



NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
CRIME LABORATORY DIVISION

INTOXILYZER® 8000 ANNUAL INSPECTION

Intoxilyzer® 8000 Serial Number: 80-00 4935 Inspection Location: TOXL

A. Pre-Inspection

1. Items with Instrument:
 - Gas Cylinder Yes or No (If Yes, Lot # 08425080A1 Cyl. # 2)
 - Keys Yes or No
 - Power Cord Yes or No
2. Download Data
3. Upload Operator File
4. Current Location Code: LNT
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: 958 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: 0.020 AC
Sim. Ser #: MP5290
Lot #: 202501E
Exp. Date: 1/29/28 AEI 4/22/26 1/28/27
 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 #: MP3003

Lot #: 202408H

Exp. Date: 8/29/26

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 #: 26-4437

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 0.075 Test 4 0.076 Test 7 0.078

Test 2 0.076 Test 5 0.077 Test 8 0.077

Test 3 0.076 Test 6 0.077 Test 9 0.078

Average 0.076

Results \pm 0.005 AC of known AC

D. Remarks/Maintenance: N/A

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

22 April 2026
Date

[Signature]
Reviewer

28 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 80-004935
Location = TOXL 8164.14.00 09/16
04/22/2026 13:52

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

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

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

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 #? 08425080A1
Standard Cyl #? 2
Standard Expiration? 05/05/2027
Oper No? 133237

Flow Cal. Date: 07/12/2012
Slope 655
Intercept -510289

IR Calibration Date: 05/20/2015

| | 3um | 9um |
|--------------------|--------|--------|
| 0th Coef(*100): | -7871 | -19684 |
| 1st Coef(*100): | 264505 | 133108 |
| 2nd Coef(*100): | 2865 | 1320 |
| H2O adj(mg/l*10k): | 200 | 298 |

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



Operator Signature
ANNA INGEMANSEN

Remarks: Print Test

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

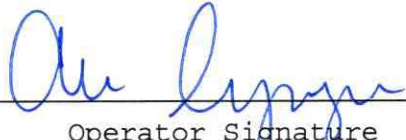
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004935
Location = TOXL 8164.14.00 09/16
04/22/2026 13:58

WET CAL CHECK

| Test | AC | Time |
|--------------|-------|-------|
| 01 Room Air | 0.000 | 13:58 |
| 02 Std. Sol. | 0.020 | 13:59 |
| 03 Room Air | 0.000 | 14:00 |
| 04 Std. Sol. | 0.020 | 14:00 |
| 05 Room Air | 0.000 | 14:01 |
| 06 Std. Sol. | 0.020 | 14:02 |
| 07 Room Air | 0.000 | 14:02 |

08 Sim Temp = 34.0°C

Simul Ser No = MP5290
Std Sol No = 202501E
County = 08 Oper No. = 133237


Operator Signature
ANNA INGEMANSEN

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 80-004935
Location = TOXL 8164.14.00 09/16
04/22/2026 14:03

WET CAL CHECK

| Test | AC | Time |
|--------------|-------|-------|
| 01 Room Air | 0.000 | 14:04 |
| 02 Std. Sol. | 0.297 | 14:05 |
| 03 Room Air | 0.000 | 14:05 |
| 04 Std. Sol. | 0.297 | 14:06 |
| 05 Room Air | 0.000 | 14:07 |
| 06 Std. Sol. | 0.296 | 14:07 |
| 07 Room Air | 0.000 | 14:08 |

08 Sim Temp = 34.0°C

Simul Ser No = MP3003
Std Sol No = 202408H
County = 08 Oper No. = 133237



Operator Signature
ANNA INGEMANSEN

Remarks: High AC check
0.300AC

Form 106-I8000

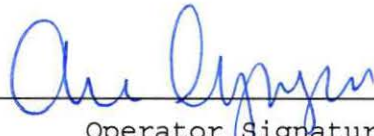
Intoxilyzer Test Record and Checklist
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004935
Location = TOXL 8164.14.00 09/16
04/22/2026 14:09

| Test | AC | Time |
|------------------|-------|-------|
| 01 Room Air | 0.000 | 14:10 |
| 02 *Subject Test | INT* | 14:11 |
| 03 Room Air | 0.000 | 14:12 |

*Invalid Test
Interferent Detected

Sub Name = TEST, DONOR2 NONE
Sub DOB = 07/25/1998
Sub Sex = Male Weight = NA
Test = OTH Cit = INTERFERENT
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

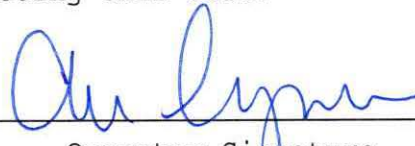
CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004935
Location = TOXL 8164.14.00 09/16
04/22/2026 14:16

| Test | AC | Time |
|---------------|-------|-------|
| 01 Diagnostic | OK | 14:17 |
| 02 Room Air | RFI* | 14:17 |
| 03 Room Air | 0.000 | 14:17 |

*Invalid Test
Inhibited - RFI

Sub Name = TEST, DONOR2 NONE
Sub DOB = 07/25/1998
Sub Sex = Male Weight = NA
Test = OTH Cit = RFI
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

Form 106-I8000


Intoxilyzer Test Record and Checklist
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CMI, Inc. Intoxilyzer Alcohol Analyzer
North Dakota Model 8000 SN 80-004935
Location = TOXL 8164.14.00 09/16
04/22/2026 14:21

DRY CAL CHECK

| Test | AC | Time |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 14:22 |
| 02 Std. Gas | 0.076 | 14:22 |
| 03 Room Air | 0.000 | 14:22 |
| 04 Std. Gas | 0.077 | 14:23 |
| 05 Room Air | 0.000 | 14:23 |
| 06 Std. Gas | 0.077 | 14:24 |
| 07 Room Air | 0.000 | 14:24 |

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 80-004935
Location = TOXL 8164.14.00 09/16
04/22/2026 14:24

DRY CAL CHECK

| Test | AC | Time |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 14:25 |
| 02 Std. Gas | 0.078 | 14:25 |
| 03 Room Air | 0.000 | 14:26 |
| 04 Std. Gas | 0.077 | 14:26 |
| 05 Room Air | 0.000 | 14:27 |
| 06 Std. Gas | 0.078 | 14:27 |
| 07 Room Air | 0.000 | 14:27 |

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



Operator Signature
ANNA INGEMANSEN

Remarks: DRYCAL check
#7-9

Form 106-I8000