Toxicology Section/Breath Alcohol Program Intoxilyzer® 8000 Inspection

# **INTOXILYZER® 8000 INSPECTION**

Intox	/zer® 8000 Serial Number:80-002669 Location: TOXL
Α.	General Setup and Checks:  1. Diagnostic Tests Pass and Instrument in Ready Mode  2. Breath tube heated  3. Date, time and location code (Level 2,E). Re-set if necessary.  4. Print test (Level 1,P). Sign and attach test record.  5. Tank monitor (Level 3,D,G). Display and Regulator within 50 psi.  a. Display: 190 psi Regulator: 200 psi
B.	Tests (Sign and attach test records):    Configure simulator for the following tests (Level 1,S).   Wet Calibration Check
C.	Remarks/Maintenance: <u>ANNUAL INSPECTION</u>
Breat	Apralyst Signature  Date  Date

02/18

Issuing Authority - CEE

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-002669
Location = TOXL 8164.14.00 09/16
06/15/2021 10:06

\*\*\*\*\*\*\* 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 #? 24119080A1 Standard Cyl #? Standard Expiration? 11/05/2021 Oper No? 666666

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

IR Calibration Date: 06/14/2021

Oth Coef(\*100): -27364 -15040
1st Coef(\*100): 280250 139895
2nd Coef(\*100): 444 862
H2O adj(mg/l\*10k): 479 256

3um

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

Operator Signature CHARLES EDER

RINT TES

Remarks:

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/15/2021

Alcohol Analyzer SN 80-002669 8164.14.00 09/16 10:12

#### WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:13
02 Std. Sol.	0.030	10:14
03 Room Air	0.000	10:14
04 Std. Sol.	0.029	10:15
05 Room Air	0.000	10:15
06 Std. Sol.	0.030	10:16
07 Room Air	0.000	10:17

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

Simul Ser No = MP5289 Std Sol No = 201911E

County = 08

Oper No. = 666666

Operator Signature CHARLES EDER

Remarks.

Form 106-I8000

0.030 AC

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location = TOXL 06/15/2021 SN 80-002669 8164.14.00 09/16 10:29

### WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:29
02 Std. Sol.	0.394	10:30
03 Room Air	0.000	10:31
04 Std. Sol.	0.394	10:31
05 Room Air	0.000	10:32
06 Std. Sol.	0.394	10:33
07 Room Air	0.000	10:33

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

Simul Ser No = MP3062 Std Sol No = 202103E

County = 08

Oper No. = 666666

Operator Signature CHARLES EDER

Remarks:

CMI, Inc. Intoxilyzer	Alcohol Analyzer
North Dakota Model 8000	SN 80-002669
Location = TOXL	8164.14.00 09/16
06/15/2021	10:36

Т	est	AC	Time
01	Room Air	0.000	10:37
02	*Subject Test	INT*	10:37
03	Room Air	0.000	10:38

<sup>\*</sup>Invalid Test

Interferent Detected

Sub Name = TEST, DONOR2 NONE

Sub DOB = 07/25/1998

Sub Sex = MaleWeight = NA Test = DUI Cit = INTERFERENT

Dr. Lic. = ND/TES989643

Lot No = 02621080A1

Cyl No = 26

Expiration Date = 03/05/2023

County = 08Oper No. = 666666

> Operator Signature CHARLES EDER

Remarks:

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CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-002669
Location = TOXL 8164.14.00 09/16
06/15/2021 10:39

Test	AC	Time
01 Diagnostic	OK	10:40
02 Room Air	0.000	10:40
03 *Subject Test	RFI*	10:40
04 Room Air	0.000	10:41

\*Invalid Test Inhibited - RFI

Sub Name = TEST, DONOR2 NONE

Sub DOB = 07/25/1998

Sub Sex = Male Weight = NA Test = DUI Cit = RFI CHECK

Dr. Lic. = ND/TES989643

Lot No = 02621080A1

Cyl No = 26

Expiration Date = 03/05/2023

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:

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/15/2021

SN 80-002669 8164.14.00 09/16 10:41

### DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:42
02 Std. Gas	0.080	10:42
03 Room Air	0.000	10:43
04 Std. Gas	0.080	10:43
05 Room Air	0.000	10:43
06 Std. Gas	0.080	10:44
07 Room Air	0.000	10:44

Lot No = 02621080A1

Cyl No = 26

Exp Date = 03/05/2023

County = 08

Oper No. = 666666

LIBRATION CHECK

Operator Signature CHARLES EDER

Remarks:

O. 080 AC Form 106-18000

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location = TOXL 06/15/2021 SN 80-002669 8164.14.00 09/16 10:45

## DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:45
02 Std. Gas	0.079	10:45
03 Room Air	0.000	10:46
04 Std. Gas	0.080	10:46
05 Room Air	0.000	10:47
06 Std. Gas	0.080	10:47
07 Room Air	0.000	10:48

Lot No = 02621080A1

Cyl No = 26

Exp Date = 03/05/2023

County = 08

Oper No. = 666666

ALIBRATION CHECK

Operator Signature CHARLES EDER

Remarks:

Form 106-I8000

0.080 AC

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/15/2021

Alcohol Analyzer SN 80-002669 8164.14.00 09/16 10:48

### DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:49
02 Std. Gas	0.080	10:49
03 Room Air	0.000	10:50
04 Std. Gas	0.079	10:50
05 Room Air	0.000	10:50
06 Std. Gas	0.080	10:51
07 Room Air	0.000	10:51

Lot No = 02621080A1

Cyl No = 26

Exp Date = 03/05/2023

County = 08

Oper No. = 666666

Operator Signature CHARLES EDER

Remarks: CALIBRATION CAECK

0.080AC