# OFFICE OF ATTORNEY GENERAL CRIME LABORATORY DIVISION

Toxicology Section/Breath Alcohol Program Intoxilyzer® 8000 Inspection

# **INTOXILYZER® 8000 INSPECTION**

Intox	cilyzer® 8000 Serial Number: 80-006673 Location: 10×C
Α.	General Setup and Checks:  1.
B.	Tests (Sign and attach test records):  X Configure simulator for the following tests (Level 1,S).  Wet Calibration Check  a.
C.	Remarks/Maintenance: ANNUAL INSPECTION
	NEW EXTERNAL BATTERY
Breat	trument is acceptable to be used in the field.  5.29.20  Date  NA  Date
	,

02/18

Issuing Authority - CEE

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006673
Location = TOXL 8164.14.00 09/16
05/29/2020 09:51

\*\*\*\*\*\*\* 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? Select Std (D/W/I)? Dry Standard Value? 0.080 Standard Lot #? 05620080A1 Standard Cyl #? Standard Expiration? 04/05/2022 Oper No? 666666

Flow Cal. Date: 03/30/2017 Slope 697 Intercept -667725

IR Calibration Date: 03/30/2017
3um 9um

Oth Coef(\*100): -9136 -17613
1st Coef(\*100): 267126 133333
2nd Coef(\*100): 5438 1698
H2O adj(mg/l\*10k): 684 589

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

Operator Signature CHARLES EDER

PRINT TEST

Remarks:

Form 106-I8000

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
05/29/2020

SN 80-006673 8164.14.00 09/16 09:52

### WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	09:52
02 Std. Sol.	0.019	09:53
03 Room Air	0.000	09:54
04 Std. Sol.	0.019	09:54
05 Room Air	0.000	09:55
06 Std. Sol.	0.019	09:56
07 Room Air	0.000	09:56

 $08 \text{ Sim Temp} = 34.0^{\circ}\text{C}$ 

Simul Ser No = MP3061 Std Sol No = 201810D

County = 08

Oper No. = 666666

Operator Signature CHARLES EDER

LOW AC

Remarks:

0.020 Ac\_ Form 106-18000

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
05/29/2020

Alcohol Analyzer SN 80-006673 8164.14.00 09/16 10:02

#### WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:02
02 Std. Sol.	0.297	10:03
03 Room Air	0.000	10:04
04 Std. Sol.	0.299	10:04
05 Room Air	0.000	10:05
06 Std. Sol.	0.299	10:06
07 Room Air	0.000	10:06

 $08 \text{ Sim Temp} = 34.0^{\circ}\text{C}$ 

Simul Ser No = MP3069 Std Sol No = 201902D

County = 08

Oper No. = 666666

Operator Signature CHARLES EDER

Remarks:

0.300 AC

HIGH AC

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006673
Location = TOXL 8164.14.00 09/16
05/29/2020 10:14

Test	AC	Time
01 Room Air	0.000	10:15
02 *Subject Test	INT*	10:16
03 Room Air	0.000	10:16

<sup>\*</sup>Invalid Test

Interferent Detected

Sub Name = DISCOVER, THE SPIRIT

Sub DOB = 02/01/1992

Sub Sex = Female Weight = 150
Test = DUI Cit = INTERFERENT

Dr. Lic. = ND/DIS921456

Lot No = 05620080A1

Cyl No = 33

Expiration Date = 04/05/2022

County = 08 Oper No. = 666666

Operator Signature CHARLES EDER

Remarks:

Interferent Chack
0.10 AC + 0.05% ACETONE
FORM 106-18000

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006673
Location = TOXL 8164.14.00 09/16
05/29/2020 10:17

Test	AC	Time
01 Diagnostic	OK	10:17
02 Room Air	0.000	10:18
03 *Subject Test	RFI*	10:18
04 Room Air	0.000	10:19

\*Invalid Test Inhibited - RFI

Sub Name = DISCOVER, THE SPIRIT

Sub DOB = 02/01/1992

Sub Sex = Female Weight = 150
Test = DUI Cit = RFI CHECK

Dr. Lic. = ND/DIS921456

Lot No = 05620080A1

Cyl No = 33

Expiration Date = 04/05/2022

County = 08 Oper No. = 666666

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

Operator Signature CHARLES EDER

Remarks:

Form 106-I8000

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
05/29/2020

SN 80-006673 8164.14.00 09/16 10:19

#### DRY CAL CHECK

Test		AC	Time
01 Room .	Air	0.000	10:19
02 Std.	Gas	0.081	10:20
03 Room	Air	0.000	10:20
04 Std.	Gas	0.081	10:21
05 Room	Air	0.000	10:21
06 Std.	Gas	0.081	10:22
07 Room	Air	0.000	10:22

Lot No = 05620080A1

Cyl No = 33

Exp Date = 04/05/2022

County = 08

Oper No. = 666666

ALIBRATION CHECK

Operator Signature CHARLES EDER

Remarks:

Form 106-I8000

0.080AC

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location = TOXL 05/29/2020 SN 80-006673 8164.14.00 09/16 10:22

#### DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:23
02 Std. Gas	0.082	10:23
03 Room Air	0.000	10:24
04 Std. Gas	0.082	10:24
05 Room Air	0.000	10:24
06 Std. Gas	0.081	10:25
07 Room Air	0.000	10:25

Lot No = 05620080A1

Cyl No = 33

Exp Date = 04/05/2022

County = 08

Oper No. = 666666

Operator Signature
CHARLES EDER
CAUBRATION CHECK

Remarks:

Form 106-I8000

0.080 AC

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
05/29/2020

SN 80-006673 8164.14.00 09/16 10:26

## DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:26
02 Std. Gas	0.082	10:27
03 Room Air	0.000	10:27
04 Std. Gas	0.082	10:28
05 Room Air	0.000	10:28
06 Std. Gas	0.081	10:28
07 Room Air	0.000	10:29

Lot No = 05620080A1

Cyl No = 33

Exp Date = 04/05/2022

County = 08

Oper No. = 666666

ALIBRATION CHECK

Operator Signature CHARLES EDER

Remarks:

0.080 Ac Form 106-18000