

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL CRIME LABORATORY DIVISION

INTOXILYZER® 8000 ANNUAL INSPECTION

| Intoxilyze | r® 8000 Serial Number: 80-00 <u>6508</u> | Inspection Location: TOXL |
|-------------------------------------|---|---|
| A. Pre 1. 2. 3. 4. 5. 6. | Items with Instrument: Gas Cylinder Keys Power Cord Download Data Upload Operator File Current Location Code: WAHP Battery Check Was the external battery pack replace XO-Rings Replaced Simulator O-Ring Replaced Breath Tube O-Ring | |
| B. Ge 1. 2. 3. 4. 5. | neral Setup and Checks: Diagnostics passed and instrument in "Re Breath tube heated Date, time and location code (Level 2,E). Time Zone: CST or MDT (Time on test Print test (Level 1,P). Sign and attach test Tank monitor (Level 3,D,G). Display: psi Regulator: Display and Regulator ± 50 psi of each Gas tank tare necessary? If Yes, display readings after tare (Level Display: psi Regulator: | Re-set if necessary. It records will be in time zone circled). It record. 200 psi In other Yes or No Yes or No Yes or No Tel 3,M,C,G): |
| C. Tes 1. | sts (Sign and attach test records): Configure simulator for the following test (Wet Calibration Check - Low AC (Leve Known Value ≤ 0.03 AC: | |
| Toxicology | Unit - Breath Alcohol Section | Qualtrax ID: 11698 Revision: 1 |
| Intoxilyzer | 8000 Annual Inspection | Status: Published |

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Published: 03/24/2023

| | 2. | Configure simulator for the following Wet Calibration Check - High A Known Value ≥ 0.25 AC: 0.3 Sim. Ser #: N P3000 Lot #: 2022 DIF Exp. Date: 18Jan Results ± 5% AC of known A | C (Level 1,C) DD AC DT |
|--------|----------------|---|--|
| | 3. | Configure dry gas standard for the Known Value :AC Gas Cylinder Lot #:260 Cylinder #:3 Exp. Date:(D 5 23 | remaining tests (Level 1,S). |
| | 4. | Interferent Check (Level 1,B) Known Value: 0,10 AC + 0.05% Sim. Ser #: DR 7345 Lot #: [CS 7] Exp. Date: NIA Display reads "Interferent De | |
| | 5. | RFI Check (CMS Mode) A Display reads "RFI Detect" | |
| | 6. | Test 1 0.080 Test 4 0.080 Test 2 0.019 Test 5 0. Test 3 0.080 Test 6 0. Average Results ± 0.005 AC of known | 080 Test 8 0.080 0.079 Test 9 0.080 |
| D. | Rema | arks/Maintenance: N/A | |
| Instru | ıment is | s acceptable to be used in the field. | s or No |
| | | reason(s) why: | |
| | 21 | ge location code back to A.4. gnature | <u>Xelune 2023</u> Date |
| _/ | mulu f ewer | Utschiller | Date |
| Toxic | ology Ur | nit - Breath Alcohol Section | Qualtrax ID: 11698 Revision: 1 |
| Intoxi | lyzer 800 | O Annual Inspection | Status: Published Published: 03/24/2023 |
| | | | Page 2 of 2 |

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CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006508
Location = TOXL 8164.14.00 09/16
06/06/2023 11:12

******* 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 #? Standard Cyl #? 34921080A1 35 Standard Expiration? 02/05/2024 Oper No? 133237

Flow Cal. Date: 08/20/2015 Slope 644 Intercept -568181

IR Calibration Date: 08/20/2015
3um 9um

Oth Coef(*100): -22365 -18627 1st Coef(*100): 256969 136095 2nd Coef(*100): 3168 1444 H2O adj(mg/l*10k): 693 453

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

Operator Signature ANNA NAREHOOD

Remarks: DMHTCST

CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 Location = TOXL 06/06/2023

SN 80-006508 8164.14.00 09/16 11:41

WET CAL CHECK

| Test | | | AC | Time |
|------|------|------|-------|-------|
| 01 | Room | Air | 0.000 | 11:42 |
| 02 | Std. | Sol. | 0.019 | 11:43 |
| 03 | Room | Air | 0.000 | 11:43 |
| 04 | Std. | Sol. | 0.020 | 11:44 |
| 05 | Room | Air | 0.000 | 11:44 |
| 06 | Std. | Sol. | 0.019 | 11:45 |
| 07 | Room | Air | 0.000 | 11:46 |

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 Chew-0.020AL

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/06/2023

Alcohol Analyzer SN 80-006508 8164.14.00 09/16 11:51

WET CAL CHECK

| Test | | AC | Time |
|------|----------|---------|-------|
| 01 | Room Air | 0.000 | 11:52 |
| 02 | Std. Sol | . 0.299 | 11:53 |
| 03 | Room Air | 0.000 | 11:54 |
| 04 | Std. Sol | . 0.300 | 11:55 |
| 05 | Room Air | 0.000 | 11:55 |
| 06 | Std. Sol | . 0.300 | 11:56 |
| 07 | Room Air | 0.000 | 11:56 |

08 Sim Temp = 34.0°C

Simul Ser No = MP3067 Std Sol No = 202201F

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: High AC Check- 0.300 AC

CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 Location = TOXL 8164.14.00 09/16 06/06/2023

SN 80-006508 11:58

| Test | | | AC | Time |
|------|----------|------|-------|-------|
| 01 | Room Air | | 0.000 | 11:58 |
| 02 | *Subject | Test | INT* | 11:59 |
| 03 | Room Air | | 0.000 | 11:59 |

*Invalid Test

Interferent Detected

Sub Name = TEST, DONOR2 NONE

Sub DOB = 07/25/1998

Sub Sex = Male

Weight = NA

Cit = INTERFERENT CK Test = OTH

Dr. Lic. = ND/TES989643

Lot No = 26021080A1

Cyl No = 3

Expiration Date = 10/05/2023

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks:

Interferent check

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006508
Location = TOXL 8164.14.00 09/16
06/06/2023 12:00

| Test | AC | 12:01 | |
|------------------|-------|-------|--|
| 01 Diagnostic | OK | | |
| 02 Room Air | 0.000 | 12:01 | |
| 03 *Subject Test | RFI* | 12:01 | |
| 04 Room Air | 0.000 | 12:02 | |

*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 = 3

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:

Kt1 Check

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/06/2023

SN 80-006508 8164.14.00 09/16 12:02

DRY CAL CHECK

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

Lot No = 26021080A1

Cyl No = 3

Exp Date = 10/05/2023

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks:

CUI Cherk #1-3

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/06/2023

Alcohol Analyzer SN 80-006508 8164.14.00 09/16 12:06

DRY CAL CHECK

| Test | | | AC | Time |
|------|------|-----|-------|-------|
| 01 | Room | Air | 0.000 | 12:06 |
| 02 | Std. | Gas | 0.079 | 12:06 |
| 03 | Room | Air | 0.000 | 12:07 |
| 04 | Std. | Gas | 0.080 | 12:07 |
| 05 | Room | Air | 0.000 | 12:08 |
| 06 | Std. | Gas | 0.080 | 12:08 |
| 07 | Room | Air | 0.000 | 12:09 |

Lot No = 26021080A1

Cyl No = 3

Exp Date = 10/05/2023

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: Dry Carl Check #44

CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 Location = TOXL 06/06/2023

SN 80-006508 8164.14.00 09/16 12:09

DRY CAL CHECK

| Т | Test | | AC | Time |
|----|------|-----|-------|-------|
| 01 | Room | Air | 0.000 | 12:10 |
| 02 | Std. | Gas | 0.079 | 12:10 |
| 03 | Room | Air | 0.000 | 12:11 |
| 04 | Std. | Gas | 0.080 | 12:11 |
| 05 | Room | Air | 0.000 | 12:12 |
| 06 | Std. | Gas | 0.080 | 12:12 |
| 07 | Room | Air | 0.000 | 12:13 |

Lot No = 26021080A1

Cyl No = 3

Exp Date = 10/05/2023

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

cal Check #7-9