NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
CRIME LABORATORY DIVISION

INTOXILYZER® 8000 REPAIR AND MAINTENANCE

Intoxilyzer® 8000 Serial Number: 80-00 _5937_   Maintenance Location: _TOXL_

1. Reported Issue and Issue Found:
   Modem line was pressed into the internal part
   of the instrument.
   _____
   _____
   _____

2. Repair/Maintenance Performed:
   Replaced Modem port attachment.
   _____
   _____
   _____

3. Does a Calibration Adjustment need to be performed? Yes or (No)
   • If Yes, perform a calibration check.

   ☐ Configure dry gas standard (Level 1,S).
   Known Value : _____AC
   Gas Cylinder Lot #: _____
   Cylinder #: _____
   Exp. Date:_____
   ☐ Dry Calibration Check (Level 1,C)
   Test 1 _____ Test 2 _____ Test 3 _____

   • If No, go to step 4.

4. Does the instrument flow sensor need to be adjusted? Yes or (No)
   • If Yes, complete Flow Sensor Adjustment and Calibration (Document ID: 11872), then go to step 5.
   • If No, go to step 5.

Intoxilyzer 8000 Repair and Maintenance   Document ID: 11860 Revision: 5
Laboratory Unit: Toxicology Unit - Breath Alcohol Section   Status: Published
Approved By: Laboratory Director   Date Approved: 03/20/2025
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5. Does the instrument calibration need to be adjusted? Yes or (No)
    - If Yes, complete Intoxilyzer® 8000 Calibration Adjustment (Document ID: 11859), then go to step 6.
    - If No, go to step 6.

6. Was the instrument cover removed for the repair? (Yes) or No
    - If Yes, complete Intoxilyzer® 8000 Initial Inspection (Document ID: 11784), then go to step 7.
    - If No, go to step 7.

7. Is an Annual Inspection due on the Intoxilyzer® 8000? Yes or (No)
    - If Yes, complete Intoxilyzer® 8000 Annual Inspection (Document ID: 11698), step 8 is not needed, and sign below.
    - If No, go to step 8.

8. Was an Intoxilyzer® 8000 Initial Inspection (Document ID: 11784) completed in step 6? (Yes) or No
    - If Yes, no further action is needed and sign below.
    - If No, Complete Intoxilyzer® 8000 Calibration (Document ID: 11871) and sign below.

Remarks/Notes: _N/A_____

_____

Instrument is acceptable to be used in the field.   (Yes) or   No

If No, state reason(s) why:

_____

_____

_____   05June2025_____
Breath Alcohol Analyst Signature   Date

_____   05 June 2025_____
Reviewer Signature   Date