



NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
CRIME LABORATORY DIVISION

INTOXILYZER® 8000 ANNUAL INSPECTION

Intoxilyzer® 8000 Serial Number: 80-00 4205

Inspection Location: TOXL

A. Pre-Inspection

1. Items with Instrument:  
Gas Cylinder Yes or No (If Yes, Lot # \_\_\_\_\_ Cyl. # \_\_\_\_\_)  
Keys Yes or No  
Power Cord Yes or No
2. ☒ Download Data
3. ☒ Upload Operator File
4. ☒ Current Location Code: TOXL
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: 829 psi Regulator: 800 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 #: 14323080A4  
Cylinder #: 6  
Exp. Date: 015125
4. ☒ Interferent Check (Level 1,B)  
Known Value: 0.10 AC + 0.05% Acetone  
Sim. Ser #: DR7352  
Lot #: ICS8  
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 0.080 Test 4 0.080 Test 7 0.081  
Test 2 0.081 Test 5 0.080 Test 8 0.081  
Test 3 0.080 Test 6 0.080 Test 9 0.081  
Average 0.080  
☒ 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: per prior annual inspections, this instrument is classroom only due to a flow sensor issue.

If Yes, change location code back to A.4 unless A.4 is TOXL. ☐

Ann Muhl  
Inspector Signature

30 April 2025  
Date

Jeanette Pittscheller  
Reviewer

01 May 2025  
Date

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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004205  
Location = TOXL      8164.14.00 09/16  
04/30/2025      13:50

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

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

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

Current Instrument Setup

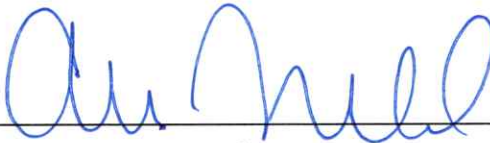
Data Entry Mode: Enabled  
Start Test Sequence: DABACABA  
Display Prelim Rslt? Yes  
Display Third Digit? Yes  
Inhib Printer(Y/N)? No  
Display Volume? No  
Disable On Memfull? Yes  
# of Print Copies? 1  
Select Std (D/W/I)? Dry  
Standard Value? 0.080  
Standard Lot #? 05620080A1  
Standard Cyl #? 44  
Standard Expiration? 04/05/2022  
Oper No? 133237

Flow Cal. Date: 06/14/2019  
Slope 487  
Intercept 627463

IR Calibration Date: 06/14/2019  
3um 9um

0th Coef(*100):	-18036	-22537
1st Coef(*100):	272422	133312
2nd Coef(*100):	1354	1047
H2O adj(mg/l*10k):	318	449

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

  
Operator Signature  
ANNA NAREHOOD

Remarks: Print Test

Form 106-I8000

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NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004205  
Location = TOXL      8164.14.00 09/16  
04/30/2025      13:50

WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	13:51
02 Std. Sol.	0.021	13:52
03 Room Air	0.000	13:53
04 Std. Sol.	0.021	13:53
05 Room Air	0.000	13:54
06 Std. Sol.	0.021	13:55
07 Room Air	0.000	13:55

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 - 0.020 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 80-004205  
Location = TOXL      8164.14.00 09/16  
04/30/2025      13:57

WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	13:57
02 Std. Sol.	0.294	13:58
03 Room Air	0.000	13:59
04 Std. Sol.	0.296	13:59
05 Room Air	0.000	14:00
06 Std. Sol.	0.296	14:01
07 Room Air	0.000	14:01

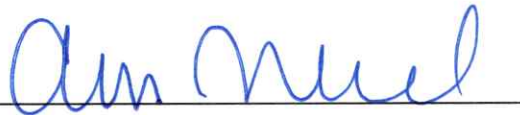
08 Sim Temp = 34.0°C

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

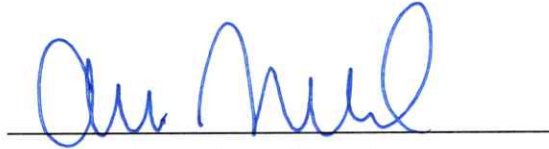
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004205  
Location = TOXL      8164.14.00 09/16  
04/30/2025      14:03

Test	AC	Time
01 Room Air	0.000	14:04
02 *Subject Test	INT*	14:04
03 Room Air	0.000	14:05

\*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 = 6  
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

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NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004205  
Location = TOXL      8164.14.00 09/16  
04/30/2025      14:05

Test	AC	Time
01 Diagnostic	OK	14:06
02 Room Air	RFI*	14:06
03 Room Air	0.000	14:06

\*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 = 6  
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

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CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-004205  
Location = TOXL      8164.14.00 09/16  
04/30/2025      14:07

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	14:07
02 Std. Gas	0.080	14:08
03 Room Air	0.000	14:08
04 Std. Gas	0.081	14:08
05 Room Air	0.000	14:09
06 Std. Gas	0.080	14:09
07 Room Air	0.000	14:10

Lot No = 14323080A4  
Cyl No = 6  
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 80-004205  
Location = TOXL      8164.14.00 09/16  
04/30/2025      14:10

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	14:11
02 Std. Gas	0.080	14:11
03 Room Air	0.000	14:11
04 Std. Gas	0.080	14:12
05 Room Air	0.000	14:12
06 Std. Gas	0.080	14:13
07 Room Air	0.000	14:13

Lot No = 14323080A4  
Cyl No = 6  
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 80-004205  
Location = TOXL      8164.14.00 09/16  
04/30/2025      14:14

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	14:14
02 Std. Gas	0.081	14:15
03 Room Air	0.000	14:15
04 Std. Gas	0.081	14:16
05 Room Air	0.000	14:16
06 Std. Gas	0.081	14:16
07 Room Air	0.000	14:17

Lot No = 14323080A4  
Cyl No = 6  
Exp Date = 06/05/2025  
County = 08      Oper No. = 133237



Operator Signature  
ANNA NAREHOOD

Remarks: Dry cal check #7-9

Form 106-I8000