



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 <i>80-006667</i>	Instrument Location <i>Golden Valley County Sheriff's Office</i>
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): _____
- 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 <i>[Signature]</i>	Date <i>05-22-2026</i>
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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 <i>Anna Ingemansen</i>	Certified Date <i>04 June 2026</i>
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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
05/22/2026 18:55

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

abcdefghijklmnopqrstuvwxy1234567890-|=|
ABCDEFGHIJKLMNopqrstuvwxyz!@#%&^&*()_+?

abcdefghijklmnopqrstuvwxy1234567890-|=|
ABCDEFGHIJKLMNopqrstuvwxyz!@#%&^&*()_+?

Current Instrument Setup

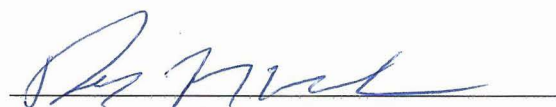
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 08425080A1
Standard Cyl #? 27
Standard Expiration? 05/05/2027
Oper No? 130349

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

IR Calibration Date: 05/15/2026
 3um 9um

0th Coef(*100): -26794 -28724
1st Coef(*100): 279487 135370
2nd Coef(*100): 2383 1117
H2O adj(mg/l*10k): 336 354

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


Operator Signature
DEY MUCKLE

Remarks:


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
05/22/2026 19:04

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	19:05
02 Std. Gas	0.077	19:05
03 Room Air	0.000	19:06
04 Std. Gas	0.077	19:06
05 Room Air	0.000	19:07
06 Std. Gas	0.076	19:07
07 Room Air	0.000	19:08

Lot No = 08425080A1
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
05/22/2026 19:10

Test	AC	Time
01 Diagnostic	OK	19:13
02 Room Air	0.000	19:13
03 *Subject Test	0.000*	19:17
04 Room Air	0.000	19:22
05 Std. Gas	0.078	19:23
06 Room Air	0.000	19:24
07 *Subject Test	RFI**	19:25
08 Room Air	0.000	19:25

*Deficient Sample - Value Printed was
Highest Obtained

**Invalid Test
Inhibited - RFI

Sub Name = TEST, INSTALL NA
Sub DOB = 01/01/1900
Sub Sex = Male Weight = 200
Test = DUI Cit = 0000000
Dr. Lic. = ND/0017000
Lot No = 08425080A1
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