

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL CRIME LABORATORY DIVISION

INTOXILYZER® 8000 ANNUAL INSPECTION

				20 10 1000 10 1000 10	
Intoxil	yzer® 8	8000 Serial Number:	80-00 <u>7086</u>	Inspection Location: 10)	(
Α.	Pre-In 1. 2. 3. 4. 5.	O-Rings Replaced Si	Yes or No (If Yes, Lot #a Yes or No Yes or No	? Yes or No Yes or No Yes or No	<u>53</u>)
В.	General 1. 2. 3. 4. 5.	☐ Breath tube hea ☐ Date, time and I ☐ Time Zone: ☐ Print test (Level ☐ Tank monitor (L ☐ Display: ☐ Display and ☐ Gas tank tan ☐ If Yes, displ	sed and instrument in "Rea ited ocation code (Level 2,E). F CST or MDT (Time on test 1,P). Sign and attach test	Re-set if necessary. records will be in time zone record. DOO	e circled).
C.	Tests 1.	Wet Calibra Known Valu Sim. Ser #: Lot #: Exp. Date:_	st records): llator for the following test (lator Check - Low AC (Leve le ≤ 0.03 AC: 0.020 MP5321 2023 D 1 28 25 ± 0.005 of known AC	I 1,C)	

Intoxilyzer 8000 Annual Inspection

Laboratory Unit: Toxicology Unit - Breath Alcohol Section

Approved By: Laboratory Director

UNCONTROLLED WHEN PRINTED

Document ID: 11698 Revision: 3

Status: Published

Date Approved: 03/20/2025

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:	2.	Configure simulator for the following test (Le	
		Wet Calibration Check - High AC (Level 1 Known Value ≥ 0.25 AC: 0.300 A	O LIMA A C
		Sim. Ser #: MP6035	Sim ser #: MP5318
		Lot #: 202402C	Lot # 2023120
		Exp. Date: 2 14 26	Exp.date: 12/7/25
		Results ± 5% AC of known AC	× Results = 5%
	3.	Configure dry gas standard for the remaining	tests (Level 1,S). of known AC
	/	Known Value : O. O 80 AC	
		Gas Cylinder Lot #:14323080 A	<u>4</u>
		Cylinder #: 42	
	ے ۔	Exp. Date: 6525	
	4.	Interferent Check (Level 1,B)	
		Known Value: O.ID AC + 0.05% Acet Sim. Ser #: DR7352	tone
		Lot #: VE1392	
		Exp. Date: None	
		☑ Display reads "Interferent Detect"	
	5.	RFI Check (CMS Mode)	
	J. 4	☑ Display reads "RFI Detect"	
	6. ¥	Dry Calibration Check (Level 1,C)	
	J. J.		Test 7 0.080
			Test 8 0.079
			Test 9 0.080
		Average <u>0.079</u>	
		Results ± 0.005 AC of known AC	
D.	Remark	s/Maintenance: Two calibration dry c	heaks were originally
perf		and it was determined that a	
1			3
MUZ	neusso	my. The values in #to are post	callbrallon adjustment.
l t		cceptable to be used in the field. Yes or No	
instrur	nent is a	cceptable to be used in the field. Yes or No	
If No, s	state rea	son(s) why:	
If Yes	change	location code back to A.4 unless A.4 is TOXL.	. I NIA. Instrument Swapped.
			-0.41 2 2 5 T 2225
	<u> </u>	· / Will	Destre 2025 05 June 2015
Inspec	ctor Sign	ature	Date
OTU	ulle t	ntschuler	05 June 2025
Reviev	ver		Date
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			e-
-In	toxilvzer 800	00 Annual Inspection	Document ID: 11698 Revision: 3

Laboratory Unit: Toxicology Unit - Breath Alcohol Section

Approved By: Laboratory Director UNCONTROLLED WHEN PRINTED

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CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-007086
Location = TOXL 8164.16.00 09/18
04/29/2025 10:18

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

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

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

Current Instrument Setup

Data Entry Mode: Enabled DABACABA Start Test Sequence: 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 #? 25024080A3 Standard Cyl #? 053 Standard Expiration? 10/05/2026 133237 Oper No?

Flow Cal. Date: 10/16/2018 Slope 688

Intercept -653049

IR Calibration Date: 10/16/2018

Oth Coef(*100): -47466 -23263 1st Coef(*100): 233222 130299 2nd Coef(*100): 3639 1618 H2O adj(mg/l*10k): 1280 608

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

Operator Signature ANNA NAREHOOD

Remarks: PrintTest

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/29/2025

Alcohol Analyzer SN 80-007086 8164.16.00 09/18 10:23

WET CAL CHECK

Test			AC	Time	
01	Room	Air	0.000	10:23	
02	Std.	Sol.	0.019	10:24	
03	Room	Air	0.000	10:24	
04	Std.	Sol.	0.019	10:25	
05	Room	Air	0.000	10:26	
	Std.		0.019	10:26	
07	Room	Air	0.000	10:27	

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 CHEUK - D.020AC

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/29/2025

Alcohol Analyzer SN 80-007086 8164.16.00 09/18 10:32

WET CAL CHECK

Test			AC	Time
01	Room	Air	0.000	10:32
02	Std.	Sol.	0.298	10:33
03	Room	Air	0.000	10:34
04	Std.	Sol.	0.298	10:35
05	Room	Air	0.000	10:35
06	Std.	Sol.	0.298	10:36
07	Room	Air	0.000	10:36

 $08 \text{ Sim Temp} = 34.0^{\circ}\text{C}$

Simul Ser No = MP6035 Std Sol No = 202402C

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: High Ac Check -0.300Ac

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-007086
Location = TOXL 8164.16.00 09/18
04/29/2025 10:40

Test	AC	Time	
01 Room Air	0.000	10:41	
02 *Subject Test	INT*	10:42	
03 Room Air	0.000	10:43	

^{*}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

Operator Signature
ANNA NAREHOOD

Remarks: Interferent Check
0.10AC + 0.05% Acetone

CMI, Inc. Intoxilyzer	Alcohol Analyzer
North Dakota Model 8000	SN 80-007086
Location = TOXL	8164.16.00 09/18
04/29/2025	10:43

Test	AC	Time	
01 Diagnostic	OK	10:44	
02 Room Air	0.000	10:44	
03 *Subject Test	RFI*	10:45	
04 Room Air	0.000	10:45	

*Invalid Test Inhibited - RFI

Sub Name = TEST, DONOR2 NONE

Sub DOB = 07/25/1998

Sub Sex = Male Weight = NA Test = OTH Cit = RFI CK

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

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/29/2025

Alcohol Analyzer SN 80-007086 8164.16.00 09/18 10:45

DRY CAL CHECK

Test		AC	
01	Room Air	0.000	10:46
02	Std. Gas	0.083	10:46
03	Room Air	0.000	10:47
	Std. Gas	0.083	10:47
E 177	Room Air	0.000	10:48
	Std. Gas	0.083	10:48
11000000	Room Air	0.000	10:49

Lot No = 14323080A4

Cyl No = 42

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: DM Cal Check

cal cherk #13 acn 4/29/25 cal adj needed.

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
04/29/2025

Alcohol Analyzer SN 80-007086 8164.16.00 09/18 10:49

DRY CAL CHECK

Test	AC	Time	
01 Room Air	0.000	10:49	
02 Std. Gas	0.083	10:50	
03 Room Air	0.000	10:50	
04 Std. Gas	0.083	10:51	
05 Room Air	0.000	10:51	
06 Std. Gas	0.083	10:52	
07 Room Air	0.000	10:52	

Lot No = 14323080A4

Cyl No = 42

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks:

y cal check - cal adj.

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/05/2025

Alcohol Analyzer SN 80-007086 8164.16.00 09/18 15:11

WET CAL CHECK

Test			AC	Time	
01	Room	Air	0.000	15:12	
02	Std.	Sol.	0.018	15:12	
03	Room	Air	0.000	15:13	
04	Std.	Sol.	0.018	15:14	
05	Room	Air	0.000	15:14	
06	Std.	Sol.	0.018	15:15	
07	Room	Air	0.000	15:15	

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 post calibration adjustment.

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location = TOXL 06/05/2025

Alcohol Analyzer SN 80-007086 8164.16.00 09/18 15:16

WET CAL CHECK

Test			AC	Time	
01	Room	Air	0.000	15:17	
02	Std.	Sol.	0.400	15:18	
03	Room	Air	0.000	15:18	
04	Std.	Sol.	0.399	15:19	
05	Room	Air	0.000	15:20	
06	Std.	Sol.	0.398	15:21	
07	Room	Air	0.000	15:21	

 $08 \text{ Sim Temp} = 34.0^{\circ}\text{C}$

Simul Ser No = MP5318 Std Sol No = 202312D

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: High AC Cheur 0.400AC

post calibration adjustment

CMI, Inc. Intoxilyzer
North Dakota Model 8000
Location = TOXL
06/04/2025

SN 80-007086 8164.16.00 09/18 12:41

DRY CAL CHECK

Test			AC	Time	
01	Room	Air	0.000	12:41	
02	Std.	Gas	0.080	12:42	
03	Room	Air	0.000	12:42	
04	Std.	Gas	0.080	12:42	
05	Room	Air	0.000	12:43	
06	Std.	Gas	0.080	12:43	
07	Room	Air	0.000	12:44	

Lot No = 14323080A4

Cyl No = 42

Exp Date = 06/05/2025

County = 08

Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: DM Cal Check #1-3

post cal adj.

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location = TOXL 06/04/2025

Alcohol Analyzer SN 80-007086 8164.16.00 09/18 12:44

DRY CAL CHECK

Test			AC	Time
01	Room	Air	0.000	12:45
02	Std.	Gas	0.080	12:45
03	Room	Air	0.000	12:46
04	Std.	Gas	0.080	12:46
	Room		0.000	12:47
06	Std.	Gas	0.080	12:47
07	Room	Air	0.000	12:48

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 post cal. adj.

CMI, Inc. Intoxilyzer North Dakota Model 8000 Location = TOXL 06/04/2025

Alcohol Analyzer SN 80-007086 8164.16.00 09/18 12:50

DRY CAL CHECK

Test			AC	Time
01	Room	Air	0.000	12:50
02	Std.	Gas	0.080	12:50
03	Room	Air	0.000	12:51
04	Std.	Gas	0.079	12:51
05	Room	Air	0.000	12:52
06	Std.	Gas	0.080	12:52
07	Room	Air	0.000	12:53

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

post cal. adj.