

## 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							
80-00/0499 JAME (Upplairs)							
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).							
$\square$ 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 (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.							
Tield Inspector Signature MLOL#355 Date 4-15-25							

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	N		Certified Date
Anna Narehood	am	Malet	22April2025

Intoxilyzer Test Record and Checklist NDOAG Crime Lab. Div., Bismarck, ND 58501 CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-006499 Location = JAME 8164.14.00 09/16 23:26 04/15/2025 abcdefghijklmnopqrstuvwxyz1234567890-=| ABCDEFGHIJKLMNOPQRSTUVWXYZ!@#\$%^&\*()\_+? abcdefghijklmnopqrstuvwxyz1234567890-= ABCDEFGHIJKLMNOPQRSTUVWXYZ!@#\$%^&\*() +? Current Instrument Setup Data Entry Mode: Start Test Sequence: Display Prelim Rslt? Enabled DABACABA 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 #? Standard Cyl #? 14323080A1 24 Standard Expiration? 06/05/2025 131059 Oper No? 08/18/2015 Flow Cal. Date: Slope 678 -685002 Intercept IR Calibration Date: 08/18/2015 3um 9um Oth Coef(\*100):-221231st Coef(\*100):2649332nd Coef(\*100):3281 -16014 138505 1621 H2O adj(mg/l\*10k): 704 456

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Operator Signature KAYLA OLSON

Remarks:

Form 106-18000

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

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-006499Location = JAME8164.14.00 09/1604/15/202523:27

			DRY CAL CHECK	
Te	est		AC	Time
01	Room	Air	0.000	23:27
02	Std.	Gas	0.083	23:28
03	Room	Air	0.000	23:28
04	Std.	Gas	0.081	23:29
05	Room	Air	0.000	23:29
06	Std.	Gas	0.082	23:30
07	Room	Air	0.000	23:30

Lot No = 14323080A1 Cyl No = 24 Exp Date = 06/05/2025 County = 47

Oper No. = 131059

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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 SN 80-006499 North Dakota Model 8000 8164.14.00 09/16 Location = JAME04/15/2025 23:31 Test AC Time 01 Room Air 0.000 23:32 23:32 02 \*Subject Test RFI\* 23:33 03 Room Air 0.000 \*Invalid Test Inhibited - RFI Sub Name = RFI, TEST NA Sub DOB = 01/01/1991Sub Sex = Unknown Weight = NA Cit = NATest = OTHDr. Lic. = ND/NALot No = 14323080A1Cyl No = 24Expiration Date = 06/05/2025County = 47Oper No. = 131059

4359

Operator Signature KAYLA OLSON

Remarks:

RFI TEST

Form 106-18000