

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 80-005357	Instrument Location GRAF	
Reason for Install/Repair		
☐ Install After Receiving From Crime Laboratory ☐ Install Afte	or 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	on; Level 2, Function E).	
5. Scan/Enter Gas Cylinder Information (Level 1, Function S).		
A. Print Test (Level1, Function P).		
B. ACA Test (Level 1, Function C).		
C. Radio Frequency Interference (RFI) Test (CMS Mode or I	Level 1, Function B or C; Key Radio Duri	ng Test).
7. Repair and/or Maintenance Performed (if any):		
8. Complete the Top Portion of the Intoxilyzer® Record (SFN50	496, Form 120-G) and Place it by the Inte	oxilyzer® for Use.
(SFN504096, Form 120-G)	at the Intoxilyzer® Location at the Agen	су.
10. Send the Following to the Crime Laboratory: Completed Into 104-G), Print Test, ACA Test, and RFI Test.	xilyzer® 8000 Installation and Repair Che	eckout (SFN59281, Form
Field Inspector Signature		S/20/2025
Crime Laboratory Use Only		
This installation has been reviewed and the instrument is approved to be the date the Field Inspector performed the installation. This record on file County of Burleigh, North Dakota, is certified to be a true and correct cop	e at the Office of Attorney General. Crime	nine alcohol concentration from a Laboratory Division, in the
Reviewed/Certified By Anna Narehood	nalo	Certified Date

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-005357
Location = GRAF 8164.14.00 09/16
05/20/2025 17:11

********* 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 #?	01524080A4
Standard Cyl #?	30
Standard Expiration?	03/05/2026
Oper No?	132597
-	

Flow Cal. Date:	05/16/2018
Slope	573
Intercept	140460

e: U6/Z1/Z	043
3um	9um
-6039	-13097
257461	136071
3187	1488
315	418
	3um -6039 257461 3187

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

Operator Signature JACOB NIKKO

Remarks:

The Undersigned, having custody of the original public record, certifies that the information hereon is a true and correct copy of the original document maintained as a part of the activities of this agency.

Form 106-I8000

Signature/Title

Agency/Date//a/sh

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

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location = GRAF 05/20/2025 Alcohol Analyzer SN 80-005357 8164.14.00 09/16 17:20

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	17:21
02 Std. Gas	0.082	17:21
03 Room Air	0.000	17:22
04 Std. Gas	0.081	17:22
05 Room Air	0.000	17:23
06 Std. Gas	0.081	17:23
07 Room Air	0.000	17:24

Lot No = 01524080A4

Cyl No = 30

Exp Date = 03/05/2026

County = 50

Oper No. = 132597

Operator Signature JACOB NIKKO

Remarks:

Form 106-I8000

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Signature/Title

Agency/Date Lalsh

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

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location = GRAF 05/20/2025 Alcohol Analyzer SN 80-005357 8164.14.00 09/16 17:17

DRY CAL CHECK

Test	AC	Time
01 Room Air 02 Std. Gas 03 Room Air 04 Std. Gas 05 Room Air 06 Room Air	0.000 0.082 0.000 0.081 RFI* 0.000	17:18 17:18 17:19 17:19 17:19

*Invalid Test Inhibited - RFI

Lot No = 01524080A4

Cyl No = 30

Exp Date = 03/05/2026

County = 50

Oper No. = 132597

Operator Signature JACOB NIKKO

Remarks:

Form 106-I8000

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Signature/Title

Mr. Deputy

Agency/Date<u>Walsh 20 SD/S-20-</u>