

INTOXILYZER® 8000 CALIBRATION

Intoxilyzer® 80	000 Serial Number: 80-00 3061 Calibration	n Location: TOXL
2.	Download Data	
	Battery Check Was the external battery pack replaced?	Yes of No
4.	CO-Rings Replaced Simulator O-Ring Replaced Breath Tube O-Ring	Yes or No
B. Gener	al Şetup and Checks:	
1.	Diagnostics passed and instrument in "Ready" mod	de
2.	Breath tube heated	
3.	Date, time and location code (Level 2,E). Re-set if Time Zone: CST or MDT (Time on test record	s 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: <u>100</u> psi Regulator: <u>160</u> Display and Regulator ± 50 psi of each other Gas tank tare necessary? If Yes, display readings after tare (Level 3,M,C Display: psi Regulator:	Yes or No Yes or No C,G):
C. Tests	(Sign and attach test records):	
1.	Configure simulator for the following test (Level 1, Wet Calibration Check - Low AC (Level 1,C) Known Value ≤ 0.03 AC: <u>0.0AD</u> AC Sim. Ser #: <u>MP603</u> Lot #: <u>A03311 D</u> Exp. Date: <u>AC N0VAS</u> D Results ± 0.005 of known AC	,S).

Intoxilyzer 8000 Calibration

Laboratory Unit: Toxicology Unit - Breath Alcohol Section Approved By: Laboratory Director UNCONTROLLED WHEN PRINTED

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:	2.	Configure simulator for the following test (Level 1,S). Wet Calibration Check - High AC (Level 1,C) Known Value ≥ 0.25 AC: <u>0.300</u> AC Sim. Ser #: <u>MP3048</u> Lot #: <u>202402C</u> Exp. Date: <u>I4Feb26</u> D Results ± 5% AC of known AC
	3.	Configure dry gas standard for the remaining tests (Level 1,S). Known Value : 0.0% AC Gas Cylinder Lot #: $2\%430\%0A3$ Cylinder #: 00% Exp. Date: 115125
	4.	<pre>Lxp. bate</pre>
	5.	RFI Check (CMS Mode)
	6.	$ \begin{array}{c} & (1) \\ \hline \textbf{Dry Calibration Check (Level 1, C)} \\ \hline \textbf{Test 1} \\ \hline \textbf{O.081} \\ \hline \textbf{Test 2} \\ \hline \textbf{O.081} \\ \hline \textbf{Test 3} \\ \hline \textbf{O.081} \\ \hline \textbf{Test 6} \\ \hline \textbf{O.081} \\ \hline \textbf{Test 6} \\ \hline \textbf{O.081} \\ \hline \textbf{Test 9} \\ \hline \textbf{O.081} \\ \hline \textbf{O.081} \\ \hline \textbf{Test 9} \\ \hline \textbf{O.081} \\ \hline \textbf{O.081} \\ \hline \textbf{Test 9} \\ \hline \textbf{O.081} \\ \hline \textbf{O.081} \\ \hline \textbf{Test 9} \\ \hline \textbf{O.081} \\ \hline \textbf{O.081} \\ \hline \textbf{Test 9} \\ \hline \textbf{O.081} \\ \hline $
D.	Rema	rks/Maintenance: NIA

Instrument is acceptable to be used in the field. Yes or No

If No, state reason(s) why:_

Calibration Analyst Signature

Jamelli Pirts chiller Reviewer

Intoxilyzer 8000 Calibration Laboratory Unit: Toxicology Unit - Breath Alcohol Section Approved By: Laboratory Director UNCONTROLLED WHEN PRINTED

<u>abFeb2025</u> Date

26 Feb 2025 Date

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CMI, Inc. Intox	cilyzer	Alcohol Ana	alyzer
North Dakota Mo	del 8000	SN 80-0	03061
Location = TOXI		8164.14.00	09/16
02/26/2025			09:15

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

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

Oper No? Flow Cal. Date: Slope Intercept	Enabled DABACABA Yes Yes No No Yes 1 Dry 0.080 02621080A1 22 03/05/2023 133237 03/04/2011 700 -623726
IR Calibration Date: 3um	04/10/2015 9um
Oth Coef(*100): -25722 1st Coef(*100): 266163 2nd Coef(*100): 2302 H2O adj(mg/l*10k): 412	

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

Operator Signature ANNA NAREHOOD

Remarks: Print Test

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-003061Location = TOXL8164.14.00 09/1602/26/202509:17

WE	ET CAL CHECK	
Test	AC	Time
01 Room Air 02 Std. Sol. 03 Room Air 04 Std. Sol. 05 Room Air 06 Std. Sol. 07 Room Air 08 Sim Temp = 34	0.000 0.020 0.000 0.019 0.000 0.020 0.000	09:18 09:19 09:20 09:20 09:21 09:22
Simul Ser No = M Std Sol No = 202 County = 08	2311D	= 133237

Operator Signature ANNA NAREHOOD

Remarks: LOW AC CHECK- 0.020AC

Form 106-18000

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CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-003061Location = TOXL8164.14.00 09/1602/26/202509:24

	W	ET CAL CHECK	
Test		AC	Time
01 Room	n Air	0.000	09:25
02 Std.	. Sol.	0.295	09:25
03 Room	n Air	0.000	09:26
04 Std.	. Sol.	0.296	09:27
05 Room	n Air	0.000	09:27
06 Std.	. Sol.	0.297	09:28
07 Room	n Air	0.000	09:29
02 Std. 03 Room 04 Std. 05 Room 06 Std.	. Sol. n Air . Sol. n Air . Sol.	0.295 0.000 0.296 0.000 0.297	09: 09: 09: 09: 09:

08 Sim Temp = 34.0°C

Simul Ser No	= MP3048			
Std Sol No =	202402C			
County = 08		Oper No.	=	133237

Operator Signature ANNA NAREHOOD

Remarks:

HIGNAC Cheek-0.300AC

CMI, Inc. Intoxily: North Dakota Model Location = TOXL 02/26/2025		0-003061
Test	AC	Time
01 Room Air	0.000	09:37
02 *Subject Test	INT*	09:37
03 Room Air	0.000	09:38

*Invalid Test Interferent Detected

Sub Name = DISCOVER, THE SPIRIT Sub DOB = 01/01/1982 Sub Sex = Female Weight = 150 Test = OTH Cit = INTERFERENT CK Dr. Lic. = ND/DIS821456 Lot No = 28423080A3 Cyl No = 8 Expiration Date = 11/05/2025 County = 08 Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: Interferent Check

ICS 8 - 0.10AC + 0.05% Acetone

CMI, Inc. Intoxily North Dakota Model Location = TOXL 02/26/2025	8000	Alcohol Ana SN 80-0 8164.14.00	03061
Test	AC		Time
01 Diagnostic	OK		09:40
02 Room Air	RFI*		09:40
03 Room Air	0.00	0	09:40

*Invalid Test Inhibited - RFI

Sub Name = DISCOVER, THE SPIRIT Sub DOB = 01/01/1982 Sub Sex = Female Weight = 150 Test = OTH Cit = RFI CHECK Dr. Lic. = ND/DIS821456 Lot No = 28423080A3 Cyl No = 8 Expiration Date = 11/05/2025 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:

Check REI

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-003061Location = TOXL8164.14.00 09/1602/26/202509:41

Test AC 01 Room Air 0.000 02 Std. Gas 0.081	
	Time
02 Std. Gas 0.081	09:42
	09:42
03 Room Air 0.000	09:42
04 Std. Gas 0.081	09:43
05 Room Air 0.000	09:43
06 Std. Gas 0.081	09:44
07 Room Air 0.000	09:44

Lot No = 28423080A3 Cyl No = 8 Exp Date = 11/05/2025 County = 08 Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks:

DV

y cal. check #1-3 Form 106-18000

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CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-003061Location = TOXL8164.14.00 09/1602/26/202509:45

		[DRY CAL CHECK]
Τe	est		AC	Time
02 03 04 05	Room Std. Room Std. Room Std.	Gas Air Gas Air	0.000 0.081 0.000 0.081 0.000 0.081	09:45 09:46 09:46 09:46 09:47 09:47
0.000	Room		0.000	09:48

Lot No = 28423080A3 Cyl No = 8 Exp Date = 11/05/2025 County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks:

cal chelk #4-6

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-003061Location = TOXL8164.14.00 09/1602/26/202509:48

		[DRY CAL CHECK	
Τe	est		AC	Time
01	Room	Air	0.000	09:49
02	Std.	Gas	0.081	09:49
03	Room	Air	0.000	09:50
04	Std.	Gas	0.081	09:50
05	Room	Air	0.000	09:51
06	Std.	Gas	0.081	09:51
07	Room	Air	0.000	09:51

Lot No = 28423080A3 Cyl No = 8 Exp Date = 11/05/2025 County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks:

al cheek #7-9