

# 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 <u>130117</u>	
Name <u>KYLE VALERIO</u>		ID# <u>2093</u>	Date <u>4-25-2008</u> ✓
A	Agency <u>KODIAK POLICE DEPARTMENT</u> ✓	Phone # <u>(907)486-8000</u>	
Instrument Location <u>217 LOWER MILL BAY ROAD, KODIAK, AK. 99615</u>			
Alco S/N <u>58442</u> ✓		Target Value <u>.081</u>	High Pressure <u>1100</u>
B	Alco Test Values	<u>.077</u> ✓ 1 <sup>st</sup> Alco	<u>.076</u> ✓ 2 <sup>nd</sup> Alco
Signature _____		CWB 5/5/08	
(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, Kyle Valerio, 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

5/5/08  
Date

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of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130117

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**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 130117

APRIL 25, 2008

OPERATOR'S NAME:

VALERIO, KYLE D

OPERATOR'S NUMBER: 2093

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :  
TEST

O.L. #: XXXXXX

DEPT/AGENCY: KOD1

CASE/REPORT: XXXXXX

TEST TYPE: U

ALCO TARGET VALUE: .081

ALCO S/N: 58442

--- BREATH ANALYSIS ---

.081 ADJUSTED FOR 30.09 in  
ALCO TARGET .081 09:15  
BLANK TEST .000 09:16  
INTERNAL STANDARD VERIFIED 09:16  
ALCO TV 30.09 in .077 09:17  
BLANK TEST .000 09:18  
SUBJECT SAMPLE .000 09:18  
BLANK TEST .000 09:19  
ALCO TV 30.09 in .076 09:19  
BLANK TEST .000 09:20

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130117

APRIL 25, 2008

TIME 09:20

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 30.09 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

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