



NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
CRIME LABORATORY DIVISION

INTOXILYZER® 8000 ANNUAL INSPECTION

Intoxilyzer® 8000 Serial Number: 80-00 4948 Inspection Location: TOXL

A. Pre-Inspection

1. Items with Instrument:
 Gas Cylinder Yes or No (If Yes, Lot # _____ Cyl. # _____)
 Keys Yes or No
 Power Cord Yes or No
2. Download Data
3. Upload Operator File
4. Current Location Code: TOXL
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: 966 psi Regulator: 1000 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: 0.025 AC
 Sim. Ser #: MP5290
 Lot #: 202509A
 Exp. Date: 10 Sept 2027
 Results ± 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 #: MP5321

Lot #: 202408H

Exp. Date: 29 Aug 2026

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 #: 264437

Cylinder #: 104

Exp. Date: 1/29/28

4. Interferent Check (Level 1,B)

Known Value: 0.10 AC + 0.05% Acetone

Sim. Ser #: DR7352

Lot #: ICS9

Exp. Date: None

Display reads "Interferent Detect"

5. Invalid Sample (Level 1,B)

Display reads "Invalid Sample"

6. RFI Check (CMS Mode)

Display reads "RFI Detect"

7. Dry Calibration Check (Level 1,C)

Test 1 0.080 Test 4 0.081 Test 7 0.080

Test 2 0.080 Test 5 0.080 Test 8 0.080

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: NIA

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.

Alexey Lyapunov
Inspector Signature

02 April 2026
Date

Janelle Pustochkin
Reviewer

04 Apr. 2026
Date

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004948
Location = TOXL 8164.14.00 09/16
04/02/2026 09:37

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

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

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

Current Instrument Setup

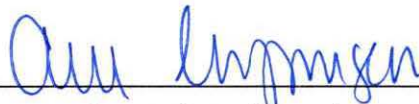
Data Entry Mode: Enabled
Start Test Sequence: DABACABA
Display Prelim Rslt? Yes
Display Third Digit? Yes
Inhib Printer(Y/N)? No
Display Volume? No
Disable On Memfull? Yes
of Print Copies? 1
Select Std (D/W/I)? Dry
Standard Value? 0.080
Standard Lot #? 19825080A2
Standard Cyl #? 20
Standard Expiration? 09/05/2027
Oper No? 133237

Flow Cal. Date: 08/28/2018
Slope 642
Intercept -606282

IR Calibration Date: 09/23/2025

	3um	9um
0th Coef(*100):	-29258	-30531
1st Coef(*100):	255854	132649
2nd Coef(*100):	2816	1286
H2O adj(mg/l*10k):	635	546

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



Operator Signature
ANNA INGEMANSEN

Remarks: *Print Test*

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

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004948
Location = TOXL 8164.14.00 09/16
04/02/2026 09:39

WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	09:40
02 Std. Sol.	0.024	09:41
03 Room Air	0.000	09:41
04 Std. Sol.	0.024	09:42
05 Room Air	0.000	09:42
06 Std. Sol.	0.024	09:43
07 Room Air	0.000	09:44

08 Sim Temp = 34.0°C

Simul Ser No = MP5290
Std Sol No = 202509A
County = 08 Oper No. = 133237



Operator Signature
ANNA INGEMANSEN

Remarks: LOW AC CHECK
0.025AC

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 80-004948
Location = TOXL 8164.14.00 09/16
04/02/2026 09:45

WET CAL CHECK

Test	AC	Time
01 Room Air	0.000	09:45
02 Std. Sol.	0.299	09:46
03 Room Air	0.000	09:47
04 Std. Sol.	0.301	09:47
05 Room Air	0.000	09:48
06 Std. Sol.	0.301	09:49
07 Room Air	0.000	09:49

08 Sim Temp = 34.0°C

Simul Ser No = MP5321
Std Sol No = 202408H
County = 08 Oper No. = 133237



Operator Signature
ANNA INGEMANSEN

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 80-004948
Location = TOXL 8164.14.00 09/16
04/02/2026 09:51

Test	AC	Time
01 Room Air	0.000	09:52
02 *Subject Test	INT*	09:53
03 Room Air	0.000	09:54

*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 = 264437
Cyl No = 104
Expiration Date = 01/29/2028
County = 08 Oper No. = 133237



Operator Signature
ANNA INGEMANSEN

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 80-004948
Location = TOXL 8164.14.00 09/16
04/02/2026 10:11

Test	AC	Time
01 Room Air	0.000	10:12
02 Invalid Sample	X.XXX	10:13
03 Room Air	0.000	10:13

*Invalid Test - Mouth Alcohol

Sub Name = TEST, DONOR2 NONE
Sub DOB = 07/25/1998
Sub Sex = Male Weight = NA
Test = OTH Cit = INVALID SAMPLE
Dr. Lic. = ND/TES989643
Lot No = 264437
Cyl No = 104
Expiration Date = 01/29/2028
County = 08 Oper No. = 133237



Operator Signature
ANNA INGEMANSEN

Remarks: Invalid Sample -
Mouth Alcohol

Form 106-I8000

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

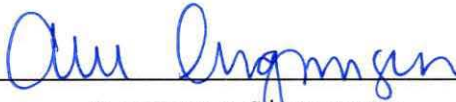
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004948
Location = TOXL 8164.14.00 09/16
04/02/2026 10:14

Test	AC	Time
01 Diagnostic	OK	10:15
02 Room Air	0.000	10:15
03 *Subject Test	RFI*	10:16
04 Room Air	0.000	10:16

*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 = 264437
Cyl No = 104
Expiration Date = 01/29/2028
County = 08 Oper No. = 133237

I followed the Approved Method and the instructions displayed by the Intoxilyzer in conducting this test.



Operator Signature
ANNA INGEMANSEN

Remarks: RFI check

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NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004948
Location = TOXL 8164.14.00 09/16
04/02/2026 10:17

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:17
02 Std. Gas	0.080	10:18
03 Room Air	0.000	10:18
04 Std. Gas	0.080	10:18
05 Room Air	0.000	10:19
06 Std. Gas	0.080	10:19
07 Room Air	0.000	10:20

Lot No = 264437
Cyl No = 104
Exp Date = 01/29/2028
County = 08 Oper No. = 133237


Operator Signature
ANNA INGEMANSEN

Remarks: Dry cal check
#1-3

Form 106-I8000

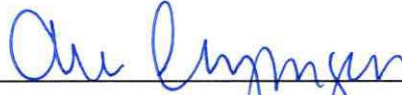
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004948
Location = TOXL 8164.14.00 09/16
04/02/2026 10:23

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:24
02 Std. Gas	0.081	10:24
03 Room Air	0.000	10:25
04 Std. Gas	0.080	10:25
05 Room Air	0.000	10:25
06 Std. Gas	0.080	10:26
07 Room Air	0.000	10:26

Lot No = 264437
Cyl No = 104
Exp Date = 01/29/2028
County = 08 Oper No. = 133237



Operator Signature
ANNA INGEMANSEN

Remarks: Dry Cal Check
#4-6

Form 106-I8000

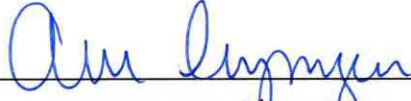
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004948
Location = TOXL 8164.14.00 09/16
04/02/2026 10:27

DRY CAL CHECK

Test	AC	Time
01 Room Air	0.000	10:28
02 Std. Gas	0.080	10:28
03 Room Air	0.000	10:29
04 Std. Gas	0.080	10:29
05 Room Air	0.000	10:29
06 Std. Gas	0.080	10:30
07 Room Air	0.000	10:30

Lot No = 264437
Cyl No = 104
Exp Date = 01/29/2028
County = 08 Oper No. = 133237



Operator Signature
ANNA INGEMANSEN

Remarks: Dry cal check
#7-9

Form 106-I8000