

# NORTH DAKOTA OFFICE OF ATTORNEY GENERAL CRIME LABORATORY DIVISION

#### INTOXILYZER® 8000 ANNUAL INSPECTION

	INTOXILTZER 6000 ANNUAL INSPECTION
Intox	ilyzer® 8000 Serial Number: 80-00_301   Inspection Location:
A.	Pre-Inspection  1. Items with Instrument: Gas Cylinder Yes or No (If Yes, Lot # 28423080A3 Cyl. # 7  Keys Yes or No Power Cord Yes or No  2. Download Data 3. Upload Operator File 4. Current Location Code: BOWM  5. Battery Check Was the external battery pack replaced? Yes or No  6. O-Rings Replaced Simulator O-Ring 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 circles  4. Print test (Level 1,P). Sign and attach test record.  5. Tank monitor (Level 3,D,G).  Display: psi Regulator: psi  Display and Regulator ± 50 psi of each other (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.

Intoxilyzer 8000 Annual Inspection

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: 0.300 AC  Sim. Ser #: MP6035  Lot #: 202402C  Exp. Date: 314126				
	20	Results ± 5% AC of known AC				
	3.	Configure dry gas standard for the remaining tests (Level 1,S).  Known Value: OOSD AC				
		Gas Cylinder Lot #: 14323080A)				
		Cylinder #: 25 65 an 416125				
	,	Exp. Date: U15 25				
7.9	4.	Interferent Check (Level 1,B)  Known Value: O.ID_AC + 0.05% Acetone				
		Sim. Ser #:DR7352				
		Lot #:				
		Exp. Date: None				
	_	Display reads "Interferent Detect"				
	5.	RFI Check (CMS Mode)				
	C	Display reads "RFI Detect"				
	6.	Test 1 0.079 Test 4 0.080 Test 7 0.019				
		Dry Calibration Check (Level 1,C)   Test 1				
		Test 3 <u>0.079</u> Test 6 <u>0.079</u> Test 9 <u>0.070</u>				
		Average <u>0.079</u>				
		☐ Results ± 0.005 AC of known AC				
2	Rema	rks/Maintenance: NIA				
D. Remarks/Maintenance: NH						
nstrun	nent is	s acceptable to be used in the field. Yes or No				
f No, state reason(s) why:						
TNO, state reason(s) why						
f Yes, change location code back to A.4 unless A.4 is TOXL.						
(1/m/ huy 16/4pn/2025						
nspector Signature Date						
deselle Pertschaller 23 Apr 2028						
Reviev		Date				

Intoxilyzer 8000 Annual Inspection

Laboratory Unit: Toxicology Unit - Breath Alcohol Section

Approved By: Laboratory Director UNCONTROLLED WHEN PRINTED

Uploaded 24April2025

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003071
Location = TOXL 8164.14.00 09/16
04/16/2025 12:53

\*\*\*\*\*\*\*\* 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 #? 28423080A3 007 Standard Expiration? 11/05/2025 Oper No? 133237

Flow Cal. Date: 07/09/2010 Slope 806 Intercept -994737

IR Calibration Date: 04/10/2015 3um 9um

Oth Coef(\*100): -11328 -10938 1st Coef(\*100): 268087 134278 2nd Coef(\*100): 3093 1368 H2O adj(mg/l\*10k): 242 233

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

Operator Signature ANNA NAREHOOD

Remarks: DNATTEST

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/16/2025

SN 80-003071 8164.14.00 09/16 12:53

## WET CAL CHECK

Test			AC	Time
01	Room	Air	0.000	12:54
02	Std.	Sol.	0.020	12:55
03	Room	Air	0.000	12:55
04	Std.	Sol.	0.020	12:56
05	Room	Air	0.000	12:56
06	Std.	Sol.	0.020	12:57
07	Room	Air	0.000	12:58

08 Sim Temp = 34.0°C

Simul Ser No = MP5321 Std Sol No = 202311D

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks:

LOWAC Check - 0.020AC

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/16/2025

SN 80-003071 8164.14.00 09/16 12:58

# WET CAL CHECK

Test			AC	Time
01	Room	Air	0.000	12:59
02	Std.	Sol.	0.292	13:00
03	Room	Air	0.000	13:01
04	Std.	Sol.	0.296	13:01
05	Room	Air	0.000	13:02
06	Std.	Sol.	0.295	13:03
07	Room	Air	0.000	13:03

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 Chew-0.300Ac

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003071
Location = TOXL 8164.14.00 09/16
04/16/2025 13:05

Test	AC	Time
01 Room Air	0.000	13:06
02 *Subject Test	INT*	13:06
03 Room Air	0.000	13:07

<sup>\*</sup>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 = 14323080A1

Cyl No = 65

Expiration Date = 06/05/2025

County = 08 Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: Werferent Chlux

0.10AC + 0.05% Acetone

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-003071
Location = TOXL 8164.14.00 09/16
04/16/2025 13:07

Test	AC	Time
01 Diagnostic	OK	13:08
02 Room Air	RFI*	13:08
03 Room Air	0.000	13:09

\*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 = 14323080A1

Cyl No = 65

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 Check

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/16/2025

SN 80-003071 8164.14.00 09/16 13:09

## DRY CAL CHECK

Test			AC	Time
01	Room	Air	0.000	13:09
02	Std.	Gas	0.079	13:10
03	Room	Air	0.000	13:10
04	Std.	Gas	0.078	13:11
05	Room	Air	0.000	13:11
06	Std.	Gas	0.079	13:11
07	Room	Air	0.000	13:12

Lot No = 14323080A1

Cyl No = 65

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: Dy cal Check #1-2

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/16/2025

SN 80-003071 8164.14.00 09/16 13:12

# DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	13:13
02 Std. Gas	0.080	13:13
03 Room Air	0.000	13:14
04 Std. Gas	0.079	13:14
05 Room Air	0.000	13:15
06 Std. Gas	0.079	13:15
07 Room Air	0.000	13:16

Lot No = 14323080A1

Cyl No = 65

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: Dy Cal Chur #4-6

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/16/2025

SN 80-003071 8164.14.00 09/16 13:18

#### DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	13:18
02 Std. Gas	0.079	13:19
03 Room Air	0.000	13:19
04 Std. Gas	0.080	13:19
05 Room Air	0.000	13:20
06 Std. Gas	0.080	13:20
07 Room Air	0.000	13:21

Lot No = 14323080A1

Cyl No = 65

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: DM Cay Check #1-9