INTOXILYZER 5000 KB AND 5000 KB-EP INSPECTION

Serial No.: 68-010634 Location: Toxicology

		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. DR3849 Sim. Soln. No. 514 Sim. Temp. 34.0

Test 1	.113	Test 4	.113	Test 7	.113
Test 2	.114	Test 5	.113	Test 8	.113
Test 3	.113	Test 6	.113	Test 9	.113
Average	.113				

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: 5-11-05 Field Inspector's Signature: [signature]

Rev MAP 5-26-05

Form 110-I (4/03)

SN 68-010634 VERSION G1286.08
SLAVE 75_2240
DATE 05/11/2005 TIME 12:05 CDT

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#$abcde
ABCDEFGHIJKLMNO
ABCDEFGHIJKLMNOPQR
ABCDEFGHIJKLMNOPQRSTUV
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#$abcde
** CURRENT INSTRUMENT SETUP **
SETUP WORD = 0x00B9
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

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
05/11/2005 07/00

TEST	AC	TIME
01 ROOM AIR	.000	12:17 CDT
02 STD. SOL.	.113	12:18 CDT
03 ROOM AIR	.000	12:18 CDT
04 STD. SOL.	.114	12:18 CDT
05 ROOM AIR	.000	12:18 CDT
06 STD. SOL.	.113	12:19 CDT
07 ROOM AIR	.000	12:19 CDT

08 SIM TEMP=34.0 LOCATION=TOXL

SIMUL SER NO=~~[illegible]~~ OR3849 BM
STD SOL NO=514
COUNTY=NA 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)

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

OPERATOR COPY

CMI INC
INTOXILYZER - ALCOHOL ANALYZER
ND MODEL 5000 SN 68-010634
05/11/2005 07/00

TEST	AC	TIME
01 ROOM AIR	.000	12:25 CDT
02 STD. SOL.	.113	12:26 CDT
03 ROOM AIR	.000	12:26 CDT
04 STD. SOL.	.113	12:26 CDT
05 ROOM AIR	.000	12:26 CDT
06 STD. SOL.	.113	12:27 CDT
07 ROOM AIR	.000	12:27 CDT

08 SIM TEMP=34.0 LOCATION=TOXL

SIMUL SER NO=DR3849
STD SOL NO=514
COUNTY=NA 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
- [ ] ~~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:

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
05/11/2005 07/00

TEST	AC	TIME
01 ROOM AIR	.000	12:30 CDT
02 STD. SOL.	.113	12:31 CDT
03 ROOM AIR	.000	12:31 CDT
04 STD. SOL.	.113	12:31 CDT
05 ROOM AIR	.000	12:32 CDT
06 STD. SOL.	.113	12:32 CDT
07 ROOM AIR	.000	12:32 CDT

08 SIM TEMP=34.0 LOCATION=TOXL

SIMUL SER NO=DR3849
STD SOL NO=514
COUNTY=NA OPER NO =161616

- [ ] ~~20 minute waiting period was ascertained~~
- [ ] ~~A clean mouthpiece was used for and disposed of after the first subject test~~
- [x] 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
05/11/2005 07/00

TEST	AC	TIME
01 ROOM AIR	.000	12:38 CDT
02 STD. SOL.	.016	12:38 CDT
03 ROOM AIR	.000	12:39 CDT
04 STD. SOL.	.016	12:39 CDT
05 ROOM AIR	.000	12:39 CDT
06 STD. SOL.	.016	12:39 CDT
07 ROOM AIR	.000	12:40 CDT

08 SIM TEMP=34.0 LOCATION=TOXL

SIMUL SER NO=G8767
STD SOL NO=014
COUNTY=NA 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:

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
05/11/2005 07/00

TEST	AC	TIME
01 ROOM AIR	.000	13:54 CDT
02 STD. SOL.	.292	13:54 CDT
03 ROOM AIR	.000	13:55 CDT
04 STD. SOL.	.293	13:55 CDT
05 ROOM AIR	.000	13:55 CDT
06 STD. SOL.	.295	13:55 CDT
07 ROOM AIR	.000	13:56 CDT

08 SIM TEMP=34.0 LOCATION=TOXL

SIMUL SER NO=G8112
STD SOL NO=292
COUNTY=NA 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:

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
05/11/2005 07/00

TEST	AC	TIME
01 ROOM AIR	.000	14:00 CDT
02 SUBJECT TEST 1	.095	14:01 CDT
03 INTERFERENT SUBTRACTED		
04 ROOM AIR	.000	14:01 CDT
05 REPORTED AC	.09	14:01 CDT

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

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=G8118
STD SOL NO=092
COUNTY=NA OPER NO =161616
ALL BOXES CHECKED AT COMPLETION OF
STEP AND TEST REC SIGNED Y/N?

☐ ~~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:

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
05/11/2005 07/00

TEST	AC	TIME
01 DIAGNOSTIC OK	45±5	DEG C
02 ROOM AIR	.000	14:29 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=DR3849
STD SOL NO=514
COUNTY=NA OPER NO =161616
INVALID TEST
INHIBITED - RFI

☐ ~~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:

Form 106-KB
(8-99)

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

OPERATOR COPY

CMI INC #1
INTOXILYZER - ALCOHOL ANALYZER
ND MODEL 5000 SN 68-010634
05/11/2005 07/00

TEST	AC	TIME
01 DIAGNOSTIC OK	45±5	DEG C
02 ROOM AIR	.000	14:36 CDT
03 SUBJECT TEST 1	.109	14:37 CDT
04 ROOM AIR	.000	14:38 CDT
05 STD. SOL.	.112	14:39 CDT
05 ROOM AIR	.000	14:40 CDT
07 SUBJECT TEST 2	.108	14:41 CDT
08 ROOM AIR	.000	14:42 CDT
09 REPORTED AC	.10	14:41 CDT

DIFFERENCE OK

NO RFI DETECTED
10 SIM TEMP=34.0 LOCATION=TOXL

SUB NAME=CMS,CHECK,NA
SUB DOB =00/00/00
SUB SEX =MALE WEIGHT =000
TEST=OTH CIT=NA
DR. LIC.=NA/NA
SIMUL SER NO=DR3849
STD SOL NO=514
COUNTY=NA 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

Remarks:

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(8-99)

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

OPERATOR COPY