



NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
CRIME LABORATORY DIVISION

INTOXILYZER® 8000 ANNUAL INSPECTION

Intoxilyzer® 8000 Serial Number: 80-00 6681 Inspection Location: TOXL

A. Pre-Inspection

1. Items with Instrument:
 - Gas Cylinder Yes or No (If Yes, Lot # 3492108041 Cyl. # 57)
 - Keys Yes or No
 - Power Cord Yes or No
2. Download Data
3. Upload Operator File
4. Current Location Code: SACO
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: 944 psi Regulator: 950 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: 11Jan24
 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
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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 #: MPL6039
 Lot #: 202201F
 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 #: DR3841
 Lot #: ICS 7
 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 0.079 Test 4 0.079 Test 7 0.080
 Test 2 0.079 Test 5 0.080 Test 8 0.079
 Test 3 0.079 Test 6 0.079 Test 9 0.079
 Average 0.079
 Results \pm 0.005 AC of known AC

D. Remarks/Maintenance: Initial dry cal check was high. Ran continuous air blank for 1/2 hour. No further issues

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. NIA. Instrument already swapped. Keep TOXL.

Arnell
 Inspector Signature

27Apr2023
 Date

Janelle Antochillo
 Reviewer

27Apr2023
 Date

Toxicology Unit - Breath Alcohol Section	Qualtrax ID: 11698 Revision: 1
Intoxilyzer 8000 Annual Inspection	Status: Published Published: 03/24/2023
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Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006681
Location = TOXL 8164.14.00 09/16
04/25/2023 08:34

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

abcdefghijklmnopqrstuvwxyz1234567890-=_|
ABCDEFGHIJKLMNPOQRSTUVWXYZ!@#%^&*()_+?

abcdefghijklmnopqrstuvwxyz1234567890-=_|
ABCDEFGHIJKLMNPOQRSTUVWXYZ!@#%^&*()_+?

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 #? 34921080A1
Standard Cyl #? 57
Standard Expiration? 02/05/2024
Oper No? 133237

Flow Cal. Date: 05/27/2020
Slope 651
Intercept -622365

IR Calibration Date: 05/27/2020
 3um 9um

	3um	9um
0th Coef(*100):	-10420	-19573
1st Coef(*100):	269401	137403
2nd Coef(*100):	1095	923
H2O adj(mg/l*10k):	127	287

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



Operator Signature
ANNA NAREHOOD

Remarks: *Print Test*

Form 106-I8000

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North Dakota Model 8000 SN 80-006681
Location = TOXL 8164.14.00 09/16
04/25/2023 08:34

WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	08:35
02 Std. Sol.	0.019	08:36
03 Room Air	0.000	08:36
04 Std. Sol.	0.020	08:37
05 Room Air	0.000	08:38
06 Std. Sol.	0.021	08:38
07 Room Air	0.000	08:39

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*

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NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006681
Location = TOXL 8164.14.00 09/16
04/25/2023 08:40

WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	08:40
02 Std. Sol.	0.302	08:42
03 Room Air	0.000	08:42
04 Std. Sol.	0.305	08:43
05 Room Air	0.000	08:44
06 Std. Sol.	0.305	08:44
07 Room Air	0.000	08:45

08 Sim Temp = 34.0°C

Simul Ser No = MP6039

Std Sol No = 202201F

County = 08

Oper No. = 133237



Operator Signature
ANNA NAREHOOD

Remarks: High Ac Check - ~~0.300~~ 0.300 Ac

Form 106-I8000

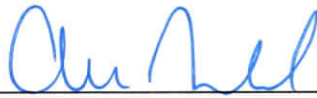
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006681
Location = TOXL 8164.14.00 09/16
04/25/2023 08:51

Test	AC	Time
01 Room Air	0.000	08:52
02 *Subject Test	INT*	08:52
03 Room Air	0.000	08:53

*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

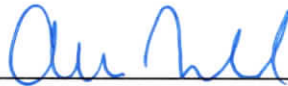
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006681
Location = TOXL 8164.14.00 09/16
04/25/2023 08:53

Test	AC	Time
01 Diagnostic	OK	08:54
02 Room Air	0.000	08:55
03 *Subject Test	RFI*	08:55
04 Room Air	0.000	08:56

*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

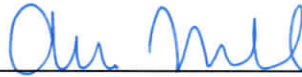
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CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006681
Location = TOXL 8164.14.00 09/16
04/25/2023 08:56

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	08:57
02 Std. Gas	0.084	08:57
03 Room Air	0.000	08:57
04 Std. Gas	0.084	08:58
05 Room Air	0.000	08:58
06 Std. Gas	0.084	08:59
07 Room Air	0.000	08:59

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



Operator Signature
ANNA NAREHOOD

Remarks: Dry Cal check
- too high run continuous
air blank.
Form 106-I8000

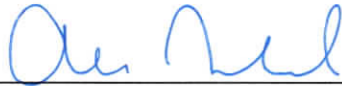
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NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006681
Location = TOXL 8164.14.00 09/16
04/27/2023 08:11

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	08:11
02 Std. Gas	0.079	08:12
03 Room Air	0.000	08:12
04 Std. Gas	0.079	08:12
05 Room Air	0.000	08:13
06 Std. Gas	0.079	08:13
07 Room Air	0.000	08:14

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

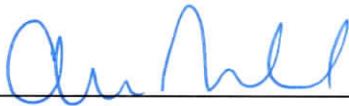
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006681
Location = TOXL 8164.14.00 09/16
04/27/2023 08:15

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	08:16
02 Std. Gas	0.079	08:16
03 Room Air	0.000	08:17
04 Std. Gas	0.080	08:17
05 Room Air	0.000	08:17
06 Std. Gas	0.079	08:18
07 Room Air	0.000	08:18

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

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CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006681
Location = TOXL 8164.14.00 09/16
04/27/2023 08:19

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	08:19
02 Std. Gas	0.080	08:19
03 Room Air	0.000	08:20
04 Std. Gas	0.079	08:20
05 Room Air	0.000	08:21
06 Std. Gas	0.079	08:21
07 Room Air	0.000	08:22

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