

INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL

CRIME LABORATORY DIVISION-TOXICOLOGY SECTION/BREATH ALCOHOL PROGRAM SFN 59281 (06/2018)

Se	rial Nur	nber	Instrument Location					
		80-006513	Lish					
Rea	ason for Install/Repair							
	🗌 In	Install After Receiving From Crime Laboratory						
		Other (Specify) Annal inspection						
Che	ack When Done:							
	🗶 1.	Surge Protector Installed/Property Grounded.						
	2.	2. Telephone Line Connected to Intoxilyzer® 8000.						
	X 3.	3. Breath Tube Heated.						
	X 4.	. Enter Preliminary Data (i.e. Date, Time, DST (Y), and Location; Level 2, Function E).						
	X 5.	. Scan/Enter Gas Cylinder Information (Level 1, Function S).						
AEN	X 6.	Run Tests:						
08May	^{/25} 🕅	A. Print Test (Level1, Function P).						
		B. ACA Test (Level 1, Function C).						
	Ŕ	C. Radio Frequency Interference (RFI) Test (CMS Mode or	Level 1, Function B or C; Key Radio Du	ring Test).				
	7.	Repair and/or Maintenance Performed (if any):						
	X 8.	Complete the Top Portion of the Intoxilyzer® Record (SFN50	496, Form 120-G) and Place it by the Ir	ntoxilyzer® for Use.				
	(X) 9.	File Previous Intoxilyzer® Record (SFN504096, Form 120-G)) at the Intoxilyzer® Location at the Age	ncy.				
	▶ 10	 Send the Following to the Crime Laboratory: Completed Into 104-G), Print Test, ACA Test, and RFI Test. 						
Fiel	d Inspe	ector Signature		Date				
		1. march		1-07-05				

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			1	2	
Anna Narehood	N	/	h	/	Certified Date
	an	/	mal		08May2025

Intoxilyzer Test Record and Checklist NDOAG Crime Lab. Div., Bismarck, ND 58501 CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-006513 Location = LISB 8164.14.00 09/16 04/29/2025 17:27 ************ Printer Test ************ abcdefghijklmnopqrstuvwxyz1234567890-=| ABCDEFGHIJKLMNOPQRSTUVWXYZ!@#\$%^&*()_+? abcdefghijklmnopqrstuvwxyz1234567890-=| ABCDEFGHIJKLMNOPQRSTUVWXYZ!@#\$%^&*() +? Current Instrument Setup Data Entry Mode: Enabled Start Test Sequence: Display Prelim Rslt? 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 #? 25024080A3 053 Standard Expiration? 10/05/2026 Oper No? 132584 Flow Cal. Date: 08/20/2015 Slope 680 Intercept -696037 IR Calibration Date: 08/21/2015 3um 9um 0th Coef(*100):-144361st Coef(*100):2654902nd Coef(*100):4422 -13610 136147 1710 H2O adj(mg/l*10k): 672 448

dyth

I certify that the foregoing is a true & correct copy of the original document on file in this office.

ytontal

Operator Signature DYLAN THOMES

Remarks:

Form 106-18000

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

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-006513Location = LISB8164.14.00 09/1604/29/202517:30

	DRY CAL CHECK	
Test	AC	Time
01 Room Air 02 Std. Gas 03 Room Air 04 Std. Gas 05 Room Air 06 Std. Gas 07 Room Air	0.000 0.081 0.000 0.081 0.000 0.081 0.000	17:31 17:31 17:32 17:32 17:33 17:33 17:33

Lot No = 25024080A3Cyl No = 053Exp Date = 10/05/2026County = 37

Oper No. = 132584

Operator Signature DYLAN THOMES

Remarks:

Form 106-18000

I certify that the foregoing is a true & correct copy of the original document on file in this office.

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

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-006513Location = LISB8164.14.00 09/1604/29/202517:36

ום	RY CAL CHECK							
Test	AC	Time						
01 Room Air	0.000	17:37						
02 Std. Gas	0.081	17:37						
03 Room Air	0.000	17:38						
04 Std. Gas	RFI*	17:38						
05 Room Air	0.000	17:39						
*Invalid Test Inhibited - RFI								
Lot No = 2502408 Cyl No = 053 Exp Date = $10/05$ County = 37	5/2026	- 132594						
County = 37 Oper No. = 132584								

Operator Signature DYLAN THOMES

Remarks:

Form 106-18000

I certify that the foregoing is a true & correct copy of the original document on file in this office.