



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>80-002669</i>	Instrument Location <i>WILLISTON</i>
Reason for Install/Repair <input type="checkbox"/> Install After Receiving From Crime Laboratory <input checked="" 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): *~ 1A*
- 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 <i>6/15/26</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>17 June 2026</i>
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Intoxilyzer Test Record and Checklist
NDDAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-002669
Location = WILL 8164.14.00 09/16
06/05/2026 13:12

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

12 char/line

abcdefghijkl

ABCDEFGHIJKL

16 char per line

abcdefghijklmnop

ABCDEFGHIJKLMN

21 chars per line

abcdefghijklmnopqrstu

ABCDEFGHIJKLMNQRSTU

24 characters per line

abcdefghijklmnopqrstuwx

ABCDEFGHIJKLMNQRSTUWX

32 characters per line

abcdefghijklmnopqrstuvwxyz123456

ABCDEFGHIJKLMNQRSTUWXYZ123456

42 characters per line

abcdefghijklmnopqrstuvwxyz1234567890abcdef

ABCDEFGHIJKLMNQRSTUWXYZ1234567890ABCDEF

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 #? 19825080A2
Standard Cyl #? 015
Standard Expiration? 09/05/2027
Oper No? 130996

Flow Cal. Date: 06/14/2021
Slope 616
Intercept -441889

IR Calibration Date: 06/14/2021

3um 9um

0th Coef(*100): -27364 -15040

1st Coef(*100): 280250 139895

2nd Coef(*100): 444 862

H2O adj(mg/l*10k): 479 256

***** Test End *****



Operator Signature

PRESTON LANGER

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 80-002669
Location = WILL 8164.14.00 09/16
06/05/2026 13:13

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	13:14
02 Std. Gas	0.078	13:14
03 Room Air	0.000	13:15
04 Std. Gas	0.078	13:15
05 Room Air	0.000	13:16
06 Std. Gas	0.079	13:16
07 Room Air	0.000	13:16

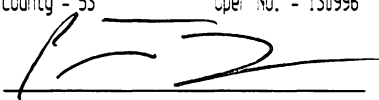
Lot No = 19825080A2

Cyl No = 015

Exp Date = 09/05/2027

County = 53

Oper No. = 130996


Operator Signature
PRESTON LANGER

Remarks:

Form 106-18000

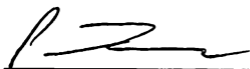
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-002669
Location = WILL 8164.14.00 09/16
06/05/2026 13:17

Test	AC	Time
01 Room Air	RFI*	13:18
02 Room Air	0.000	13:18

*Invalid Test
Inhibited - RFI

Sub Name = TEST, TEST TEST
Sub DOB = 01/01/2000
Sub Sex = Male Weight = NA
Test = DUI Cit = NA
Dr. Lic. = ND/NA
Lot No = 19825080A2
Cyl No = 015
Expiration Date = 09/05/2027
County = 53 Oper No. = 130996



Operator Signature
PRESTON LANGER

Remarks:

Form 106-18000