INTOXILYZER® 8000 ANNUAL INSPECTION

Intoxilyzer® 8000 Serial Number: 80-00 __6679__   Inspection Location: __TOXL__

A.   Pre-Inspection
1.   Items with Instrument:
Gas Cylinder   Yes or No (If Yes, Lot # __14373080A1__   Cyl. # __67__)
Keys   Yes or No
Power Cord   Yes or No
2.   ☒ Download Data
3.   ☒ Upload Operator File
4.   ☒ Current Location Code: __HILL__
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: __877__ 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 #: __2023110__
Exp. Date: __11/28/25__
☒ Results ± 0.005 of known AC

Intoxilyzer 8000 Annual Inspection   Document ID: 11698 Revision: 3
Laboratory Unit: Toxicology Unit - Breath Alcohol Section   Status: Published
Approved By: Laboratory Director   Date Approved: 03/20/2025
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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 #: __NP6035__
    Lot #: __202402C__
    Exp. Date: __2/14/26__
    ☒ Results ± 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 #: __42__
    Exp. Date: __6/5/25__

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 0.081	Test 4 0.081	Test 7 0.081
Test 2 0.081	Test 5 0.081	Test 8 0.081
Test 3 0.081	Test 6 0.081	Test 9 0.081
	Average 0.081	

   ☒ 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. ☒

_____   __14May2025__
Inspector Signature   Date

_____   __18 May 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 80-006679
Location = TOXL   8164.14.00 09/16
05/14/2025   14:55

************* Printer Test *************

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

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

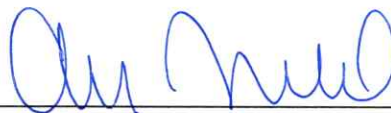Current Instrument Setup
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt?   Yes
Display Third Digit?   Yes
Inhib Printer(Y/N)?   No
Display Volume?   No
Disable On Memfull?   Yes
# of Print Copies?   1
Select Std (D/W/I)?   Dry
Standard Value?   0.080
Standard Lot #?   14323080A1
Standard Cyl #?   67
Standard Expiration?   06/05/2025
Oper No?   133237

Flow Cal. Date: 09/06/2016
Slope   701
Intercept   -682926

IR Calibration Date: 09/06/2016
                          3um   9um

0th Coef(*100):   -18983   -23165
1st Coef(*100):   280986   134481
2nd Coef(*100):   2443   1290
H2O adj(mg/l*10k): 569   553

*********** 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 80-006679
Location = TOXL              8164.14.00 09/16
05/14/2025                              15:13
```
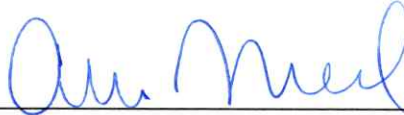
```
┌─────────────────────┐
│   WET CAL CHECK     │
└─────────────────────┘
```

Test	AC	Time
01 Room Air	0.000	15:13
02 Std. Sol.	0.020	15:14
03 Room Air	0.000	15:15
04 Std. Sol.	0.020	15:16
05 Room Air	0.000	15:16
06 Std. Sol.	0.020	15:17
07 Room Air	0.000	15:17

08 Sim Temp = 34.0°C

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

(signature)
_____
            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 80-006679
Location = TOXL            8164.14.00 09/16
05/14/2025                             15:23
```

```
+----------------------+
|   WET CAL CHECK      |
+----------------------+
```

Test	AC	Time
01 Room Air	0.000	15:24
02 Std. Sol.	0.291	15:25
03 Room Air	0.000	15:25
04 Std. Sol.	0.292	15:26
05 Room Air	0.000	15:26
06 Std. Sol.	0.292	15:27
07 Room Air	0.000	15:28

08 Sim Temp = 34.0°C

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

(Operator signature)

_____
             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 80-006679
      Location = TOXL            8164.14.00 09/16
      05/14/2025                            15:29


      Test                    AC            Time
      _____

      01 Room Air            0.000          15:29
      02 *Subject Test       INT*           15:30
      03 Room Air            0.000          15:31


      *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 = 42
      Expiration Date = 06/05/2025
      County = 08              Oper No. = 133237
```

(signature)

```
          _____
                  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 80-006679
Location = TOXL            8164.14.00 09/16
05/14/2025                          15:31
```

Test	AC	Time
01 Diagnostic	OK	15:32
02 Room Air	RFI*	15:32
03 Room Air	0.000	15:32

```
*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 = 42
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

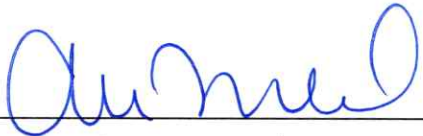Remarks: RFI Check

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 80-006679
Location = TOXL   8164.14.00 09/16
05/14/2025   15:33

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

Test	AC	Time
01 Room Air	0.000	15:33
02 Std. Gas	0.081	15:34
03 Room Air	0.000	15:34
04 Std. Gas	0.081	15:34
05 Room Air	0.000	15:35
06 Std. Gas	0.081	15:35
07 Room Air	0.000	15:36

Lot No = 14323080A4
Cyl No = 42
Exp Date = 06/05/2025
County = 08   Oper No. = 133237

_____
     Operator Signature
      ANNA NAREHOOD

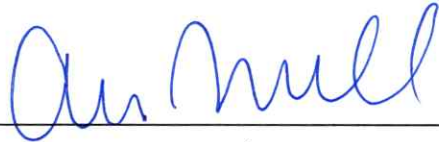Remarks: Dry Cal Check #1-3

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 80-006679
Location = TOXL   8164.14.00 09/16
05/14/2025   15:36

```
+---------------------+
|   DRY CAL CHECK     |
+---------------------+
```

Test	AC	Time
01 Room Air	0.000	15:37
02 Std. Gas	0.081	15:37
03 Room Air	0.000	15:38
04 Std. Gas	0.081	15:38
05 Room Air	0.000	15:38
06 Std. Gas	0.081	15:39
07 Room Air	0.000	15:39

Lot No = 14323080A4
Cyl No = 42
Exp Date = 06/05/2025
County = 08   Oper No. = 133237

_____
      Operator Signature
      ANNA NAREHOOD

Remarks: Dry cal check # 4-6

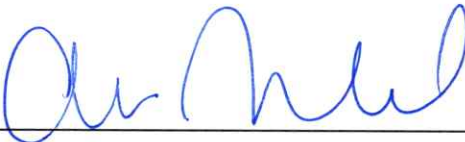Form 106-I8000

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

      CMI, Inc. Intoxilyzer      Alcohol Analyzer
      North Dakota Model 8000       SN 80-006679
      Location = TOXL            8164.14.00 09/16
      05/14/2025                            15:39
```

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

	Test	AC	Time
01	Room Air	0.000	15:41
02	Std. Gas	0.081	15:41
03	Room Air	0.000	15:41
04	Std. Gas	0.081	15:42
05	Room Air	0.000	15:42
06	Std. Gas	0.081	15:43
07	Room Air	0.000	15:43

```
Lot No = 14323080A4
Cyl No = 42
Exp Date = 06/05/2025
County = 08                Oper No. = 133237
```

Operator Signature
ANNA NAREHOOD

Remarks: Dry Cal check #7-9

```
              Form 106-I8000
```