



NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
CRIME LABORATORY DIVISION

INTOXILYZER® 8000 REPAIR AND MAINTENANCE

Intoxilyzer® 8000 Serial Number: 80-00 7097 Maintenance Location: TOXL

1. Reported Issue and Issue Found:

low calibration values

2. Repair/Maintenance Performed:

calibration adjustment

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 : 0.080 AC

Gas Cylinder Lot #: 19825080A2

Cylinder #: 20

Exp. Date: 9/5/27

Dry Calibration Check (Level 1,C)

Test 1 0.077 Test 2 0.078 Test 3 0.078

- 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.

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:

[Signature]
Breath Alcohol Analyst Signature

24 March 2026
Date

[Signature]
Reviewer Signature

31 Mar 2026
Date

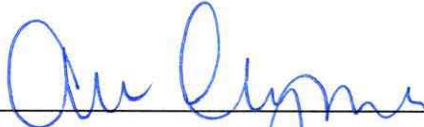
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-007097
Location = BURK *TOXL* 8164.16.00 09/18
03/24/2026 *doi 24 March* 13:43

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	13:44
02 Std. Gas	0.077	13:44
03 Room Air	0.000	13:44
04 Std. Gas	0.078	13:45
05 Room Air	0.000	13:45
06 Std. Gas	0.078	13:46
07 Room Air	0.000	13:46

Lot No = 19825080A2
Cyl No = 20
Exp Date = 09/05/2027
County = 08 Oper No. = 133237


Operator Signature
ANNA INGEMANSEN

Remarks: *Repair & Maintenance
Calibration Check*

Form 106-I8000