

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
CRIME LABORATORY DIVISION

INTOXILYZER® 8000 ANNUAL INSPECTION

Intoxilyzer® 8000 Serial Number: 80-00 0513 Inspection Location: TOXL

A. Pre-Inspection

1. Items with Instrument:  
Gas Cylinder Yes or No (If Yes, Lot # 25024080A3 Cyl. # 53)  
Keys Yes or No  
Power Cord Yes or No
2. ☒ Download Data
3. ☒ Upload Operator File
4. ☒ Current Location Code: LISB
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: 884 psi Regulator: 850 psi  
Display and Regulator  $\pm$  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  $\leq$  0.03 AC: 0.020 AC  
Sim. Ser #: MP5290  
Lot #: 202501E  
Exp. Date: 1/28/27  
☒ Results  $\pm$  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 #: 24337 <sup>acj 4/23/26</sup> 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 #: ICS 9

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 0.079 Test 4 0.081 Test 7 0.082

Test 2 0.080 Test 5 0.082 Test 8 0.082

Test 3 0.080 Test 6 0.081 Test 9 0.082

Average 0.081

☒ 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

4/23/2026  
Date

[Signature]  
Reviewer

30 June 2026  
Date

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

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006513  
Location = TOXL      8164.14.00 09/16  
04/23/2026      14:02

\*\*\*\*\* 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 #? 25024080A3  
Standard Cyl #? 053  
Standard Expiration? 10/05/2026  
Oper No? 133237

Flow Cal. Date: 08/20/2015  
Slope 680  
Intercept -696037

IR Calibration Date: 08/21/2015

|                    | 3um    | 9um    |
|--------------------|--------|--------|
| 0th Coef(*100):    | -14436 | -13610 |
| 1st Coef(*100):    | 265490 | 136147 |
| 2nd Coef(*100):    | 4422   | 1710   |
| H2O adj(mg/l*10k): | 672    | 448    |

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

  
\_\_\_\_\_  
Operator Signature  
ANNA INGEMANSEN

Remarks: Print Test

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 80-006513  
Location = TOXL      8164.14.00 09/16  
04/23/2026      14:03

WET CAL CHECK

| Test         | AC    | Time  |
|--------------|-------|-------|
| 01 Room Air  | 0.000 | 14:03 |
| 02 Std. Sol. | 0.020 | 14:05 |
| 03 Room Air  | 0.000 | 14:05 |
| 04 Std. Sol. | 0.021 | 14:06 |
| 05 Room Air  | 0.000 | 14:06 |
| 06 Std. Sol. | 0.021 | 14:07 |
| 07 Room Air  | 0.000 | 14:08 |

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 80-006513  
Location = TOXL      8164.14.00 09/16  
04/23/2026      14:09

WET CAL CHECK

| Test         | AC    | Time  |
|--------------|-------|-------|
| 01 Room Air  | 0.000 | 14:09 |
| 02 Std. Sol. | 0.297 | 14:10 |
| 03 Room Air  | 0.000 | 14:11 |
| 04 Std. Sol. | 0.298 | 14:12 |
| 05 Room Air  | 0.000 | 14:12 |
| 06 Std. Sol. | 0.299 | 14:13 |
| 07 Room Air  | 0.000 | 14:14 |

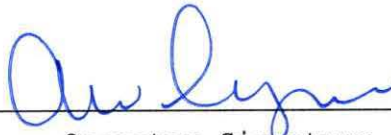
08 Sim Temp = 34.0°C

Simul Ser No = MP3003

Std Sol No = 202408H

County = 08

Oper No. = 133237



Operator Signature  
ANNA INGEMANSEN

Remarks:

High AC check  
0.300 AC

Form 106-I8000

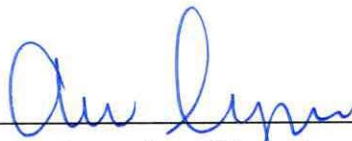
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006513  
Location = TOXL      8164.14.00 09/16  
04/23/2026      14:16

| Test             | AC    | Time  |
|------------------|-------|-------|
| 01 Room Air      | 0.000 | 14:17 |
| 02 *Subject Test | INT*  | 14:17 |
| 03 Room Air      | 0.000 | 14:18 |

\*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  
0.10AL + 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 80-006513  
Location = TOXL      8164.14.00 09/16  
04/23/2026      14:18

| Test              | AC    | Time  |
|-------------------|-------|-------|
| 01 Room Air       | 0.000 | 14:19 |
| 02 Invalid Sample | X.XXX | 14:19 |
| 03 Room Air       | 0.000 | 14:20 |

\*Invalid Test - Mouth Alcohol

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

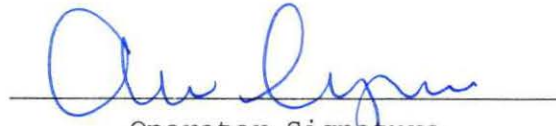
CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006513  
Location = TOXL      8164.14.00 09/16  
04/23/2026      14:35

| Test             | AC    | Time  |
|------------------|-------|-------|
| 01 Diagnostic    | OK    | 14:36 |
| 02 Room Air      | 0.000 | 14:37 |
| 03 *Subject Test | RFI*  | 14:37 |
| 04 Room Air      | 0.000 | 14:38 |

\*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: *HA dei 4/23/26 RFI check*

Form 106-I8000

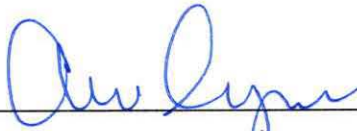
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006513  
Location = TOXL      8164.14.00 09/16  
04/23/2026      14:20

DRY CAL CHECK

| Test        | AC    | Time  |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 14:21 |
| 02 Std. Gas | 0.079 | 14:21 |
| 03 Room Air | 0.000 | 14:22 |
| 04 Std. Gas | 0.080 | 14:22 |
| 05 Room Air | 0.000 | 14:22 |
| 06 Std. Gas | 0.080 | 14:23 |
| 07 Room Air | 0.000 | 14:23 |

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

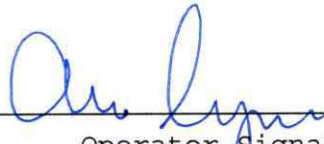
Intoxilyzer Test Record and Checklist  
NDOAG Crime Lab. Div., Bismarck, ND 58501

CMI, Inc. Intoxilyzer      Alcohol Analyzer  
North Dakota Model 8000      SN 80-006513  
Location = TOXL      8164.14.00 09/16  
04/23/2026      14:24

DRY CAL CHECK

| Test        | AC    | Time  |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 14:24 |
| 02 Std. Gas | 0.081 | 14:25 |
| 03 Room Air | 0.000 | 14:25 |
| 04 Std. Gas | 0.082 | 14:25 |
| 05 Room Air | 0.000 | 14:26 |
| 06 Std. Gas | 0.081 | 14:26 |
| 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: DRY cal check  
#4-b

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 80-006513  
Location = TOXL      8164.14.00 09/16  
04/23/2026      14:27

DRY CAL CHECK

| Test        | AC    | Time  |
|-------------|-------|-------|
| 01 Room Air | 0.000 | 14:28 |
| 02 Std. Gas | 0.082 | 14:28 |
| 03 Room Air | 0.000 | 14:29 |
| 04 Std. Gas | 0.082 | 14:29 |
| 05 Room Air | 0.000 | 14:30 |
| 06 Std. Gas | 0.082 | 14:30 |
| 07 Room Air | 0.000 | 14:30 |

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