INTOXILYZER[®] 8000 REPAIR AND MAINTENANCE

Intoxilyzer[®] 8000 Serial Number: <u><u>80-006507</u></u> Location: <u>TOXL</u>

1. Reported Issue:

RAM issue reported in field.

2. Found/Determined:

NO RAM ISSUES in Lab.

3. Repair/Maintenance Performed:

None. Ran Diagnostics, ABA and CMS. used Simulator MP5289. Will keep in classroom and run for rest of the teaching session.

- 4. 🔀 Check and reset if needed; time, date, and location. (Level 2, E)
- 5. Display: <u>131</u> psi Regulator: <u>150</u> psi
 □ If needed, completed tare of tank sensor. (Level 3, M, C, G)
- Does the flow need to be calibrated? If Yes, attach paperwork.
- 7. Does the optical bench need a calibration adjustment? Yes or No If Yes, attach test records.
- B. Does the instrument require further testing?
 Yes or No
 If No, sign and date at end of form.
 If Yes, state testing required or: □ Perform all tests for repair.

Yes or No

BrW-005

Page 2 of 2

Configure simulator(s) for the following tests: (Level 1, S) Attach test records

9. Wet Calibration Check: (ACA Test) □ Low AC (Level 1, C): Known value ≤ 0.03 AC. _____AC Sim SN: _____ Lot #: _____ Exp. Date: _____ □ High AC (Level 1, C): Known value ≥ 0.25 AC. _____AC Sim SN: _____ Lot #: _____ Exp. Date: _____ □ Wet Calibration Check results are within ± 0.005 or ± 5% (whichever is greater) of stated AC value.

Configure dry gas standard for the following tests: (Level 1, S) Attach test records.

- 10. Print test. (Level 1, P)
- 11. Interferent Check. _____ AC ethanol plus 0.05% Acetone. (Level 1, B) Sim SN: _____ Lot #: _____ Display reads "Interferent Detect"
- 12. RFI Check. (CMS mode) Display reads "RFI Detect"
- 13. Dry Calibration Check/Stability Test (Level 3, T, S, D, 15) Known: _____ AC Ethanol Gas Standard. Lot No. _____ Cylinder No. ____ Expiration Date _____

Average AC: Std. Dev Rel. Std. Dev	Average AC:	Std. Dev.	Rel. Std. Dev
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Remarks/Notes:

A Instrument is acceptable to be used in the field.

Breath Analyst Signature

Reviewed by

251212023 Date 2/24/2023

Intoxilyzer Test Record and Checklist NDOAG Crime Lab. Div., Bismarck, ND 58501 CMI, Inc. Intoxilyzer Alcohol Analyzer SN 80-006507 North Dakota Model 8000 Location = TOXL 8164.14.00 09/16 01/24/2023 10:14 AC Time Test 01 Room Air 0.000 10:16 02 Subject Test 1 0.000 10:16 10:17 03 Room Air 0.000 04 Reported AC 0.000 10:16

No RFI Detected

Sub Name = DISCOVER, THE SPIRIT Sub DOB = 01/01/1982 Sub Sex = Female Weight = 150 Test = OTH Cit = ABA TEST Dr. Lic. = ND/DIS821456 Lot No = 26021080A1 Cyl No = 3 Expiration Date = 10/05/2023 County = 08 Oper No. = 133237

Operator Signature ANNA NAREHOOD

test

Remarks:

with simulator

Form 106-18000

MP5289

Intoxilyzer Test Record and Checklist NDOAG Crime Lab. Div., Bismarck, ND 58501 CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-006507 Location = TOXL 8164.14.00 09/16 01/24/2023 10:21 Test AC Time 01 Diagnostic 10:22 OK 02 Room Air 0.000 10:22 03 Subject Test 1 0.000 10:23 04 Room Air 10:25 0.000 05 Std. Gas 0.081 10:26 06 Room Air 0.000 10:27 07 Subject Test 2 0.000 10:28 08 Room Air 0.000 10:28 09 Reported AC 0.000 10:23 Difference OK No RFI Detected Sub Name = DISCOVER, THE SPIRIT Sub DOB = 01/01/1982Sub Sex = Female Weight = 150Test = OTHCit = CMS TEST Dr. Lic. = ND/DIS821456Lot No = 02621080A1Cyl No = 31Expiration Date = 03/05/2023County = 08Oper No. = 13323720 minute waiting period ascertained? Y Clean Mouthpiece used and disposed? Y Clean Mouthpiece used and disposed? Y I followed the Approved Method and the instructions displayed by the Intoxilyzer

in conducting this test.

Operator Signature ANNA NAREHOOD

Remarks:

CMStest with Simulator Mp5289

Form 106-18000

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

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-006507Location = TOXL8164.14.00 09/1601/24/202310:30

DIAGNOSTIC

Voltage/Current Test	Pass
RAM Test	Pass
EEPROM Checksum Test	Pass
Real Time Clock Test	Pass
DSP Test	Pass
Analytical Stability Test	Pass
Modem Test	Pass
Temp Regulation Test	Pass

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks:

Form 106-18000