



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 80-006502	Instrument Location STUT (Stutsman Co SWD-Danstairs)
Reason for Install/Repair	
<input checked="" type="checkbox"/> Install After Receiving From Crime Laboratory <input type="checkbox"/> Install After Location Change <input type="checkbox"/> Other (Specify) _____	

Check When Done:

*AEN
4/23/25*

- 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): _____
- 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 <i>KP [Signature] #355</i>	Date 4-15-25
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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 <i>Anna Narehood [Signature]</i>	Certified Date 23 April 2025
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I emailed Kayla Olson on 4/22/25 to ensure the ~~date~~ and preliminary data ~~is~~ is correct. She stated that it is. AEN 4/23/25

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006502
Location = STUT 8164.14.00 09/16
04/15/2025 23:09

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

abcdefghijklmnopqrstuvwxy1234567890-={
ABCDEFGHIJKLMNopQRSTUVWXYZ!@#\$\$%^&*()_+?

abcdefghijklmnopqrstuvwxy1234567890-={
ABCDEFGHIJKLMNopQRSTUVWXYZ!@#\$\$%^&*()_+?

Current Instrument Setup

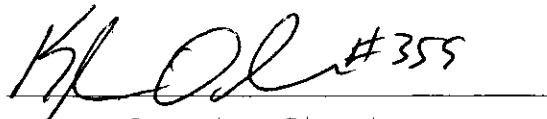
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 14323080A1
Standard Cyl #? 20
Standard Expiration? 06/05/2025
Oper No? 131059

Flow Cal. Date: 08/19/2015
Slope 674
Intercept -654491

IR Calibration Date: 08/19/2015
 3um 9um

0th Coef(*100): -24446 -18103
1st Coef(*100): 267787 135417
2nd Coef(*100): 3387 1610
H2O adj(mg/l*10k): 740 513

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



Operator Signature
KAYLA OLSON

Remarks:

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006502
Location = STUT 8164.14.00 09/16
04/15/2025 23:10

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	23:11
02 Std. Gas	0.083	23:11
03 Room Air	0.000	23:12
04 Std. Gas	0.082	23:12
05 Room Air	0.000	23:13
06 Std. Gas	0.082	23:13
07 Room Air	0.000	23:14

Lot No = 14323080A1
Cyl No = 20
Exp Date = 06/05/2025
County = 47 Oper No. = 131059

 #355

Operator Signature
KAYLA OLSON

Remarks: ACA TEST

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 80-006502
Location = STUT 8164.14.00 09/16
04/15/2025 23:16

Test	AC	Time
01 Room Air	RFI*	23:18
02 Room Air	RFI*	23:18

*Invalid Test
Inhibited - RFI

Sub Name = RFI, TEST NA
Sub DOB = 01/01/1991
Sub Sex = Unknown Weight = NA
Test = OTH Cit = NA
Dr. Lic. = ND/NA
Lot No = 14323080A1
Cyl No = 20
Expiration Date = 06/05/2025
County = 47 Oper No. = 131059



Operator Signature
KAYLA OLSON

Remarks: RFI TEST

Form 106-I8000