

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

| | |
|---|---|
| DataMaster cdm S/N: <u>130113</u> | |
| Supervisor/Operator Performing the Verification Procedure: | |
| Name: <u>Kenneth G. Cox</u> | ID #: <u>3527</u> Date: <u>May 23, 2008</u> ✓ |
| A Agency: <u>Skagway Police Department</u> ✓ | Phone #: <u>907 983-2232</u> |
| Instrument Location <u>Skagway Police Department, 1st & State Street Skagway, Alaska 99840</u> | |
| Alco S/N <u>X173010</u> ✓ | Target Value <u>.082</u> ✓ High Pressure <u>950</u> |
| Alco Test Value Average <u>.080 .081</u> ✓ <u>6/9/08</u> | <u>.080 .081</u> ✓ <u>6/9/08</u> |
| Signature <u>Kenneth G. Cox</u> | <u>CSB</u> <u>6/5/08</u> |
| (OVER) | |

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Kenneth Cox, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Jeanne Swartz 6/9/08
Date
Jeanne Swartz
Scientific Director Designee
State of Alaska
State Breath Alcohol Testing Program

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130113

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130113

MAY 23, 2008

OPERATOR'S NAME:
COX, KENNETH G
OPERATOR'S NUMBER: 3527
SUBJECT'S LAST NAME:
VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI :

L
O.L. #: L
DEPT/AGENCY: SKG1
CASE/REPORT: 2008-0975
TEST TYPE: V
ALCO TARGET VALUE: .002
ALCO S/N: X173010

— BREATH ANALYSIS —

.002 ADJUSTED FOR 30.50 in
ALCO TARGET .003 02:19
BLANK TEST .000 02:19
INTERNAL STANDARD VERIFIED 02:20
ALCO TV 30.50 in .001 02:20
BLANK TEST .000 02:21
SUBJECT SAMPLE .000 02:22
BLANK TEST .000 02:22
ALCO TV 30.50 in .001 02:23
BLANK TEST .000 02:24

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130113

MAY 23, 2008
TIME 02:15

— DIAGNOSTIC CHECK —

COMPUTER: OKAY ✓
PROGRAM: OKAY ✓
SOFTWARE DATE: 02/20/01 ✓
HEATERS
SAMPLE CHAMBER: 49c ✓
BREATH TUBE: 41c ✓
BAROMETER: 30.50 in ✓
FLOW DETECTOR: OKAY ✓
PUMP
HIGH SPEED: OKAY ✓
DETECTOR: OKAY ✓
FILTERS: OKAY ✓
QUARTZ STANDARD: OKAY ✓
CALIBRATION: OKAY ✓

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEF
GHIJKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrstuvwxyz{|}~#