## INTOXILYZER® 8000 INITIAL INSPECTION

Intoxilyzer® 8000 Serial Number：80－00 4189
A．General Setup and Checks：
1．Initial start up
® Power On
区 5－minute countdown during initial warm－up
ฟ1－minute countdown to begin test after standby mode
2．区Display Intensity（Ctrl $+\uparrow$ or $\downarrow$ ）
3．Password Security：
\＆Level 1 （Operator）
め Level 2 （Field Inspector）
凶 Level 3 （Lab Personnel）
4．$\forall$ Printer Setup（Level 3，S，P）
5． X ，Forms Load Completed（CMI，Inc．，CoBrA Software）
B．Level 1 Setup and Checks：
1．（Internal Printer Test（Level 1，P）．Sign and attach record．
区 Paper Feed
2．External Printer Test（Level 1，P）．Sign and attach record．
3．Barcode Reader（Level 1，B）（Tone sounds after each）
区 Operator ID
区 Invalid ID
，ND License
（ $R$ key：Refusal．Sign and attach record．
C．Level 2 Setup and Checks：
1．Continuous Air Blank（Level 2，A）

| Toxicology Unit－Breath Alcohol Section | Qualtrax ID： 11784 Revision： 2 |
| :--- | ---: |
| Intoxilyzer 8000 Initial Inspection | Published： $04 / 24 / 2023$ |
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2．Diagnostic（Level 2，D）．Sign and attach test record．
3． Prelim Data Entry（Level 2，E）
4．Ser Number／Version Info（Level 2，V）：

| Inst Ser\＃： | 80－004189 | DSP Ver： | 1362.14 |
| :---: | :---: | :---: | :---: |
| ore | 8164.14 | CPLD Ver： |  |

D．Level 3 Setup and Checks：
1．DVM Monitor（Level 3，D，D）：
3： 12830
s ： $\qquad$ C： 47.00
9： 13259
s： $\qquad$ B： $\qquad$

区 DVM（3 \＆9）between 9，000－16，000 counts
凹RFI indicator with keyed radio： $\qquad$ $0 \rightarrow 1$
2．Function（F）Keys：
© F5－Tone
相 F9－Fan
『 F6－Green LED
区 F10－Pump
［77－Red LED
X F11－Solenoid

3．Atmospheric Monitor（Level 3DA）．Atmo Sensor，
3．Atmospheric Monitor（Level $3, D, A$ ）：Atmo Sensor，P： 959 $\qquad$ CF： 1.05
4．Flow Monitor（Level 3，D，F）：Flow Sensor，
R： 206
F： $0.000 \mathrm{~L} / \mathrm{s}$
5．Temperature Monitor（Level 3，D，T）：
C： 47.0
A： 48.5 $\qquad$
B： $\qquad$ $\mathrm{V}: 0.0$
（Cell Temperature（C）between $47 \pm 0.02^{\circ} \mathrm{C}$
\＆Breath Hose Temperature（B）between $35.5-47^{\circ} \mathrm{C}$
（ Internal Ambient Temperature（A）above $41^{\circ} \mathrm{C}$
6．Tank Monitor（Level 3，D，G）：
Display： $\qquad$ psi Regulator： $\qquad$ psi
Display and Regulator $\pm 50$ psi of each other res or No Gas tank tare necessary？Yes or No If Yes，display readings after tare（Level 3，M，C，G）：
Display： $\qquad$ psi Regulator： $\qquad$ psi
7． $\mathbb{W}$ General Setup（Level $3, \mathrm{~S}, \mathrm{G}$ ）
8．WConfigure Start Test（Level $3, \mathrm{~S}, \mathrm{~T}$ ）
9．Network（Level 3，S，N）

| Toxicology Unit－Breath Alcohol Section | Qualtrax ID： 11784 Revision： 2 |
| :--- | ---: |
| Status：Published |  |
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E. Tests (Sign and attach all test records):

1. X Configure wet bath simulator for the following test (Level $1, \mathrm{~S}$ )

Zero AC-Wet Calibration Check (Level 1,C):
Sim ser\#: MP3066 Lot \#: 33023 Exp date: $\quad$ N1A
Known value: $\qquad$ AC
区 Results are Zero AC
2. $\mathbb{X}$ Configure wet bath simulator for the following test (Level $1, S$ )

Low AC-Wet Calibration Check (Level 1,C):
Known Value $\leq 0.03$ AC: 0.020 AC
Sim ser \#: MP5318 Lot \#: 202201A Exp date: IIJan 24 $\triangle$ Results $\pm 0.005$ of known AC
3. Configure wet bath simulator for the following test (Level 1,S)

High AC-Wet Calibration Check (Level 1,C):
Known Value $\geq 0.25$ AC: 0.300 AC
Sim ser \#: MP6039 Lot \#: 202201F Exp date: 18 Jan 24 DResults $\pm 5 \%$ of known AC
4. $\mathrm{A}_{\mathrm{C}}$ Configure dry gas standard for the following tests (Level 1,S)

Known Value: 0.080 AC
Gas Cylinder Lot \#: 34921080 A1 Cylinder \#: 49 Exp. Date: $215 / 24$
5. $0.10 \%$ Ethanol $+0.05 \%$ Acetone (Level 1,B):

Sim. Ser \#: DR3841 Lot \#: ICS 7 Exp. Date: _ N/A
母Display reads "Interferent Detect"
6. $0.05 \%$ Acetone (Level $1, \mathrm{~B}$ ):

Sim. Ser \#: DR 7349 Lot \#: ACE 3
Exp. Date: N|A
(Display reads "Interferent Detect"
7. $0.10 \%$ Methanol (Level 1,B):

Sim. Ser \#: DR7347 Lot \#: MET3
Exp. Date: $N / A$
(Display Reads "Interferent Detect"
8. $0.10 \%$ Isopropanol (Level $1, B$ ):

Sim. Ser \#: DR 7350 Lot \#: IPA 3
Exp. Date: $\quad$ N|A Display Reads "Interferent Detect"
9. DAmbient Fail (Level 1,B): Display read and test record correct.
10. Invalid Sample (Level 1,B): Display read and test record correct.
11. KSequence Aborted (Level 1,B): Display read test record correct.
12. XABA (Level 1,B): Test record correct.

| Toxicology Unit - Breath Alcohol Section | Qualtrax ID: 11784 Revision: 2 |
| :--- | ---: |
| Intoxilyzer 8000 Initial Inspection | Published: $04 / 24 / 2023$ |
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13. Calibration check out of tolerance (CMS mode): Display read and test record correct.
14. XRFI Detected (B,C, or CMS mode): Display read and test record correct.
15. Tank Pressure Below Minimum (CMS mode): Display reads correct.
16. Deficient Samples (CMS mode): Display read and test record correct.
17. Improper Sample (CMS mode): Display read and test record correct.
18. (Difference Too Great (CMS mode): Display read and test record correct.
19. めCMS (CMS mode): Test record correct.
20. Stability Test (Level 3,T,S):

Ave: 0.0815
Std Lev: 0.0005 Rel Std Lev: $0.63 \%$

Maintenance/Repairs/Notes:
NI
$\qquad$
$\qquad$
$\qquad$
Instrument is acceptable to be used in the field. Yes or No
If No, state reasons) why:
$\qquad$
$\qquad$
$\qquad$


Inspector Signature


26 Apr 2023
Date

$$
\frac{27 \text { Apr } 2023}{\text { ate }}
$$

| Toxicology Unit - Breath Alcohol Section | Qualtrax ID: 11784 Revision: 2 |
| :--- | ---: |
| Status: Published |  |
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Intox:Iyzer Test Recorc ard Checkils:
NoDed Crine ado. Div., Bistarck, No 5850.

| yzer | A.conol Anal,yzer |
| :---: | :---: |
| North Daxota Mocel 8000 | 5V 80-004:89 |
| Location $=$ TOXL | 8164.14.00 19/16 |
| .4/25/2023 |  |

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

## 12 char/line abcdefghijkl ABCDEFGHIJKL

## 16 char per line abcdefghi jklmnop ABCDEFGHI JKLMNOP

24 characters per line abcdefghijklmnopqrstuuwx ABCDEFGHIJKLMNOPQRSTUUWX

32 characters per line abcdefghi jklmnopqrstuuwxyz123456 ABCDEFGHIJKLMNOPQRSTUUWXYZ123456

```
    42 characters per line
```



```
AB
```



Operator Signature ANNA NAREHOOD

Remarks:
intemal 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 80-004189 |
| Location $=$ TOXL | $8164.14 .0009 / 16$ |
| $04 / 25 / 2023$ | $09: 46$ |



Printer Test End


Remarks: Extemal Print Test

Intoxilyzer Test Record and Checklist NDOAG Crime Lab. Div., Bismarck, ND 58501 CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-004189 Location $=$ TOXL 8164.14.00 09/16 04/25/2023 09:48

| Test | AC | Time |
| :---: | :---: | :---: |
| 01 Room Air | 0.000 | 09:49 |
| 02 *Subject Test | REF* | 09:49 |
| 03 Room Air | 0.000 | 09:49 |
| *Subject Test Refused |  |  |
| Sub Name $=$ TEST, DONOR2 NONE |  |  |
| Sub DOB $=07 / 25 / 1998$ |  |  |
| Sub Sex = Male Weight = NA |  |  |
| Test = OTH Cit = REFUSAL |  |  |
| Dr. Lic. $=$ ND/TES989643 |  |  |
| Lot $\mathrm{No}=34921080 \mathrm{Al}$ |  |  |
| Cyl $\mathrm{No}=47$ |  |  |
| Expiration Date $=02 / 05 / 2024$ |  |  |
| County $=08$ | Ope | 133237 |



Remarks: Refusal

Intoxilyzer Test Record and Checklist NDOAG Crime Lab. Div., Bismarck, ND 58501 CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 SN 80-004189 Location $=$ TOXL $\quad 8164.14 .00$ 09/16 04/25/2023 10:06

## 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


Remarks: Díagnostic

Form 106-I8000

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

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location $=$ TOXL 04/25/2023

Alcohol Analyzer SN 80-004189 8164.14.00 09/16 13:19

```
WET CAL CHECK
```

| Test | AC | Time |
| :--- | :--- | ---: |
| 01 Room Air | 0.000 | $13: 19$ |
| 02 Std. Sol. | 0.000 | $13: 20$ |
| 03 Room Air | 0.000 | $13: 21$ |
| 04 Std. Sol. | 0.000 | $13: 21$ |
| 05 Room Air | 0.000 | $13: 22$ |
| 06 Std. Sol. | 0.000 | $13: 23$ |
| 07 Room Air | 0.000 | $13: 23$ |
|  |  |  |

Simul Ser No = MP3066
Std sol No $=33023$
County $=08 \quad$ Oper No. $=133237$


Operator Signature ANNA NAREHOOD

## Remarks: Zero AC Cheut

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 80-004189 |
| Location $=$ TOXL | $8164.14 .0009 / 16$ |
| $04 / 26 / 2023$ | $10: 04$ |

## WET CAL CHECK

| Test | AC | Time |
| :--- | :--- | ---: |
| 01 Room Air | 0.000 | $10: 04$ |
| 02 Std. Sol. | 0.018 | $10: 05$ |
| 03 Room Air | 0.000 | $10: 05$ |
| 04 Std. Sol. | 0.020 | $10: 06$ |
| 05 Room Air | 0.000 | $10: 07$ |
| 06 Std. Sol. | 0.021 | $10: 07$ |
| 07 Room Air | 0.000 | $10: 08$ |
|  |  |  |

Simul Ser No = MP5318
Std Sol No $=202201 \mathrm{~A}$
County $=08 \quad$ Oper No. $=133237$


Operator Signature ANNA NAREHOOD

## Remarks: LOW Al Cherk-0.020 AC

Form 106-I8000

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

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location $=$ TOXL 04/26/2023

Alcohol Analyzer SN 80-004189
8164.14.00 09/16 10:11

```
WET CAL CHECK
```

| Test | AC | Time |
| :--- | :--- | :--- |
| 01 Room Air | 0.000 | $10: 11$ |
| 02 Std. Sol. | 0.301 | $10: 12$ |
| 03 Room Air | 0.000 | $10: 13$ |
| 04 Std. Sol. | 0.303 | $10: 13$ |
| 05 Room Air | 0.000 | $10: 14$ |
| 06 Std. Sol. | 0.302 | $10: 15$ |
| 07 Room Air | 0.000 | $10: 15$ |
|  |  |  |

```
Simul Ser No = MP6039
Std Sol No = 202201F
County = 08 Oper No. = 133237
```



Remarks: High Ac chewk -0.300 Ac

Form 106-I8000

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

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location $=$ TOXL 04/26/2023

| Test | AC | Time |
| :--- | :--- | :--- |
| 01 Room Air | 0.000 | $10: 18$ |
| 02 *Subject Test | INT* | $10: 18$ |
| 03 Room Air | 0.000 | $10: 19$ |

                        Interferent Detected
    Sub Name $=$ TEST, DONOR NONE
Sub DOB $=07 / 25 / 1998$
Sub Sex = Male Weight = NA
Test $=$ OTH Cit $=$ INTERFERENT CK
Dr. Lice. = ND/TES989643
Lot $\mathrm{No}=34921080 \mathrm{~A} 1$
Cyl No $=49$
Expiration Date $=02 / 05 / 2024$
County $=08 \quad$ Oper No. $=133237$


Operator Signature ANNA NAREHOOD
remarks: Interferent check ETOH + Accolone

Form 106-I8000

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



Operator Signature ANNA NAREHOOD


Form 106-I8000

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

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location $=$ TOXL 04/26/2023

Alcohol Analyzer SN 80-004189 8164.14.00 09/16 10:21

| Test | AC | Time |
| :--- | :--- | ---: |
| 01 Room Air | 0.000 | $10: 22$ |
| 02 *Subject Test | INT* | $10: 22$ |
| 03 Room Air | 0.000 | $10: 23$ |
|  |  |  |
| *Invalid Test |  |  |

Sub Name $=$ TEST, DONOR NONE
Sub DOB $=07 / 25 / 1998$
Sub Sex = Male Weight = NA
Test $=$ OTH Cit $=$ INTERFERENT CK
Dr. Lice. = ND/TES989643
Lot $\mathrm{No}=34921080 \mathrm{Al}$
Cyl $\mathrm{No}=49$
Expiration Date $=02 / 05 / 2024$
County $=08 \quad$ Oper No. $=133237$


Operator Signature ANNA NAREHOOD

Remarks


Form 106-I8000

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



Operator Signature ANNA NAREHOOD

Remarks: Interferent check IPA

Form 106-I8000

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



Remarks: Ambient Fail

Form 106-I8000

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



Operator Signature ANNA NAREHOOD

Remarks: Invalid sample

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 80-004189 |  |
| Location = TOXL |  | 8164.14 .00 |
| $04 / 26 / 2023$ |  | $09 / 16$ |
|  | AC | $10: 31$ |
| Test |  | Time |
| 01 Room Air | 0.000 | $10: 31$ |
| 02 *Subject Test | ABR* | $10: 32$ |
| 03 Room Air | 0.000 | $10: 32$ |

*Sequence Aborted
Sub Name $=$ TEST, DONOR NONE
Sub DOB = 07/25/1998
Sub Sex = Male Weight = NA
Test $=$ OTH $\quad$ Cit $=$ SEQUENCE ABORT
Dr. Lice. = ND/TES989643
Lot $\mathrm{No}=34921080 \mathrm{~A} 1$
Cyl No $=49$
Expiration Date $=02 / 05 / 2024$
County $=08 \quad$ Oper No. $=133237$


## Remarks: <br> Sequence Aborted

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 80-004189 Location $=$ TOXL $\quad 8164.14 .00$ 09/16 04/26/2023 10:33

| Test | AC | Time |
| :--- | :---: | :---: |
| 01 Room Air | 0.000 | $10: 33$ |
| 02 Subject Test 1 | 0.000 | $10: 36$ |
| 03 Room Air | 0.000 | $10: 37$ |
| 04 Reported AC | 0.000 | $10: 36$ |

No RFI Detected

```
Sub Name = TEST, DONOR2 NONE
Sub DOB = 07/25/1998
Sub Sex = Male Weight = NA
Test = OTH
    Cit = ABA
Dr. Lic. = ND/TES989643
Lot No = 34921080A1
Cyl No = 49
Expiration Date = 02/05/2024
County = 08 Oper No. = 133237
```



Operator Signature ANNA NAREHOOD

Remarks: OBO test

Form 106-I8000

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

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location $=$ TOXL 04/26/2023

Alcohol Analyzer
SN 80-004189
8164.14.00 09/16

10:37

| 01 Diagnostic | OK | $10: 38$ |
| :--- | :--- | :--- | :--- |
| 02 Room Air | 0.000 | $10: 38$ |
| 03 Subject Test 1 | 0.000 | $10: 39$ |
| 04 Room Air | 0.000 | $10: 41$ |
| 05 Std. Gas | 0.05 ® $^{*}$ | $10: 42$ |
| 06 Room Air | 0.000 | $10: 43$ |

*Cal Check Out of Tolerance
Sub Name $=$ TEST, DONOR NONE
Sub DOB $=07 / 25 / 1998$
Sub Sex = Male Weight = NA
Test $=$ OTH $\quad$ Cit $=$ CAL CHECK OUT
Dr. Lice. $=$ ND/TES989643
Lot $\mathrm{No}=34921080 \mathrm{~A} 1$
Cyl $\mathrm{No}=49$
Expiration Date $=02 / 05 / 2024$
County $=08 \quad$ Oper No. $=133237$

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


Operator Signature ANNA NAREHOOD
Remarks: Calibration check out of tolerance

Form 106-I8000

Intoxilyzer Test Record and Checklist NDOAG Crime Lab. Div., Bismarck, ND 58501 CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 Location $=$ TOXL SN 80-004189 8164.14 .00 09/16

| Test | AC | Time |
| :--- | :--- | ---: |
| 01 Room Air | 0.000 | $10: 44$ |
| 02 *Subject Test | RFI* | $10: 44$ |
| 03 Room Air | 0.000 | $10: 45$ |

*Invalid Test
Inhibited - RFI
Sub Name $=$ TEST, DONOR NONE
Sub DOB $=07 / 25 / 1998$
Sub Sex = Male Weight = NA
Test $=$ OTH $\quad$ Cit $=$ RFI CHECK
Dr. Lice. $=$ ND/TES989643
Lot $\mathrm{No}=34921080 \mathrm{~A} 1$
Cyl $\mathrm{No}=49$
Expiration Date $=02 / 05 / 2024$
County $=08 \quad$ Oper No. $=133237$


Operator Signature ANNA NAREHOOD

Remarks: RFICheck

Form 106-I8000

Intoxilyzer Test Record and Checklist NDOAG Crime Lab. Div., Bismarck, ND 58501
 No RFI Detected
*Deficient Sample - Value Printed was Highest Obtained

Sub Name $=$ TEST, DONOR NONE
Sub $\mathrm{DOB}=07 / 25 / 1998$
Sub Sex = Male Weight = NA
Test $=$ OTH Cit $=$ DEFICIENT SAMPL
Dr. Lice. = ND/TES989643
Lot $\mathrm{No}=34921080 \mathrm{Al}$
Cyl $\mathrm{No}=49$
Expiration Date $=02 / 05 / 2024$
County = $08 \quad$ Oper No. $=133237$
20 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: Deficient Sample

Form 106-I8000

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


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


Operator Signature ANNA NAREHOOD

Remarks: Improper Sample

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 80-004189 Location $=$ TOXL $\quad 8164.14 .00$ 09/16 04/26/2023 11:03

| Test | AC | Time |
| :--- | :--- | :--- |
| 01 Diagnostic | OK | $11: 03$ |
| 02 Room Air | 0.000 | $11: 04$ |
| 03 Subject Test 1 | $0.000^{*}$ | $11: 04$ |
| 04 Room Air | 0.000 | $11: 07$ |
| 05 Std. Gas | 0.080 | $11: 08$ |
| 06 Room Air | 0.000 | $11: 09$ |
| 07 Subject Test 2 | $0.042^{*}$ | $11: 09$ |
| 08 Room Air | 0.000 | $11: 10$ |

*Difference Too Great
Sub Name $=$ TEST, DONOR NONE
Sub $D O B=07 / 25 / 1998$
Sub Sex = Male Weight = NA
Test $=$ OTH $\quad$ Cit $=$ DIFF TOO GREAT
Dr. Lice. = ND/TES989643
Lot $\mathrm{No}=34921080 \mathrm{Al}$
Cyl $\mathrm{No}=49$
Expiration Date $=02 / 05 / 2024$
County $=08 \quad$ Oper No. $=133237$

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


Operator Signature ANNA NAREHOOD
Remarks: Difference Too Great

Form 106-I8000

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000 Location $=$ TOXL 04/26/2023

Alcohol Analyzer SN 80-004189
8164.14.00 09/16

11:11

| Test | AC | Time |
| :--- | :--- | :--- |
| 01 Diagnostic | OK | $11: 12$ |
| 02 Room Air | 0.000 | $11: 12$ |
| 03 Subject Test 1 | 0.000 | $11: 12$ |
| 04 Room Air | 0.000 | $11: 14$ |
| 05 Std. Gas | 0.077 | $11: 16$ |
| 06 Room Air | 0.000 | $11: 17$ |
| 07 Subject Test 2 | 0.000 | $11: 17$ |
| 08 Room Air | 0.000 | $11: 19$ |
| 09 Reported AC | 0.000 | $11: 12$ |
|  |  |  |
| Difference OK |  |  |

```
Sub Name = TEST, DONOR2 NONE
Sub DOB = 07/25/1998
Sub Sex = Male Weight = NA
Test = OTH
Cit = CMS TEST
Dr. Lic. = ND/TES989643
Lot No = 34921080A1
Cyl No = 49
Expiration Date = 02/05/2024
County = 08 Oper No. = 133237
20 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.


Remarks: CMS 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 Location $=$ TOXL SN 80-004189 04/26/2023
8164.14 .00 09/16

11:20

| Test | AC | Time |
| :---: | :---: | :---: |
| 01 Room Air | 0.000 | 11:20 |
| 02 Std. Gas | 0.081 | 11:21 |
| 03 Room Air | 0.000 | 11:21 |
| 04 Std. Gas | 0.082 | 11:22 |
| 05 Room Air | 0.000 | 11:22 |
| 06 Std. Gas | 0.081 | 11:22 |
| 07 Room Air | 0.000 | 11:23 |
| 08 Std. Gas | 0.081 | 11:23 |
| 09 Room Air | 0.000 | 11:24 |
| 10 Std. Gas | 0.082 | 11:24 |
| 11 Room Air | 0.000 | 11:25 |
| 12 Std. Gas | 0.082 | 11:25 |
| 13 Room Air | 0.000 | 11:26 |
| 14 Std. Gas | 0.082 | 11:26 |
| 15 Room Air | 0.000 | 11:26 |
| 16 Std. Gas | 0.082 | 11:27 |
| 17 Room Air | 0.000 | 11:27 |
| 18 Std. Gas | 0.081 | 11:28 |
| 19 Room Air | 0.000 | 11:28 |
| 20 Std. Gas | 0.081 | 11:29 |
| 21 Room Air | 0.000 | 11:29 |
| 22 Std. Gas | 0.081 | 11:29 |
| 23 Room Air | 0.000 | 11:30 |
| 24 Std. Gas | 0.082 | 11:30 |
| 25 Room Air | 0.000 | 11:31 |
| 26 Std. Gas | 0.082 | 11:31 |
| 27 Room Air | 0.000 | 11:32 |
| 28 Std. Gas | 0.082 | 11:32 |
| 29 Room Air | 0.000 | 11:33 |
| 30 Std. Gas | 0.081 | 11:33 |
| 31 Room Air | 0.000 | 11:33 |
| 32 Std. Gas | 0.081 | 11:34 |
| 33 Room Air | 0.000 | 11:34 |
| 34 Std. Gas | 0.082 | 11:35 |
| 35 Room Air | 0.000 | 11:35 |
| 36 Std. Gas | 0.082 | 11:35 |
| 37 Room Air | 0.000 | 11:36 |
| 38 Std. Gas | 0.081 | 11:36 |
| 39 Room Air | 0.000 | 11:37 |
| 40 Std. Gas | 0.081 | 11:37 |
| 41 Room Air | 0.000 | 11:38 |
| 42 Cal Check Stats: |  |  |
| 43 Average | 0.0815 |  |
| 44 Std Dev | 0.0005 |  |
| 45 Rel Std Dev | 0.63\% |  |

## Remarks:

Stability Test

Form 106-I8000

