

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 136114 ✓

Name Kevin Stevenson ID# 2414 Date 07-18-08 ✓

A Agency WAA Police Dept Phone # _____

Instrument Location WAA Police Dept ✓

B Alco S/N X301591 ✓ Target Value .080 ✓ High Pressure 900

Alco Test Value Average .079 ✓

1st Alco .079 ✓ 2nd Alco _____

Signature Kevin Stevenson

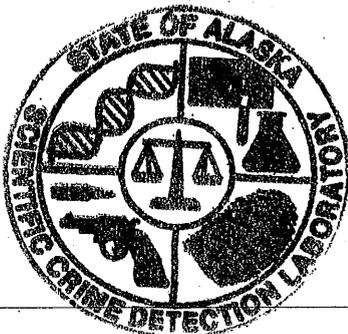
CSB
7/28/08

Under the Alaska Rules of Evidence, I certify that, (OVER)

(Do Not write in the area below.)
(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, Kevin Stevenson, 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

Jeanne Swartz
Scientific Director Designee
State of Alaska
State Breath Alcohol Testing Program

7/30/08
Date

JUL 21 2008

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 130114 ✓

(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 130114

JULY 18, 2008 ✓ *COB #109/08*

OPERATOR'S NAME:
STEVENS ON KEVIN L
OPERATOR'S NUMBER: 2414
SUBJECT'S LAST NAME:
VERIFICATION
SUBJECT'S FIRST NAME/MI :
VERIFICATION
D.L. #: 1234
DEPT/AGENCY: ANC7
CASE/REPORT: 09009
TEST TYPE: U
ALCO TARGET VALUE: .000 ✓
ALCO S/N: X301591 ✓

— BREATH ANALYSIS —

.000 ADJUSTED FOR 29.00 in
ALCO TARGET .079 ✓ 08:20
BLANK TEST .000 08:21
INTERNAL STANDARD VERIFIED 08:21
ALCO TV 29.00 in .079 ✓ 08:21
BLANK TEST .000 08:22
SUBJECT SAMPLE .000 *COB #109/08* 08:23
BLANK TEST .000 08:23
ALCO TV 29.00 in .079 ✓ 08:24
BLANK TEST .000 08:25

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130114

JULY 18, 2008 ✓
TIME 08:17

— DIAGNOSTIC CHECK —

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 49c
BREATH TUBE: 42c
BAROMETER: 29.00 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

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