standard Lot #? 25024080A3 Standard Cyl #? 59 10/05/2026 Standard Expiration? Oper No? 120906

Flow Cal. Date: 06/20/2013 Slope 677 Intercept -702620

IR Calibration Date: 04/30/2024
3um 9um

Oth Coef(\*100): -17947 -24395
1st Coef(\*100): 282873 138533
2nd Coef(\*100): 2859 1378
H2O adj(mg/l\*10k): 291 388

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

Operator Signature PAMELA PEHL

Remarks:

Form 106-I8000

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = STAT
04/14/2025

Alcohol Analyzer SN 80-005944 8164.14.00 09/16 12:57

## DRY CAL CHECK

Test		*	AC	Time
01	Room	Air	0.000	12:57
02	Std.	Gas	0.080	12:58
03	Room	Air	0.000	12:58
04	Std.	Gas	0.081	12:59
05	Room	Air	0.000	12:59
06	Std.	Gas	0.080	13:00
07	Room	Air	0.000	13:00

Lot No = 25024080A3

Cyl No = 59

Exp Date = 10/05/2026

County = 29

Oper No. = 120906

Operator Signature PAMELA PEHL

Remarks:

Form 106-I8000

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = STAT
04/14/2025

Alcohol Analyzer SN 80-005944 8164.14.00 09/16 13:03

## DRY CAL CHECK

Test	AC	Time
01 Room Air	RFI*	13:04
02 Room Air	RFI*	13:05

\*Invalid Test Inhibited - RFI

Lot No = 25024080A3

Cyl No = 59

Exp Date = 10/05/2026

County = 29

Oper No. = 120906

Operator Signature PAMELA PEHL

Remarks:

Form 106-I8000