



NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
CRIME LABORATORY DIVISION

INTOXILYZER® 8000 ANNUAL INSPECTION

Intoxilyzer® 8000 Serial Number: 80-00 6507

Inspection Location: TOXL

A. Pre-Inspection

1. Items with Instrument:  
Gas Cylinder Yes or No (If Yes, Lot # 01524080A4 Cyl. # 22)  
Keys Yes or No  
Power Cord Yes or No
2. ☒ Download Data
3. ☒ Upload Operator File
4. ☒ Current Location Code: LAMD
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: 998 psi Regulator: 1000 psi  
Display and Regulator  $\pm$  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  $\leq$  0.03 AC: 0.020 AC  
Sim. Ser #: MP5321  
Lot #: 202311D  
Exp. Date: 11/28/25  
☒ Results  $\pm$  0.005 of known AC

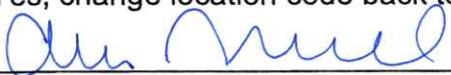
2. ☒ Configure simulator for the following test (Level 1,S).  
Wet Calibration Check - High AC (Level 1,C)  
Known Value  $\geq 0.25$  AC: 0.300 AC  
Sim. Ser #: MP6035  
Lot #: 202402C  
Exp. Date: 2/14/26  
☒ Results  $\pm 5\%$  AC of known AC
3. ☒ Configure dry gas standard for the remaining tests (Level 1,S).  
Known Value : 0.080 AC  
Gas Cylinder Lot #: 14323080A1  
Cylinder #: 25  
Exp. Date: 015125
4. ☒ Interferent Check (Level 1,B)  
Known Value: 0.10 AC + 0.05% Acetone  
Sim. Ser #: DR7352  
Lot #: 1C58  
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 <u>0.081</u>  | Test 4 <u>0.081</u> | Test 7 <u>0.081</u> |
| Test 2 <u>0.082</u>  | Test 5 <u>0.082</u> | Test 8 <u>0.082</u> |
| Test 3 <u>0.081</u>  | Test 6 <u>0.081</u> | Test 9 <u>0.081</u> |
| Average <u>0.081</u> |                     |                     |
- ☒ Results  $\pm 0.005$  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. ☒

  
Inspector Signature

21 April 2025  
Date

  
Reviewer

23 Apr. 2025  
Date



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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006507  
Location = TOXL      8164.14.00 09/16  
04/21/2025      12:00

WET CAL CHECK

| Test         | AC    | Time  |
|--------------|-------|-------|
| 01 Room Air  | 0.000 | 12:01 |
| 02 Std. Sol. | 0.022 | 12:02 |
| 03 Room Air  | 0.000 | 12:02 |
| 04 Std. Sol. | 0.022 | 12:03 |
| 05 Room Air  | 0.000 | 12:03 |
| 06 Std. Sol. | 0.021 | 12:04 |
| 07 Room Air  | 0.000 | 12:05 |

08 Sim Temp = 34.0°C

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



Operator Signature  
ANNA NAREHOOD

Remarks: LOW AC check - 0.020AC

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 80-006507  
Location = TOXL      8164.14.00 09/16  
04/21/2025      12:12

WET CAL CHECK

| Test         | AC    | Time  |
|--------------|-------|-------|
| 01 Room Air  | 0.000 | 12:13 |
| 02 Std. Sol. | 0.301 | 12:13 |
| 03 Room Air  | 0.000 | 12:14 |
| 04 Std. Sol. | 0.302 | 12:15 |
| 05 Room Air  | 0.000 | 12:15 |
| 06 Std. Sol. | 0.302 | 12:16 |
| 07 Room Air  | 0.000 | 12:17 |

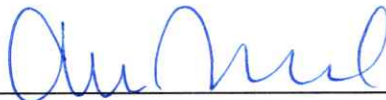
08 Sim Temp = 34.0°C

Simul Ser No = MP6035

Std Sol No = 202402C

County = 08

Oper No. = 133237



Operator Signature  
ANNA NAREHOOD

Remarks:

High AC Check - 0.300 AC

Form 106-I8000

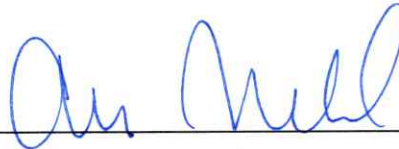
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006507  
Location = TOXL      8164.14.00 09/16  
04/21/2025      12:17

| Test             | AC    | Time  |
|------------------|-------|-------|
| 01 Room Air      | 0.000 | 12:18 |
| 02 *Subject Test | INT*  | 12:19 |
| 03 Room Air      | 0.000 | 12:19 |

\*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 = 25  
Expiration Date = 06/05/2025  
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

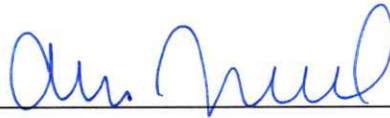
CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006507  
Location = TOXL      8164.14.00 09/16  
04/21/2025      12:20

| Test             | AC    | Time  |
|------------------|-------|-------|
| 01 Diagnostic    | OK    | 12:20 |
| 02 Room Air      | 0.000 | 12:21 |
| 03 *Subject Test | RFI*  | 12:21 |
| 04 Room Air      | 0.000 | 12:22 |

\*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 = 25  
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

Form 106-I8000

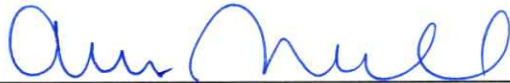
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006507  
Location = TOXL      8164.14.00 09/16  
04/21/2025      12:22

DRY CAL CHECK

| Test        | AC    | Time  |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 12:23 |
| 02 Std. Gas | 0.081 | 12:23 |
| 03 Room Air | 0.000 | 12:24 |
| 04 Std. Gas | 0.082 | 12:24 |
| 05 Room Air | 0.000 | 12:24 |
| 06 Std. Gas | 0.081 | 12:25 |
| 07 Room Air | 0.000 | 12:25 |

Lot No = 14323080A1  
Cyl No = 25  
Exp Date = 06/05/2025  
County = 08      Oper No. = 133237



Operator Signature  
ANNA NAREHOOD

Remarks: Dry cal check #1-3

Form 106-I8000



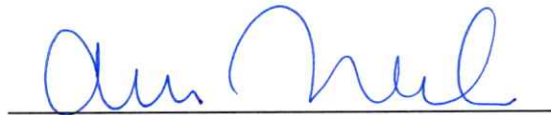
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006507  
Location = TOXL      8164.14.00 09/16  
04/21/2025      12:25

DRY CAL CHECK

| Test        | AC    | Time  |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 12:26 |
| 02 Std. Gas | 0.081 | 12:26 |
| 03 Room Air | 0.000 | 12:27 |
| 04 Std. Gas | 0.082 | 12:27 |
| 05 Room Air | 0.000 | 12:28 |
| 06 Std. Gas | 0.081 | 12:28 |
| 07 Room Air | 0.000 | 12:29 |

Lot No = 14323080A1  
Cyl No = 25  
Exp Date = 06/05/2025  
County = 08      Oper No. = 133237



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 80-006507  
Location = TOXL      8164.14.00 09/16  
04/21/2025      12:29

DRY CAL CHECK

| Test        | AC    | Time  |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 12:29 |
| 02 Std. Gas | 0.081 | 12:30 |
| 03 Room Air | 0.000 | 12:30 |
| 04 Std. Gas | 0.082 | 12:31 |
| 05 Room Air | 0.000 | 12:31 |
| 06 Std. Gas | 0.081 | 12:32 |
| 07 Room Air | 0.000 | 12:32 |

Lot No = 14323080A1  
Cyl No = 25  
Exp Date = 06/05/2025  
County = 08      Oper No. = 133237

  
Operator Signature  
ANNA NAREHOOD

Remarks: Dry Cal Check #7-9

Form 106-I8000