

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL CRIME LABORATORY DIVISION

INTOXILYZER® 8000 ANNUAL INSPECTION

| Intoxil | yzer® 80 | 000 Serial Number: 80-00 6088 Inspec | tion Location: TOXL |
|---------|-------------------------|---|--|
| Α. | 2. 2 3. 4. 5 5. 4 | pection tems with Instrument: Gas Cylinder Yes or No (If Yes, Lot # | Yes or No Yes or No Yes or No |
| В. | 1. 2. 3. 4. 1 | Diagnostics passed and instrument in "Ready" mode in the strument in "Ready" mode in the stru | necessary. s will be in time zone circled). psi Yes or No Yes or No G): |
| C. | 1 | Sign and attach test records): Configure simulator for the following test (Level 1,5) Wet Calibration Check - Low AC (Level 1,C) Known Value ≤ 0.03 AC: | S). |

Intoxilyzer 8000 Annual Inspection

Document ID: 11698 Revision: 2

Laboratory Unit: Toxicology Unit - Breath Alcohol Section

Status: Published

Approved By: Laboratory Director

Date Approved: 02/29/2024 Page 1 of 2

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AEN

| 2. | Configure simulator for the following test (Level 1,S). |
|-----------------|--|
| | Wet Calibration Check - High AC (Level 1,C) |
| | Known Value ≥ 0.25 AC: <u>0.400</u> AC |
| | Sim. Ser #: MP4034 |
| | Lot #: |
| | Exp. Date: OFDeca4 |
| | |
| 3. | Configure dry gas standard for the remaining tests (Level 1,S). |
| | Known Value : 0.080 AC |
| | Gas Cylinder Lot #: 14323080 A4 Cylinder #: 13 |
| | |
| | Exp. Date: 6/5/25 |
| 4. | Interferent Check (Level 1,B) |
| | Known Value: OIDAC + 0.05% Acetone |
| | Sim. Ser #: <u>DR7344</u> Lot #: ICS 8 |
| | Exp. Date: NIA |
| | Display reads "Interferent Detect" |
| 5. | ☐ RFI Check (CMS Mode) |
| 5. | |
| 6 | Display reads "RFI Detect" |
| 6. | Dry Calibration Check (Level 1,C) |
| | Test 1 0.081 Test 4 0.081 Test 7 0.082 Test 2 0.081 Test 5 0.081 |
| | Test 3 0.08 Test 6 0.08 Test 9 0.082 |
| | Average <u>0.081</u> |
| | Results ± 0.005 AC of known AC |
| | Service Control of Con |
| D. Rema | irks/Maintenance: HHA Initial dry calibration checks were |
| migh. Cali | bration adjustment performed and the low Ac Check, |
| | |
| migh AC C | neur and au the dry calibration checks were revan. |
| Instrument is | s acceptable to be used in the field. Yes or No |
| | |
| If No, state re | eason(s) why: |
| | |
| If Yes_chand | ge location code back to A.4. 💢 |
| , roomang | |
| | 1 Mil 04Apra0a4 |
| Inspector Sig | PNtschuler Date Ob Apr 2024 |
| Strulle | Portuguer Of Apr 2024 |
| Reviewer | Date |
| | |
| | |

Intoxilyzer 8000 Annual Inspection

Laboratory Unit: Toxicology Unit - Breath Alcohol Section

Approved By: Laboratory Director

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Document ID: 11698 Revision: 2

Status: Published

Date Approved: 02/29/2024

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006688
Location = TOXL 8164.14.00 09/16
04/04/2024 08:33

******** 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)? Display Volume? No Disable On Memfull? Yes # of Print Copies? Select Std (D/W/I)? Dry Standard Value? 0.080 Standard Lot #? 28423080A3 Standard Cyl #? 44 Standard Expiration? 11/05/2025 133237 Oper No?

Flow Cal. Date: 09/07/2016 Slope 698

Intercept -642832

IR Calibration Date: 09/07/2016 3um 9um

Oth Coef(*100): -10822 -23152
1st Coef(*100): 262468 134492
2nd Coef(*100): 3796 1436
H2O adj(mg/l*10k): 665 568

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

Operator Signature ANNA NAREHOOD

Remarks: Print Test

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/04/2024

Alcohol Analyzer SN 80-006688 8164.14.00 09/16 09:10

WET CAL CHECK

| Test | | | AC | Time |
|------|------|------|-------|-------|
| 01 | Room | Air | 0.000 | 09:11 |
| 02 | Std. | Sol. | 0.022 | 09:12 |
| 03 | Room | Air | 0.000 | 09:12 |
| 04 | Std. | Sol. | 0.022 | 09:13 |
| 05 | Room | Air | 0.000 | 09:13 |
| 06 | Std. | Sol. | 0.022 | 09:14 |
| 07 | Room | Air | 0.000 | 09:15 |

08 Sim Temp = 34.0°C

Simul Ser No = MP3002 Std Sol No = 202301E

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: LOW AC Check - 0.020AL

CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 Location = TOXL 04/04/2024

SN 80-006688 8164.14.00 09/16 09:17

WET CAL CHECK

| Test | | | AC | Time |
|------|------|------|-------|-------|
| 01 | Room | Air | 0.000 | 09:18 |
| 02 | Std. | Sol. | 0.392 | 09:20 |
| 03 | Room | Air | 0.000 | 09:20 |
| 04 | Std. | Sol. | 0.397 | 09:21 |
| 05 | Room | Air | 0.000 | 09:22 |
| 06 | Std. | Sol. | 0.399 | 09:22 |
| 07 | Room | Air | 0.000 | 09:23 |

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

Simul Ser No = MP6036 Std Sol No = 202212C

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

High Ac Check - 0.400Ac Remarks:

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/04/2024

Alcohol Analyzer SN 80-006688 8164.14.00 09/16 09:29

| Test | AC | Time |
|------------------|-------|-------|
| 01 Room Air | 0.000 | 09:30 |
| 02 *Subject Test | INT* | 09:31 |
| 03 Room Air | 0.000 | 09:32 |

^{*}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 = 14323080A4

Cyl No = 13

Expiration Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: Interferent cheux

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006688
Location = TOXL 8164.14.00 09/16
04/04/2024 09:32

| Test | AC | Time | |
|------------------|-------|-------|--|
| 01 Diagnostic | OK | 09:33 | |
| 02 Room Air | 0.000 | 09:33 | |
| 03 *Subject Test | RFI* | 09:34 | |
| 04 Room Air | 0.000 | 09:34 | |

*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 = 14323080A4

Cyl No = 13

Expiration Date = 06/05/2025

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 Chuk

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/04/2024

Alcohol Analyzer SN 80-006688 8164.14.00 09/16 09:35

DRY CAL CHECK

| Test | | | AC | Time |
|-------|------|-----|-------|-------|
| 01 | Room | Air | 0.000 | 09:35 |
| | Std. | | 0.082 | 09:35 |
| 03 | Room | Air | 0.000 | 09:36 |
| | Std. | | 0.083 | 09:36 |
| 0.5 | Room | Air | 0.000 | 09:37 |
| 2020 | Std. | | 0.082 | 09:37 |
| 0.000 | Room | | 0.000 | 09:38 |

Lot No = 14323080A4

Cyl No = 13

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: DM CM Cheuk

CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 Location = TOXL 04/04/2024

SN 80-006688 8164.14.00 09/16 09:38

DRY CAL CHECK

| Test | | | AC | Time |
|------|------|-----|-------|-------|
| 01 | Room | Air | 0.000 | 09:39 |
| 02 | Std. | Gas | 0.083 | 09:39 |
| 03 | Room | Air | 0.000 | 09:39 |
| 04 | Std. | Gas | 0.083 | 09:40 |
| 05 | Room | Air | 0.000 | 09:40 |
| 06 | Std. | Gas | 0.083 | 09:41 |
| | Room | | 0.000 | 09:41 |

Lot No = 14323080A4

Cyl No = 13

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: Dry Cal Cher

needs caladj.

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/04/2024

Alcohol Analyzer SN 80-006688 8164.14.00 09/16 10:59

WET CAL CHECK

| Test | | | AC | Time |
|------|------|------|-------|-------|
| 01 | Room | Air | 0.000 | 10:59 |
| 02 | Std. | Sol. | 0.020 | 11:00 |
| 03 | Room | Air | 0.000 | 11:01 |
| 04 | Std. | Sol. | 0.020 | 11:01 |
| 05 | Room | Air | 0.000 | 11:02 |
| 06 | Std. | Sol. | 0.021 | 11:02 |
| 07 | Room | Air | 0.000 | 11:03 |

08 Sim Temp = 34.0°C

Simul Ser No = MP3002 Std Sol No = 202301E

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks:

ow Ac Check-0.020 AC Post cal. adj.

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/04/2024

Alcohol Analyzer SN 80-006688 8164.14.00 09/16 11:04

WET CAL CHECK

| Test | | AC | Time | |
|------|------|------|-------|-------|
| 01 | Room | Air | 0.000 | 11:05 |
| 02 | Std. | Sol. | 0.394 | 11:05 |
| 03 | Room | Air | 0.000 | 11:06 |
| 04 | Std. | Sol. | 0.397 | 11:07 |
| 05 | Room | Air | 0.000 | 11:07 |
| 06 | Std. | Sol. | 0.398 | 11:08 |
| | Room | | 0.000 | 11:08 |

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

Simul Ser No = MP6036 Std Sol No = 202212C

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks:

High Ac Cheuc- 0.400Ac post cal adj.

CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 Location = TOXL 04/04/2024

SN 80-006688 8164.14.00 09/16 11:11

DRY CAL CHECK

| Test | | | AC | Time |
|------|------|-----|-------|-------|
| 01 | Room | Air | 0.000 | 11:12 |
| 02 | Std. | Gas | 0.081 | 11:12 |
| 03 | Room | Air | 0.000 | 11:13 |
| 04 | Std. | Gas | 0.081 | 11:13 |
| 05 | Room | Air | 0.000 | 11:14 |
| 06 | Std. | Gas | 0.081 | 11:14 |
| 07 | Room | Air | 0.000 | 11:15 |

Lot No = 14323080A4

Cyl No = 13

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks:

Dry cal check #1-3
post cal adj.

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location = TOXL 04/04/2024

Alcohol Analyzer SN 80-006688 8164.14.00 09/16 11:15

DRY CAL CHECK

| Test | | | AC | Time |
|------|------|-----|-------|-------|
| 01 | Room | Air | 0.000 | 11:16 |
| 02 | Std. | Gas | 0.081 | 11:16 |
| 03 | Room | Air | 0.000 | 11:16 |
| 04 | Std. | Gas | 0.081 | 11:17 |
| 05 | Room | Air | 0.000 | 11:17 |
| 06 | Std. | Gas | 0.081 | 11:18 |
| 07 | Room | Air | 0.000 | 11:18 |

Lot No = 14323080A4

Cyl No = 13

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: Dry Cal Check #4-6
post cal adj.

CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 Location = TOXL 04/04/2024

SN 80-006688 8164.14.00 09/16 11:19

DRY CAL CHECK

| Test | AC | Time |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 11:19 |
| 02 Std. Gas | 0.082 | 11:20 |
| 03 Room Air | 0.000 | 11:20 |
| 04 Std. Gas | 0.081 | 11:20 |
| 05 Room Air | 0.000 | 11:21 |
| 06 Std. Gas | 0.082 | 11:21 |
| 07 Room Air | 0.000 | 11:22 |

Lot No = 14323080A4

Cyl No = 13

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: Dry Cal Check #7-9

post cal adj.