

**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 80-006667	Instrument Location Golden Valley County Sheriff's Office
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): None
- ☒ 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 [Signature]	Date 05/19/2025
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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 Anna Narehood	[Signature]	Certified Date 20May2025
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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 80-006667
Location = GLDN 8164.14.00 09/16
05/19/2025 16:02

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

abcdefghijklmnopqrstuvwxyz1234567890-=_|
ABCDEFGHIJKLMNOPQRSTUVWXYZ!@#\$\$%^&*()_+?

abcdefghijklmnopqrstuvwxyz1234567890-=_|
ABCDEFGHIJKLMNOPQRSTUVWXYZ!@#\$\$%^&*()_+?

Current Instrument Setup

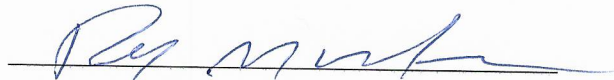
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 8425080A1
Standard Cyl #? 27
Standard Expiration? 05/05/2027
Oper No? 130349

Flow Cal. Date: 05/22/2020
Slope 678
Intercept -711846

IR Calibration Date: 05/22/2020
 3um 9um

0th Coef(*100):	-22305	-20910
1st Coef(*100):	281966	134470
2nd Coef(*100):	1570	1173
H2O adj(mg/l*10k):	336	351

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



Operator Signature
DEY MUCKLE

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 80-006667
Location = GLDN 8164.14.00 09/16
05/19/2025 16:03

DRY CAL CHECK

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

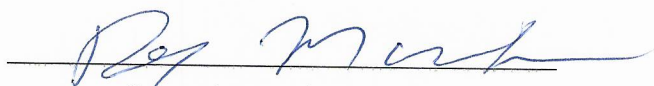
Lot No = 8425080A1

Cyl No = 27

Exp Date = 05/05/2027

County = 17

Oper No. = 130349


Operator Signature
DEY MUCKLE

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 80-006667
Location = GLDN 8164.14.00 09/16
05/19/2025 16:10

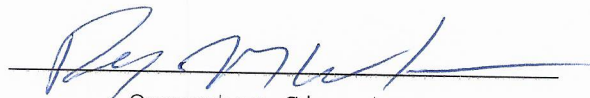
Test	AC	Time
01 Diagnostic	OK	16:13
02 Room Air	0.000	16:13
03 *Subject Test	0.000*	16:16
04 Room Air	0.000	16:19
05 Std. Gas	0.082	16:20
06 Room Air	0.000	16:21
07 *Subject Test	RFI**	16:22
08 Room Air	0.000	16:22

*Deficient Sample - Value Printed was
Highest Obtained

**Invalid Test
Inhibited - RFI

Sub Name = TEST, INSTALL NA
Sub DOB = 01/01/1900
Sub Sex = Female Weight = 99
Test = DUI Cit = INSTALLTEST1
Dr. Lic. = ND/INSTALLTEST1
Lot No = 8425080A1
Cyl No = 27
Expiration Date = 05/05/2027
County = 17 Oper No. = 130349

I followed the Approved Method and the
instructions displayed by the Intoxilyzer
in conducting this test.


Operator Signature
DEY MUCKLE

Remarks:

Form 106-I8000