Toxicology Section/Breath Alcohol Program Intoxilyzer® 8000 Inspection

INTOXILYZER® 8000 INSPECTION

Intox	ilyzer® 8000 Serial Number: 80-003060 Location: 70 XL
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: ☑ psi Regulator: / ○ ○ psi
B.	Tests (Sign and attach test records): Configure simulator for the following tests (Level 1,S). Wet Calibration Check a. Low AC (Level 1,C): Known Value ≤ 0.03 AC: Sim. Ser #: MP306 Lot #: Dong Date: AC Sim. Ser #: MP306 Lot #: Low P306 Lot #: Low P306 Low
	Configure dry gas standard for the following tests (Level 1,S).
	2. A Interferent Check (Level 1,B): Known Value: O·/OAC + 0.05% Acetone Sim. Ser #: DR 38 4 7 Lot #: ICS 6 Exp. Date: NA Display reads "Interferent Detect" 3. A Display reads "Interferent Detect" 4. Dry Calibration Check (Level 1,C): Known Value O·080 AC Gas Cyl Lot #: O262 080 AI Cyl #: 26 Exp. Date: 3.5.23 Test 1 0.081 Test 4 0.080 Test 7 0.080 Test 2 0.080 Test 5 0.079 Test 8 0.080 Test 3 0.080 Test 6 0.080 Test 9 0.079 Average O.080
C.	Remarks/Maintenance: ANNUAL INSPECTION
	trument is acceptable to be used in the field. 6/23/2 h Analyst Signature Date
	h Analyst Signature Date 6.28.21
Revie	ewed by Date

02/18

Issuing Authority - CEE

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003060
Location = TOXL 8164.14.00 09/16
06/23/2021 11:47

******** 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? 1 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: 04/08/2008 Slope 702 Intercept -647610

IR Calibration Date: 06/04/2008
3um 9um

Oth Coef(*100): -5190 -7737 1st Coef(*100): 270580 138779 2nd Coef(*100): 2499 956 H2O adj(mg/l*10k): 377 188

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

Operator Signature CHARLES EDER

Remarks:

Form 106-I8000

RINT TES

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/23/2021

Alcohol Analyzer SN 80-003060 8164.14.00 09/16 11:49

WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	11:49
02 Std. Sol.	0.020	11:50
03 Room Air	0.000	11:51
04 Std. Sol.	0.020	11:51
05 Room Air	0.000	11:52
06 Std. Sol.	0.020	11:53
07 Room Air	0.000	11:53

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

Simul Ser No = MP3064 Std Sol No = 20070

County = 08

Oper No. = 666666

Operator Signature CHARLES EDER

Remarks:

LOW AC 0.020AC

Form 106-I8000

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/23/2021

SN 80-003060 8164.14.00 09/16 12:00

WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	12:01
02 Std. Sol.	0.397	12:01
03 Room Air	0.000	12:02
04 Std. Sol.	0.399	12:03
05 Room Air	0.000	12:03
06 Std. Sol.	0.400	12:04
07 Room Air	0.000	12:05

08 Sim Temp = 34.0°C

Simul Ser No = MP3062 Std Sol No = 202103E

County = 08

Oper No. = 666666

Operator Signature CHARLES EDER

Remarks:

Form 106-I8000

0.400 AC

CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-003060 8164.14.00 09/16 Location = TOXL 06/23/2021 12:14

Test	AC	Time
01 Room Air	0.000	12:14
02 *Subject Test	INT*	12:15
03 Room Air	0.000	12:16

*Invalid Test

Interferent Detected

Sub Name = TEST, DONOR2 NONE

Sub DOB = 07/25/1998

Sub Sex = Male Weight = 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

Remarks:

nterferent Check 10 AC + 0.05 1. ACETONE FORM 106-18000

CMI, Inc. Intoxilyzer	Alcohol Analyzer
North Dakota Model 8000	SN 80-003060
Location = TOXL	8164.14.00 09/16
06/23/2021	12:16

Test	AC	Time
01 Diagnostic	OK	12:17
02 Room Air	0.000	12:17
03 *Subject Test	RFI*	12:17
04 Room Air	0.000	12:18

*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:

Form 106-I8000

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/23/2021

Alcohol Analyzer SN 80-003060 8164.14.00 09/16 12:18

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	12:19
02 Std. Gas	0.081	12:19
03 Room Air	0.000	12:19
04 Std. Gas	0.080	12:20
05 Room Air	0.000	12:20
06 Std. Gas	0.080	12:21
07 Room Air	0.000	12:21

Lot No = 02621080A1

Cyl No = 26

Exp Date = 03/05/2023

County = 08

Oper No. = 666666

Operator Signature CHARLES EDER

Remarks:

0.080 AC Form 106-18000

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/23/2021

Alcohol Analyzer SN 80-003060 8164.14.00 09/16 12:22

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	12:22
02 Std. Gas	0.080	12:23
03 Room Air	0.000	12:23
04 Std. Gas	0.079	12:23
05 Room Air	0.000	12:24
06 Std. Gas	0.080	12:24
07 Room Air	0.000	12:25

Lot No = 02621080A1

Cyl No = 26

Exp Date = 03/05/2023

County = 08

Oper No. = 666666

LIBRATION CHECK

0.080AC

Operator Signature CHARLES EDER

Remarks:

Form 106-I8000

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/23/2021

Alcohol Analyzer SN 80-003060 8164.14.00 09/16 12:25

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	12:26
02 Std. Gas	0.080	12:26
03 Room Air	0.000	12:27
04 Std. Gas	0.080	12:27
05 Room Air	0.000	12:27
06 Std. Gas	0.079	12:28
07 Room Air	0.000	12:28

Lot No = 02621080A1

Cyl No = 26

Exp Date = 03/05/2023

County = 08

Oper No. = 666666

MIBRATION CHECK

Operator Signature CHARLES EDER

Remarks:

Form 106-I8000

0.080AC