




**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 <b>80-005955</b>	Instrument Location <b>WILL</b>
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:

- ☒ 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): N/A
- ☒ 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 	Date <b>4/18/25</b>
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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 <b>Anna Narehood</b> 	Certified Date <b>23April2025</b>
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Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-005955  
Location = WILL      8164.14.00 09/16  
04/18/2025      09:14

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

abcdefghijklmnopqrstuvwxy1234567890-|=|  
ABCDEFGHIJKLMN0PQRSTUVWXYZ!@#%&\*()\_+?

abcdefghijklmnopqrstuvwxy1234567890-|=|  
ABCDEFGHIJKLMN0PQRSTUVWXYZ!@#%&\*()\_+?

Current Instrument Setup

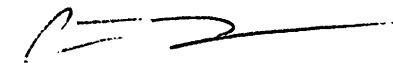
Data Entry Mode:      Enabled  
Start Test Sequence:      DABACABA  
Display Prelim Rslt?      Yes  
Display Third Digit?      Yes  
Inhib Printer(Y/N)?      No  
Display Volume?      No  
Disable On Memfull?      Yes  
# of Print Copies?      1  
Select Std (D/W/I)?      Dry  
Standard Value?      0.080  
Standard Lot #?      25024080A3  
Standard Cyl #?      56  
Standard Expiration?      10/05/2026  
Oper No?      130996

Flow Cal. Date:      04/19/2022  
Slope      2446  
Intercept      -3112812

IR Calibration Date:      06/21/2023  
   3um      9um

0th Coef(*100):	-12629	-18041
1st Coef(*100):	273918	134302
2nd Coef(*100):	3542	1308
H2O adj(mg/l*10k):	397	389

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



Operator Signature  
PRESTON LANGER

Remarks:


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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-005955  
Location = WILL      8164.14.00 09/16  
04/18/2025      09:14

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	09:15
02 Std. Gas	0.081	09:15
03 Room Air	0.000	09:16
04 Std. Gas	0.082	09:16
05 Room Air	0.000	09:16
06 Std. Gas	0.082	09:17
07 Room Air	0.000	09:17

Lot No = 25024080A3  
Cyl No = 56  
Exp Date = 10/05/2026  
County = 53      Oper No. = 130996

  
Operator Signature  
PRESTON LANGER

Remarks:

Form 106-I8000

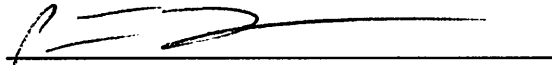
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-005955  
Location = WILL      8164.14.00 09/16  
04/18/2025      09:18

Test	AC	Time
01 Room Air	RFI*	09:20
02 Room Air	RFI*	09:20

\*Invalid Test  
Inhibited - RFI

Sub Name = RFI TEST, RFI TEST NA  
Sub DOB = 11/11/1900  
Sub Sex = Unknown      Weight = NA  
Test = OTH      Cit = NA  
Dr. Lic. = ND/NA  
Lot No = 25024080A3  
Cyl No = 56  
Expiration Date = 10/05/2026  
County = 53      Oper No. = 130996



Operator Signature  
PRESTON LANGER

Remarks:

Form 106-I8000