

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL CRIME LABORATORY DIVISION

INTOXILYZER® 8000 CALIBRATION

INTOXILTZER® 6000 OALIDIGAT	
8000 Serial Number: 80-00 6496 Calibra	ation Location: TOXL
Calibration In Download Data In Upload Operator File In It Battery Check Was the external battery pack replaced? In It O-Rings Replaced Simulator O-Ring Replaced Breath Tube O-Ring	Yes or No Yes or No Yes or No
eral Setup and Checks: ☐ Diagnostics passed and instrument in "Ready" ☐ Breath tube heated ☐ Date, time and location code (Level 2,E). Re-s ☐ Time Zone: CST or MDT (Time on test recommendate) ☐ Print test (Level 1,P). Sign and attach test recommendate (Level 3,D,G). ☐ Display: 723 psi Regulator: 16 ☐ Display and Regulator ± 50 psi of each oth Gas tank tare necessary? ☐ If Yes, display readings after tare (Level 3,Display: psi Regulator:	psi per Yes or No Yes or No M,C,G):
ts (Sign and attach test records): Configure simulator for the following test (Level 1,0 Wet Calibration Check - Low AC (Level 1,0 Known Value ≤ 0.03 AC: 0.020 AC Sim. Ser #: MP3002 Lot #: 202301€ Exp. Date: 130025 Results ± 0.005 of known AC	C) : -
	Download Data Dupload Operator File Battery Check Was the external battery pack replaced? O-Rings Replaced Simulator O-Ring Replaced Breath Tube O-Ring Breath tube O-Ring Breath tube heated Date, time and location code (Level 2,E). Resortime Zone: CST or MDT (Time on test record) Print test (Level 1,P). Sign and attach test record Tank monitor (Level 3,D,G). Display: Display: Display and Regulator ± 50 psi of each oth Gas tank tare necessary? If Yes, display readings after tare (Level 3,Display: Display: Display: Sign and attach test records): Configure simulator for the following test (Level 1,Known Value ≤ 0.03 AC: Normalized Solution Normalized So

2.	Configure simulator for the following test (Level 1,S). Wet Calibration Check - High AC (Level 1,C) Known Value ≥ 0.25 AC:ACDAC Sim. Ser #:AP 6036 Lot #:Exp. Date:		
3.	Configure dry gas standard for the remaining tests (Level 1,S). Known Value: O.08D AC Gas Cylinder Lot #: 14323 080 A4 Cylinder #: 43 Exp. Date: 6 5 25		
4 . 5 .	Interferent Check (Level 1,B) Known Value: 0.10 AC + 0.05% Acetone Sim. Ser #: D273-14 Lot #: 105 8 Exp. Date: NIA Display reads "Interferent Detect" Interferent Detect (CMS Mode)		
6.	Dry Calibration Check (Level 1,C) Test 1 0.081 Test 4 0.082 Test 7 0.081 Test 2 0.081 Test 5 0.081 Test 8 0.081 Test 3 0.081 Test 6 0.082 Test 9 0.082 Average 0.081 Test 9 0.082 Results ± 0.005 AC of known AC		
Instrument is acceptable to be used in the field. Fes or No If No, state reason(s) why: For 2024-2025, 80-006496 will remain Classroom Only to ensure no more purgefails.			
	Analyst Signature Putschulur Date Ostune surry Date		

Intoxilyzer 8000 Calibration

Laboratory Unit: Toxicology Unit - Breath Alcohol Section

Approved By: Laboratory Director UNCONTROLLED WHEN PRINTED

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Page 2 of 2

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006496
Location = TOXL 8164.14.00 09/16
05/31/2024 14:30

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

abcdefghijklmnopqrstuvwxyz1234567890-=|
ABCDEFGHIJKLMNOPQRSTUVWXYZ!@#\$\%^&*() +?

abcdefghijklmnopqrstuvwxyz1234567890-=|
ABCDEFGHIJKLMNOPQRSTUVWXYZ!@#\$%^&*() +?

Current Instrument Setup

Enabled Data Entry Mode: Start Test Sequence: Display Prelim Rslt? DABACABA Yes Display Third Digit? Yes Inhib Printer (Y/N)? No Display Volume? No Disable On Memfull? Yes # of Print Copies? Select Std (D/W/I)? Dry Standard Value? 0.080 Standard Lot #? 34921080A1 Standard Cyl #? 35 Standard Expiration? 02/05/2024 Oper No? 133237

Flow Cal. Date: 01/29/2020 Slope 663 Intercept -706121

IR Calibration Date: 08/18/2015 3um 9ur

Oth Coef(*100): -22081 -15963

1st Coef(*100): 278490 136818

2nd Coef(*100): 2086 1282

H2O adj(mg/l*10k): 598 386

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

Operator Signature
ANNA NAREHOOD

Remarks: PM AT TEST

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
05/31/2024

SN 80-006496 8164.14.00 09/16 14:31

WET CAL CHECK

Test			AC	Time
01	Room	Air	0.000	14:31
02	Std.	Sol.	0.019	14:32
03	Room	Air	0.000	14:33
04	Std.	Sol.	0.020	14:34
05	Room	Air	0.000	14:34
06	Std.	Sol.	0.020	14:35
07	Room	Air	0.000	14:35

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

Simul Ser No = MP3002 Std Sol No = 202301E

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: DWAL Check -0.020AC

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
05/31/2024

Alcohol Analyzer SN 80-006496 8164.14.00 09/16 14:41

WET CAL CHECK

Test			AC	Time
01	Room	Air	0.000	14:42
02	Std.	Sol.	0.392	14:43
03	Room	Air	0.000	14:44
04	Std.	Sol.	0.393	14:45
05	Room	Air	0.000	14:45
06	Std.	Sol.	0.393	14:46
07	Room	Air	0.000	14:47

08 Sim Temp = 34.0°C

Simul Ser No = MP6036 Std Sol No = 202301E

County = 08

Oper No. = 133237

Operator Signature
ANNA NAREHOOD

Remarks: High AC Check - 0.400AC

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006496
Location = TOXL 8164.14.00 09/16
05/31/2024 14:48

Test	AC	Time
01 Room Air	0.000	14:49
02 *Subject Test	INT*	14:49
03 Room Air	0.000	14:50

^{*}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 = 43

Expiration Date = 06/05/2025

County = 08 Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: Merferent Cheek

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-006496
Location = TOXL 8164.14.00 09/16
05/31/2024 14:50

Test	AC	Time
01 Diagnostic	OK	14:51
02 Room Air	0.000	14:51
03 Reference	RFI*	14:51
04 Room Air	0.000	14:52

*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 = 43

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 Cheus

CMI, Inc. Intoxilyzer Alcohol Analyzer North Dakota Model 8000 Location = TOXL 05/31/2024

SN 80-006496 8164.14.00 09/16 14:52

DRY CAL CHECK

Te	est		AC	Time
01	Room	Air	0.000	14:53
02	Std.	Gas	0.081	14:53
03	Room	Air	0.000	14:54
04	Std.	Gas	0.081	14:54
05	Room	Air	0.000	14:55
06	Std.	Gas	0.081	14:55
07	Room	Air	0.000	14:55

Lot No = 14323080A4

Cyl No = 43

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

check #1-3

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
05/31/2024

Alcohol Analyzer SN 80-006496 8164.14.00 09/16 14:57

DRY CAL CHECK

Test		AC	Time
01 Roc	m Air	0.000	14:58
02 Std	l. Gas	0.082	14:58
03 Roc	m Air	0.000	14:59
04 Std	l. Gas	0.081	14:59
05 Roc	m Air	0.000	15:00
06 Std	l. Gas	0.082	15:00
07 Roc	m Air	0.000	15:01

Lot No = 14323080A4

Cyl No = 43

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: Dry cal Check #4-6

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
05/31/2024

Alcohol Analyzer SN 80-006496 8164.14.00 09/16 15:03

DRY CAL CHECK

Test			AC	Time
01	Room	Air	0.000	15:04
02	Std.	Gas	0.081	15:04
03	Room	Air	0.000	15:05
04	Std.	Gas	0.081	15:05
05	Room	Air	0.000	15:06
06	Std.	Gas	0.082	15:06
07	Room	Air	0.000	15:07

Lot No = 14323080A4

Cyl No = 43

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: DM COU Chell #1-9