

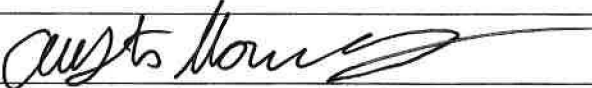


**INTOXILYZER® 8000 INSTALLATION AND REPAIR CHECKOUT**  
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
CRIME LABORATORY DIVISION-TOXICOLOGY SECTION/BREATH ALCOHOL PROGRAM  
SFN 59281 (06/2018)

|                                                                                                                                                                                                                         |                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Serial Number<br><b>80-006496</b>                                                                                                                                                                                       | Instrument Location<br><b>Burke county Sheriff shop</b> |
| Reason for Install/Repair<br><input checked="" type="checkbox"/> Install After Receiving From Crime Laboratory <input type="checkbox"/> Install After Location Change<br><input type="checkbox"/> Other (Specify) _____ |                                                         |

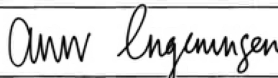
Check When Done:

- ☒ 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): N/A
- ☒ 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<br> | Date<br><b>6/5/26</b> |
|------------------------------------------------------------------------------------------------------------------|-----------------------|

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<br><b>Anna Ingemansen</b><br> | Certified Date<br><b>17 June 2026</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006496  
Location = BURK      8164.14.00 09/16  
06/05/2026      17:07

\*\*\*\*\* 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 #?      264437  
Standard Cyl #?      118  
Standard Expiration?      01/29/2028  
Oper No?      132545

Flow Cal. Date:      01/29/2020  
Slope      663  
Intercept      -706121

IR Calibration Date:      08/18/2015

|                    | 3um    | 9um    |
|--------------------|--------|--------|
| 0th Coef(*100):    | -22081 | -15963 |
| 1st Coef(*100):    | 278490 | 136818 |
| 2nd Coef(*100):    | 2086   | 1282   |
| H2O adj(mg/l*10k): | 598    | 386    |

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

  
Operator Signature  
AUSTIN HOWARD

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 80-006496  
Location = BURK      8164.14.00 09/16  
06/05/2026      17:07

DRY CAL CHECK

| Test        | AC    | Time  |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 17:08 |
| 02 Std. Gas | 0.080 | 17:08 |
| 03 Room Air | 0.000 | 17:09 |
| 04 Std. Gas | 0.079 | 17:09 |
| 05 Room Air | 0.000 | 17:10 |
| 06 Std. Gas | 0.079 | 17:10 |
| 07 Room Air | 0.000 | 17:11 |

Lot No = 264437  
Cyl No = 118  
Exp Date = 01/29/2028  
County = 07      Oper No. = 132545



Operator Signature  
AUSTIN HOWARD

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 80-006496  
Location = BURK      8164.14.00 09/16  
06/05/2026      17:15

| Test        | AC    | Time  |
|-------------|-------|-------|
| 01 Room Air | RFI*  | 17:16 |
| 02 Room Air | 0.000 | 17:16 |

\*Invalid Test  
Inhibited - RFI

Sub Name = RFI TEST, INSTALL NA  
Sub DOB = 02/02/2002  
Sub Sex = Male      Weight = 177  
Test = OTH      Cit = 1111111  
Dr. Lic. = ND/1111111111  
Lot No = 264437  
Cyl No = 118  
Expiration Date = 01/29/2028  
County = 07      Oper No. = 132545



Operator Signature  
AUSTIN HOWARD

Remarks:

Form 106-I8000