



## 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	80-006506	Instrument Location	Mandan
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 (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): 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

Date

1/12/2026

### 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 Ingemansen	Certified Date
	Anna Ingemansen	14Jan2026

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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006506  
Location = MAND      8164.14.00 09/16  
01/12/2026      15:47

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

abcdefghijklmnoprstuvwxyz1234567890-=|  
ABCDEFGHIJKLMNPQRSTUVWXYZ!@#\$%^&\*()\_+?

abcdefghijklmnoprstuvwxyz1234567890-=|  
ABCDEFGHIJKLMNPQRSTUVWXYZ!@#\$%^&\*()\_+?

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 #?      10  
Standard Expiration?      10/05/2026  
Oper No?      020611

Flow Cal. Date:      08/20/2015  
Slope      657  
Intercept      -627881

IR Calibration Date:      08/20/2015  
3um      9um

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0th Coef (\*100):      -22470      -18919  
1st Coef (\*100):      266505      136109  
2nd Coef (\*100):      3702      1644  
H2O adj (mg/l\*10k):      709      510

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



Operator Signature  
TOM SHARP

Remarks:

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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006506  
Location = MAND      8164.14.00 09/16  
01/12/2026      15:51

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	15:52
02 Std. Gas	0.081	15:52
03 Room Air	0.000	15:53
04 Std. Gas	0.081	15:53
05 Room Air	0.000	15:54
06 Std. Gas	0.082	15:54
07 Room Air	0.000	15:55

Lot No = 25024080A3  
Cyl No = 10  
Exp Date = 10/05/2026  
County = 30      Oper No. = 020611

  
\_\_\_\_\_  
Operator Signature  
TOM SHARP

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 80-006506  
Location = MAND      8164.14.00 09/16  
01/12/2026      15:55

DRY CAL CHECK

Test	AC	Time
01 Room Air	RFI*	15:56
02 Room Air	RFI*	15:56

\*Invalid Test  
Inhibited - RFI

Lot No = 25024080A3  
Cyl No = 10  
Exp Date = 10/05/2026  
County = 30      Oper No. = 020611

  
Operator Signature  
TOM SHARP

Remarks:

Form 106-I8000