



NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
CRIME LABORATORY DIVISION

INTOXILYZER® 8000 ANNUAL INSPECTION

Intoxilyzer® 8000 Serial Number: 80-00 0509

Inspection Location: TDXL

A. Pre-Inspection

1. Items with Instrument:  
Gas Cylinder Yes or No (If Yes, Lot # 01524080A4 Cyl. # 116)  
Keys Yes or No  
Power Cord Yes or No
2. ☒ Download Data
3. ☒ Upload Operator File
4. ☒ Current Location Code: GFAF
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: 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: 2/14/24  
☒ 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: 6/5/25
4. ☒ Interferent Check (Level 1,B)  
Known Value: 0.10 AC + 0.05% Acetone  
Sim. Ser #: DR7352  
Lot #: 1CS8  
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 0.080 Test 5 0.081 Test 8 0.081  
Test 3 0.080 Test 6 0.080 Test 9 0.080  
Average 0.080  
☒ Results  $\pm 0.005$  AC of known AC

D. Remarks/Maintenance: N/A

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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. ☒

[Signature]  
Inspector Signature

16 April 2025  
Date

[Signature]  
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 80-006509  
Location = TOXL      8164.14.00 09/16  
04/16/2025      10:17

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

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

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

Current Instrument Setup

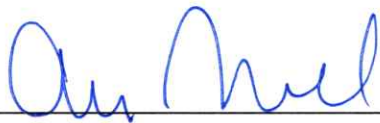
Data Entry Mode: Enabled  
Start Test Sequence: DABACABA  
Display Prelim Rslt? Yes  
Display Third Digit? Yes  
Inhib Printer(Y/N)? No  
Display Volume? No  
Disable On Memfull? Yes  
# of Print Copies? 1  
Select Std (D/W/I)? Dry  
Standard Value? 0.080  
Standard Lot #? 01524080A4  
Standard Cyl #? 16  
Standard Expiration? 03/05/2026  
Oper No? 133237

Flow Cal. Date: 06/11/2019  
Slope 445  
Intercept 431160

IR Calibration Date: 06/11/2019  
3um 9um

0th Coef(*100):	-27266	-14145
1st Coef(*100):	276865	139368
2nd Coef(*100):	2326	1158
H2O adj(mg/l*10k):	584	288

\*\*\*\*\* 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 80-006509  
Location = TOXL      8164.14.00 09/16  
04/16/2025      10:37

WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:37
02 Std. Sol.	0.022	10:38
03 Room Air	0.000	10:39
04 Std. Sol.	0.022	10:40
05 Room Air	0.000	10:40
06 Std. Sol.	0.022	10:41
07 Room Air	0.000	10:41

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

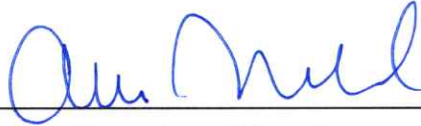
CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006509  
Location = TOXL      8164.14.00 09/16  
04/16/2025      10:43

WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:44
02 Std. Sol.	0.298	10:45
03 Room Air	0.000	10:45
04 Std. Sol.	0.299	10:46
05 Room Air	0.000	10:47
06 Std. Sol.	0.300	10:47
07 Room Air	0.000	10:48

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

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CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006509  
Location = TOXL      8164.14.00 09/16  
04/16/2025      10:49

Test	AC	Time
01 Room Air	0.000	10:50
02 *Subject Test	INT*	10:50
03 Room Air	0.000	10:51

\*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  
0.10 AC + 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 80-006509  
Location = TOXL      8164.14.00 09/16  
04/16/2025      10:51

Test	AC	Time
01 Diagnostic	OK	10:52
02 Room Air	RFI*	10:52
03 Room Air	0.000	10:52

\*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

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NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006509  
Location = TOXL      8164.14.00 09/16  
04/16/2025      10:53

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:53
02 Std. Gas	0.081	10:54
03 Room Air	0.000	10:54
04 Std. Gas	0.080	10:55
05 Room Air	0.000	10:55
06 Std. Gas	0.080	10:55
07 Room Air	0.000	10:56

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

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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006509  
Location = TOXL      8164.14.00 09/16  
04/16/2025      10:56

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:57
02 Std. Gas	0.081	10:57
03 Room Air	0.000	10:58
04 Std. Gas	0.081	10:58
05 Room Air	0.000	10:59
06 Std. Gas	0.080	10:59
07 Room Air	0.000	11:00

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

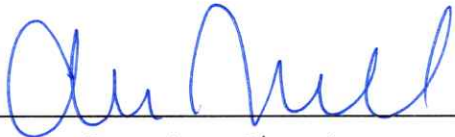
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006509  
Location = TOXL      8164.14.00 09/16  
04/16/2025      11:00

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	11:01
02 Std. Gas	0.081	11:01
03 Room Air	0.000	11:02
04 Std. Gas	0.081	11:02
05 Room Air	0.000	11:02
06 Std. Gas	0.080	11:03
07 Room Air	0.000	11:03

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