NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
CRIME LABORATORY DIVISION

INTOXILYZER® 8000 ANNUAL INSPECTION

Intoxilyzer® 8000 Serial Number: 80-00 **5945**   Inspection Location: **TOXL**

A. Pre-Inspection
    1. Items with Instrument:
        Gas Cylinder   (Yes) or No (If Yes, Lot # **14323080A4**   Cyl. # **8**)
        Keys   Yes or (No)
        Power Cord   Yes or (No)
    2. ☒ Download Data
    3. ☒ Upload Operator File
    4. ☒ Current Location Code: **BSPD**
    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: **905** psi Regulator: **900** 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 #: **MP5321**
        Lot #: **202311D**
        Exp. Date: **11/28/25**
        ☒ Results ± 0.005 of known AC

Intoxilyzer 8000 Annual Inspection

Laboratory Unit: Toxicology Unit - Breath Alcohol Section

Approved By: Laboratory Director

UNCONTROLLED WHEN PRINTED

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Page 1 of 2

Uploaded 17April2025   Page 1 of 10   AEN

2. ☒ Configure simulator for the following test (Level 1,S).
   Wet Calibration Check - High AC (Level 1,C)
   Known Value ≥ 0.25 AC: __0.300__ AC
   Sim. Ser #: ____MP6035____
   Lot #: ____202402C____
   Exp. Date: ____02/14/26____
   ☒ Results ± 5% AC of known AC

3. ☒ Configure dry gas standard for the remaining tests (Level 1,S).
   Known Value : __0.08 0__ AC
   Gas Cylinder Lot #: ____28423080A3____
   Cylinder #: ____41____
   Exp. Date: ____11/5/25____

4. ☒ Interferent Check (Level 1,B)
   Known Value: __0.10__ AC + 0.05% Acetone
   Sim. Ser #: ____DR7352____
   Lot #: ____ICS 8____
   Exp. Date: None
   ☒ Display reads "Interferent Detect"

5. ☒ RFI Check (CMS Mode)
   ☒ Display reads "RFI Detect"

6. ☒ Dry Calibration Check (Level 1,C)

Test 1	0.081	Test 4	0.080	Test 7	0.080
Test 2	0.080	Test 5	0.081	Test 8	0.079
Test 3	0.081	Test 6	0.080	Test 9	0.080
		Average	0.080		

   ☒ Results ± 0.005 AC of known AC

D. Remarks/Maintenance: __N/A__

_____

_____

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 unless A.4 is TOXL. ☒

_____   __15April 2025__
Inspector Signature   Date

_____   __16 Apr 2025__
Reviewer   Date

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

CMI, Inc. Intoxilyzer   Alcohol Analyzer
North Dakota Model 8000   SN 80-005945
Location = TOXL   8164.14.00 09/16
04/15/2025   12:08

*********** 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 #?   14323080A4
Standard Cyl #?   8
Standard Expiration?   06/05/2025
Oper No?   133237

Flow Cal. Date: 06/20/2013
Slope   637
Intercept   -566407

IR Calibration Date: 05/22/2015
                          3um   9um

0th Coef(*100):   -21213   -23093
1st Coef(*100):   279171   139292
2nd Coef(*100):   2898   1291
H2O adj(mg/l*10k):   332   319

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

_____
          Operator Signature
          ANNA NAREHOOD

Remarks: Print Test

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 80-005945
      Location = TOXL            8164.14.00 09/16
      04/15/2025                            12:08
```

┌─────────────────────────┐
│   WET CAL CHECK   │
└─────────────────────────┘

Test	AC	Time
01 Room Air	0.000	12:09
02 Std. Sol.	0.019	12:10
03 Room Air	0.000	12:10
04 Std. Sol.	0.020	12:11
05 Room Air	0.000	12:12
06 Std. Sol.	0.020	12:12
07 Room Air	0.000	12:13

08 Sim Temp = 34.0°C

```
Simul Ser No = MP5321
Std Sol No = 202311D
County = 08              Oper No. = 133237
```

[Operator Signature]
_____
            Operator Signature
            ANNA NAREHOOD

Remarks: LOW AC Check - 0.020 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 80-005945
Location = TOXL   8164.14.00 09/16
04/15/2025   12:19

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        ┌─────────────────────┐
        │   WET CAL CHECK     │
        └─────────────────────┘
```

Test	AC	Time
01 Room Air	0.000	12:19
02 Std. Sol.	0.305	12:20
03 Room Air	0.000	12:21
04 Std. Sol.	0.305	12:22
05 Room Air	0.000	12:22
06 Std. Sol.	0.307	12:23
07 Room Air	0.000	12:23

08 Sim Temp = 34.0°C

Simul Ser No = MP6035
Std Sol No = 202402C
County = 08   Oper No. = 133237

_____

            Operator Signature
             ANNA NAREHOOD

Remarks: High AC Check - 0.300AC

            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 80-005945
        Location = TOXL            8164.14.00 09/16
        04/15/2025                            12:25


          Test                    AC          Time
        ─────────────────────────────────────────────
        01 Room Air             0.000        12:26
        02 *Subject Test        INT*         12:27
        03 Room Air             0.000        12:28

        *Invalid Test
          Interferent Detected

        Sub Name = TEST, DONOR2 NONE
        Sub DOB = 07/25/1998
        Sub Sex = Male              Weight = NA
        Test = DUI          Cit = INTERFERENT CK
        Dr. Lic. = ND/TES989643
        Lot No = 28423080A3
        Cyl No = 41
        Expiration Date = 11/05/2025
        County = 08              Oper No. = 133237
```

_____
          Operator Signature
          ANNA NAREHOOD

Remarks: Interferent Check
            0.10AC + 0.05% Acetone

          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 80-005945
Location = TOXL   8164.14.00 09/16
04/15/2025   12:31

Test	AC	Time
01 Diagnostic	OK	12:31
02 Room Air	0.000	12:32
03 *Subject Test	RFI*	12:32
04 Room Air	0.000	12:33

*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 = 28423080A3
Cyl No = 41
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: RFI 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 80-005945
Location = TOXL   8164.14.00 09/16
04/15/2025   12:33

```
              _____
             |  DRY CAL CHECK    |
             |_____|
```

Test	AC	Time
01 Room Air	0.000	12:34
02 Std. Gas	0.081	12:34
03 Room Air	0.000	12:35
04 Std. Gas	0.080	12:35
05 Room Air	0.000	12:35
06 Std. Gas	0.081	12:36
07 Room Air	0.000	12:36

Lot No = 28423080A3
Cyl No = 41
Exp Date = 11/05/2025
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 80-005945
Location = TOXL   8164.14.00 09/16
04/15/2025   12:37

```
           ┌─────────────────────┐
           │   DRY CAL CHECK     │
           └─────────────────────┘
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Test	AC	Time
01 Room Air	0.000	12:38
02 Std. Gas	0.080	12:38
03 Room Air	0.000	12:39
04 Std. Gas	0.081	12:39
05 Room Air	0.000	12:39
06 Std. Gas	0.080	12:40
07 Room Air	0.000	12:40

Lot No = 28423080A3
Cyl No = 41
Exp Date = 11/05/2025
County = 08   Oper No. = 133237

(signature)

_____

Operator Signature
ANNA NAREHOOD

Remarks: Dry Cal check # 4-6

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 80-005945
Location = TOXL   8164.14.00 09/16
04/15/2025   12:41

> DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	12:41
02 Std. Gas	0.080	12:42
03 Room Air	0.000	12:42
04 Std. Gas	0.079	12:43
05 Room Air	0.000	12:43
06 Std. Gas	0.080	12:44
07 Room Air	0.000	12:44

Lot No = 28423080A3
Cyl No = 41
Exp Date = 11/05/2025
County = 08   Oper No. = 133237

_____

Operator Signature
ANNA NAREHOOD

Remarks: Dry cal check #7-9

Form 106-I8000