INTOXILYZER 5000 KB AND 5000 KB-EP INSPECTION

Serial No.: 68-010634 Location: Sargent Co 50

		Check When Done
1.	Is a three-pronged grounded outlet used?	✓
2.	Is the warm-up time less than 20 minutes?	✓
3.	Is the breath tube heated?	✓
4.	Is the diagnostic check complete?	✓
5.	Is the time, date, and year correct (reset if necessary)?	✓
6.	Print test. (Attach test record.)	✓

7. Calibration Check. Use Simulator Standard Solution. Do three sets in ACA mode. (Attach test record.)

Sim. Serial No. 610568 Sim. Soln. No. 490 Sim. Temp. 34.1

Test 1	.109	Test 4	.111	Test 7	.111
Test 2	.110	Test 5	.111	Test 8	.111
Test 3	.110	Test 6	.111	Test 9	.111
Average	.111				

8.	Low AC. Use 0.015 AC in ACA mode. (Attach test record.)	✓
9.	Linearity Test. Use 0.30 AC in ACA mode. (Attach test record.)	✓
10.	Interferent check. Use 0.05% Acetone plus 0.10 AC ethanol in ABA mode. (Attach test record.)	✓
11.	RFI check. Run CMS mode. Key radio on first room air. (Attach test record.)	✓
12.	CMS mode. Use standard simulator solution for B, C, & B of CMS. (Attach test record.)	✓

13. Remarks/Maintenance record: Annual Inspection

Date: 5-7-2003 Field Inspector's Signature: [signature]

Form 110-I (4/03)

MAP
5-9-03

SN 68-010634 VERSION G1286.08
SLAVE 7512240
DATE 05/07/2003 TIME 13:38 CDT

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#$abcde
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNOPQR
ABCDEFGHIJKLMNOPQRSTUV
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#$abcde
** CURRENT INSTRUMENT SETUP **
SETUP WORD = 0x0089
STD TEST = CUST 1
3 DIGITS ON? Y/N = TRUE
PRELIM RES? Y/N = TRUE
DATA ENTRY? Y/N = TRUE
PRINT INHIB? Y/N = FALSE
REPRINT CRD? Y/N = TRUE

INT STDS? Y/N = FALSE
PRINT VOLUME Y/N = FALSE SETUP

☐ ~~20 minute waiting period was ascertained~~

☐ ~~A clean mouthpiece was used for and disposed of after the first subject test~~

☐ ~~Standard Solution test completed~~

☐ ~~A clean mouthpiece was used for and disposed of after the second subject test~~

I followed the Approved Method and the Instructions displayed by the Intoxilyzer in conducting this test.

Operator's Signature [signature]

Remarks:

Form 106-KB
(8-99)

INTOXILYZER TEST RECORD AND CHECKLIST
State Toxicologist • Bismarck, ND 58501

OPERATOR COPY

CMI INC
INTOXILYZER - ALCOHOL ANALYZER
ND MODEL 5000 SN 68-010634
05/07/2003 07/00

TEST	AC	TIME
01 ROOM AIR	.000	13:41 CDT
02 STD. SOL.	.109	13:41 CDT
03 ROOM AIR	.000	13:42 CDT
04 STD. SOL.	.110	13:42 CDT
05 ROOM AIR	.000	13:42 CDT
06 STD. SOL.	.110	13:42 CDT
07 ROOM AIR	.000	13:43 CDT

08 SIM TEMP=34.1 LOCATION=FORM

SIMUL SER NO=G10568
STD SOL NO=490
COUNTY=41 OPER NO =161616

☐ ~~20 minute waiting period was ascertained~~

☐ ~~A clean mouthpiece was used for and disposed of after the first subject test~~

☒ Standard Solution test completed

☐ ~~A clean mouthpiece was used for and disposed of after the second subject test~~

I followed the Approved Method and the Instructions displayed by the Intoxilyzer in conducting this test.

Operator's Signature [signature]

Remarks:

Form 106-KB
(8-99)

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State Toxicologist • Bismarck, ND 58501

OPERATOR COPY

CMI INC
INTOXILYZER - ALCOHOL ANALYZER
ND MODEL 5000 SN 68-010634
05/07/2003 07/00

TEST	AC	TIME
01 ROOM AIR	.000	13:45 CDT
02 STD. SOL.	.111	13:45 CDT
03 ROOM AIR	.000	13:45 CDT
04 STD. SOL.	.111	13:45 CDT
05 ROOM AIR	.000	13:46 CDT
06 STD. SOL.	.111	13:46 CDT
07 ROOM AIR	.000	13:46 CDT

08 SIM TEMP=34.1 LOCATION=FORM

SIMUL SER NO=G10568
STD SOL NO=490
COUNTY=41 OPER NO =161616

☐ ~~20 minute waiting period was ascertained~~

☐ ~~A clean mouthpiece was used for and disposed of after the first subject test~~

☒ Standard Solution test completed

☐ ~~A clean mouthpiece was used for and disposed of after the second subject test~~

I followed the Approved Method and the instructions displayed by the Intoxilyzer in conducting this test.

Operator's Signature

Remarks:

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(8-99)

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State Toxicologist • Bismarck, ND 58501

OPERATOR COPY

CMI INC
INTOXILYZER - ALCOHOL ANALYZER
ND MODEL 5000 SN 68-010634
05/07/2003 07/00

TEST	AC	TIME
01 ROOM AIR	.000	13:48 CDT
02 STD. SOL.	.111	13:49 CDT
03 ROOM AIR	.000	13:49 CDT
04 STD. SOL.	.111	13:49 CDT
05 ROOM AIR	.000	13:50 CDT
06 STD. SOL.	.111	13:50 CDT
07 ROOM AIR	.000	13:50 CDT

08 SIM TEMP=34.1 LOCATION=FORM

SIMUL SER NO=G10568
STD SOL NO=490
COUNTY=41 OPER NO =161616

☐ ~~20 minute waiting period was ascertained~~

☐ ~~A clean mouthpiece was used for and disposed of after the first subject test~~

☒ Standard Solution test completed

☐ ~~A clean mouthpiece was used for and disposed of after the second subject test~~

I followed the Approved Method and the instructions displayed by the Intoxilyzer in conducting this test.

Operator's Signature

Remarks:

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(8-99)

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State Toxicologist • Bismarck, ND 58501

OPERATOR COPY

CMI INC
INTOXILYZER - ALCOHOL ANALYZER
ND MODEL 5000 SN 68-010634
05/07/2003 07/00

TEST	AC	TIME
01 ROOM AIR	.000	13:52 CDT
02 STD. SOL.	.014	13:52 CDT
03 ROOM AIR	.000	13:53 CDT
04 STD. SOL.	.014	13:53 CDT
05 ROOM AIR	.000	13:53 CDT
06 STD. SOL.	.014	13:53 CDT
07 ROOM AIR	.000	13:54 CDT

08 SIM TEMP=34.1 LOCATION=FORM

SIMUL SER NO=G10370
STD SOL NO=015
COUNTY=41 OPER NO =161616

☐ ~~20 minute waiting period was ascertained~~

☐ ~~A clean mouthpiece was used for and disposed of after the first subject test~~

☒ Standard Solution test completed

☐ ~~A clean mouthpiece was used for and disposed of after the second subject test~~

I followed the Approved Method and the instructions displayed by the Intoxilyzer in conducting this test.

Operator's Signature [signature]

Remarks:

Form 106-KB
(8-99)

INTOXILYZER TEST RECORD AND CHECKLIST
State Toxicologist • Bismarck, ND 58501

OPERATOR COPY

CMI INC
INTOXILYZER - ALCOHOL ANALYZER
ND MODEL 5000 SN 68-010634
05/07/2003 07/00

TEST	AC	TIME
01 ROOM AIR	.000	13:57 CDT
02 STD. SOL.	.299	13:57 CDT
03 ROOM AIR	.000	13:58 CDT
04 STD. SOL.	.300	13:58 CDT
05 ROOM AIR	.000	13:58 CDT
06 STD. SOL.	.301	13:58 CDT
07 ROOM AIR	.000	13:59 CDT

08 SIM TEMP=34.0 LOCATION=FORM

SIMUL SER NO=G8766
STD SOL NO=295
COUNTY=41 OPER NO =161616

☐ ~~20 minute waiting period was ascertained~~

☐ ~~A clean mouthpiece was used for and disposed of after the first subject test~~

☒ Standard Solution test completed

☐ ~~A clean mouthpiece was used for and disposed of after the second subject test~~

I followed the Approved Method and the instructions displayed by the Intoxilyzer in conducting this test.

Operator's Signature [signature]

Remarks:

Form 106-KB
(8-99)

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State Toxicologist • Bismarck, ND 58501

OPERATOR COPY

CMI INC
INTOXILYZER - ALCOHOL ANALYZER
ND MODEL 5000 SN 68-010634
05/07/2003 07/00

TEST	AC	TIME
01 ROOM AIR	.000	14:05 CDT
02 SUBJECT TEST	.092	14:06 CDT
03 INTERFERENT SUBTRACTED		
04 ROOM AIR	.000	14:06 CDT
05 REPORTED AC	.09	14:06 CDT

NO RFI DETECTED
06 SIM TEMP=??.? LOCATION=FORM

SUB NAME=INTERFERENT,CHECK,NA
SUB DOB =00/00/00
SUB SEX =MALE WEIGHT =000
TEST=OTH CIT=NA
DR. LIC.=NA/NA
SIMUL SER NO=G10568
STD SOL NO=490
COUNTY=41 OPER NO =161616

- [x] ~~20 minute waiting period was ascertained~~
- [x] ~~A clean mouthpiece was used for and disposed of after the first~~ subject test
- [x] ~~Standard Solution test completed~~
- [x] ~~A clean mouthpiece was used for and disposed of after the second~~ subject test

I followed the Approved Method and the instructions displayed by the Intoxilyzer in conducting this test.

Operator's Signature [signature]

Remarks:

Form 106-KB
(8-99)

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State Toxicologist • Bismarck, ND 58501

OPERATOR COPY

CMI INC
INTOXILYZER - ALCOHOL ANALYZER
ND MODEL 5000 SN 68-010634
05/07/2003 07/00

TEST	AC	TIME
01 DIAGNOSTIC OK	45±5	DEG C
02 ROOM AIR	.000	14:09 CDT

SUB NAME=RFI,CHECK,NA
SUB DOB =00/00/00
SUB SEX =MALE WEIGHT =000
TEST=OTH CIT=NA
DR. LIC.=NA/NA
SIMUL SER NO=G10568
STD SOL NO=490
COUNTY=41 OPER NO =161616
INVALID TEST
INHIBITED - RFI

- [x] ~~20 minute waiting period was ascertained~~
- [x] ~~A clean mouthpiece was used for and disposed of after the~~ first subject test
- [x] ~~Standard Solution test completed~~
- [x] ~~A clean mouthpiece was used for and disposed of after the second~~ subject test

I followed the Approved Method and the instructions displayed by the Intoxilyzer in conducting this test.

Operator's Signature [signature]

Remarks:

Form 106-KB
(8-99)

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OPERATOR COPY

CMI INC
INTOXILYZER - ALCOHOL ANALYZER
ND MODEL 5000 SN 68-010634
05/07/2003 07/00

TEST	AC	TIME
01 DIAGNOSTIC OK	45±5	DEG C
02 ROOM AIR	.000	14:11 CDT
03 SUBJECT TEST 1	.106	14:11 CDT
04 ROOM AIR	.000	14:12 CDT
05 STD. SOL.	.109	14:14 CDT
06 ROOM AIR	.000	14:15 CDT
07 SUBJECT TEST 2	.105	14:16 CDT
08 ROOM AIR	.000	14:16 CDT
09 REPORTED AC	.10	14:16 CDT

DIFFERENCE OK

NO RFI DETECTED
10 SIM TEMP=34.1 LOCATION=FORM

SUB NAME=CMS, TEST, NA
SUB DOB =00/00/00
SUB SEX =MALE WEIGHT =000
TEST=OTH CIT=NA
DR. LIC.=NA/NA
SIMUL SER NO=G10568
STD SOL NO=490
COUNTY=41 OPER NO =161616
ALL BOXES CHECKED AT COMPLETION OF
STEP AND TEST REC SIGNED Y/N? Y

☐ ~~20 minute waiting period was ascertained~~

☐ ~~A clean mouthpiece was used for and disposed of after the first subject test~~

☒ Standard Solution test completed

☐ ~~A clean mouthpiece was used for and disposed of after the second subject test~~

I followed the Approved Method and the instructions displayed by the Intoxilyzer in conducting this test.

Operator's Signature [signature]

Remarks:

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(8-99)

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State Toxicologist • Bismarck, ND 58501

OPERATOR COPY