



NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
CRIME LABORATORY DIVISION

INTOXILYZER® 8000 ANNUAL INSPECTION

Intoxilyzer® 8000 Serial Number: 80-00 3060 Inspection Location: TOXL

A. Pre-Inspection

1. Items with Instrument:
 - Gas Cylinder Yes or No (If Yes, Lot # _____ Cyl. # _____)
 - Keys Yes or No
 - Power Cord Yes or No
2. Download Data
3. Upload Operator File
4. Current Location Code: TOXL
5. Battery Check
 - Was the external battery pack replaced? Yes or No
6. O-Rings
 - Replaced Simulator O-Ring Yes or No
 - Replaced Breath Tube O-Ring Yes or No

B. General Setup and Checks:

1. Diagnostics passed and instrument in "Ready" mode
2. Breath tube heated
3. Date, time and location code (Level 2,E). Re-set if necessary.
Time Zone: CST or MDT (Time on test records will be in time zone circled).
4. Print test (Level 1,P). Sign and attach test record.
5. Tank monitor (Level 3,D,G).
Display: 200 210 psi Regulator: 245 psi
Display and Regulator ± 50 psi of each other Yes or No
Gas tank tare necessary? Yes or No
If Yes, display readings after tare (Level 3,M,C,G):
Display: _____ psi Regulator: _____ psi

C. Tests (Sign and attach test records):

1. Configure simulator for the following test (Level 1,S).
Wet Calibration Check - Low AC (Level 1,C)
Known Value ≤ 0.03 AC: 0.020 AC
Sim. Ser #: MP5318
Lot #: 202201A
Exp. Date: 11 JAN 24
 Results ± 0.005 of known AC

Toxicology Unit - Breath Alcohol Section	Qualtrax ID: 11698 Revision: 1
Intoxilyzer 8000 Annual Inspection	Status: Published Published: 03/24/2023
UNCONTROLLED WHEN PRINTED	Page 1 of 2

2. Configure simulator for the following test (Level 1,S).
 Wet Calibration Check - High AC (Level 1,C)
 Known Value \geq 0.25 AC: 0.300 AC
 Sim. Ser #: MP6039
 Lot #: 202201A
 Exp. Date: 18Jan24
 Results \pm 5% AC of known AC
3. Configure dry gas standard for the remaining tests (Level 1,S).
 Known Value : 0.080 AC
 Gas Cylinder Lot #: 26021080A1
 Cylinder #: 25
 Exp. Date: 10/5/23
4. Interferent Check (Level 1,B)
 Known Value: 0.10 AC + 0.05% Acetone
 Sim. Ser #: DR7345
 Lot #: ICS7
 Exp. Date: NIA
 Display reads "Interferent Detect"
5. RFI Check (CMS Mode)
 Display reads "RFI Detect"
6. Dry Calibration Check (Level 1,C)
 Test 1 0.080 Test 4 0.079 Test 7 0.080
 Test 2 0.079 Test 5 0.079 Test 8 0.080
 Test 3 0.079 Test 6 0.080 Test 9 0.080
 Average 0.079
 Results \pm 0.005 AC of known AC

D. Remarks/Maintenance: NIA

Instrument is acceptable to be used in the field. Yes or No
 If No, state reason(s) why: _____

If Yes, change location code back to A.4.

Aur Miller
 Inspector Signature

20 Apr 2023
 Date

Janelle Putscheller
 Reviewer

27 Apr 2023
 Date

Toxicology Unit - Breath Alcohol Section	Qualtrax ID: 11698 Revision: 1
Intoxilyzer 8000 Annual Inspection	Status: Published Published: 03/24/2023
UNCONTROLLED WHEN PRINTED	Page 2 of 2

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003060
Location = TOXL 8164.14.00 09/16
04/26/2023 14:57

***** Printer Test *****

abcdefghijklmnopqrstuvwxy1234567890- = |
ABCDEFGHIJKLMN0PQRSTUVWXYZ!@#\$\$%^&*()_+?

abcdefghijklmnopqrstuvwxy1234567890- = |
ABCDEFGHIJKLMN0PQRSTUVWXYZ!@#\$\$%^&*()_+?

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)? Wet
Standard Value? 0.300
Standard Solution #? 202201F
Sim Serial #? MP6039
Oper No? 133237

Flow Cal. Date: 04/08/2008
Slope 702
Intercept -647610

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

0th 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
ANNA NAREHOOD

Remarks: *Print Test*

Form 106-I8000

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003060
Location = TOXL 8164.14.00 09/16
04/26/2023 14:58

WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	14:58
02 Std. Sol.	0.020	14:59
03 Room Air	0.000	15:00
04 Std. Sol.	0.021	15:01
05 Room Air	0.000	15:01
06 Std. Sol.	0.021	15:02
07 Room Air	0.000	15:02

08 Sim Temp = 34.0°C

Simul Ser No = MP5318

Std Sol No = 202201A

County = 08

Oper No. = 133237



Operator Signature
ANNA NAREHOOD

Remarks: *LOW AC Check-0.020AC*

Form 106-I8000

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003060
Location = TOXL 8164.14.00 09/16
04/26/2023 15:03

WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	15:03
02 Std. Sol.	0.294	15:04
03 Room Air	0.000	15:05
04 Std. Sol.	0.297	15:06
05 Room Air	0.000	15:06
06 Std. Sol.	0.296	15:07
07 Room Air	0.000	15:07

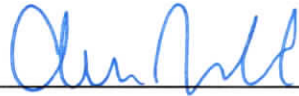
08 Sim Temp = 34.0°C

Simul Ser No = MP3069

Std Sol No = 202201F

County = 08

Oper No. = 133237



Operator Signature
ANNA NAREHOOD

Remarks:

High AC check - 0.300AC

Form 106-I8000


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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003060
Location = TOXL 8164.14.00 09/16
04/26/2023 15:30

Test	AC	Time
01 Room Air	0.000	15:31
02 *Subject Test	INT*	15:31
03 Room Air	0.000	15:32

*Invalid Test
Interferent Detected

Sub Name = TEST, DONOR2 NONE
Sub DOB = 07/25/1998
Sub Sex = Male Weight = NA
Test = OTH Cit = INTERFERENT CK
Dr. Lic. = ND/TES989643
Lot No = 26021080A1
Cyl No = 25
Expiration Date = 10/05/2023
County = 08 Oper No. = 133237



Operator Signature
ANNA NAREHOOD

Remarks: Interferent Check

Form 106-I8000

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

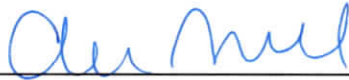
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003060
Location = TOXL 8164.14.00 09/16
04/26/2023 15:32

Test	AC	Time
01 Diagnostic	OK	15:33
02 Room Air	0.000	15:34
03 *Subject Test	RFI*	15:34
04 Room Air	0.000	15:34

*Invalid Test
Inhibited - RFI

Sub Name = TEST, DONOR2 NONE
Sub DOB = 07/25/1998
Sub Sex = Male Weight = NA
Test = OTH Cit = RFI CHECK
Dr. Lic. = ND/TES989643
Lot No = 26021080A1
Cyl No = 25
Expiration Date = 10/05/2023
County = 08 Oper No. = 133237

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



Operator Signature
ANNA NAREHOOD

Remarks: RFI check

Form 106-I8000

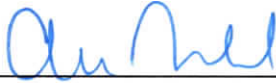
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003060
Location = TOXL 8164.14.00 09/16
04/26/2023 15:35

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	15:36
02 Std. Gas	0.080	15:36
03 Room Air	0.000	15:37
04 Std. Gas	0.079	15:37
05 Room Air	0.000	15:37
06 Std. Gas	0.079	15:38
07 Room Air	0.000	15:38

Lot No = 26021080A1
Cyl No = 25
Exp Date = 10/05/2023
County = 08 Oper No. = 133237



Operator Signature
ANNA NAREHOOD

Remarks:

Dry cal check #1-3

Form 106-I8000

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003060
Location = TOXL 8164.14.00 09/16
04/26/2023 15:39

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	15:39
02 Std. Gas	0.079	15:39
03 Room Air	0.000	15:40
04 Std. Gas	0.079	15:40
05 Room Air	0.000	15:41
06 Std. Gas	0.080	15:41
07 Room Air	0.000	15:42

Lot No = 26021080A1
Cyl No = 25
Exp Date = 10/05/2023
County = 08 Oper No. = 133237



Operator Signature
ANNA NAREHOOD

Remarks:

Dry cal check #4-6

Form 106-I8000

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003060
Location = TOXL 8164.14.00 09/16
04/26/2023 15:43

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	15:43
02 Std. Gas	0.080	15:44
03 Room Air	0.000	15:44
04 Std. Gas	0.080	15:45
05 Room Air	0.000	15:45
06 Std. Gas	0.080	15:46
07 Room Air	0.000	15:46

Lot No = 26021080A1
Cyl No = 25
Exp Date = 10/05/2023
County = 08 Oper No. = 133237



Operator Signature
ANNA NAREHOOD

Remarks: Dry Cal Check #7-9

Form 106-I8000