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 130117

Supervisor/Operator Performing the Verification Procedure:

A

Name KYLE VALERIO ID# 2093 Date 6-4-2008

Agency KODIAK POLICE DEPARTMENT Phone # (907)486-8000

Instrument Location 217 LOWER MILL BAY ROAD, KODIAK, AK. 99615

B

Alco S/N 58442 Target Value .081 High Pressure 1000

Alco Test Values .076 (1st Alco) .076 (2nd Alco)

Signature [signature] 6/20/08

(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,

[signature] 6/20/08

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

STATE OF ALASKA SCIENTIFIC CRIME DETECTION LABORATORY

JUN 09 2008

BT9 03/00

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 130117

(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 130117

JUNE 04, 2008

OPERATOR'S NAME: COB 6/20/08
VALERIO, KYLE D
OPERATOR'S NUMBER: 2093
SUBJECT'S LAST NAME:
VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI :
TEST
O.L. #: XXXXXXX
DEPT/AGENCY: K001
CASE/REPORT: XXXXXXX
TEST TYPE: V
ALCO TARGET VALUE: .081
ALCO S/N: 58442

— BREATH ANALYSIS —

.081 ADJUSTED FOR 29.68 in

ALCO TARGET	.080	14:11
BLANK TEST	.000	14:12
INTERNAL STANDARD	VERIFIED	14:12
ALCO TV 29.68 in	.076	14:13
BLANK TEST	.000	14:13
SUBJECT SAMPLE	.000 COB 6/20/08	14:14
BLANK TEST	.000	14:15
ALCO TV 29.68 in	.076	14:15
BLANK TEST	.000	14:16

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130117

JUNE 04, 2008
TIME 14:16

— DIAGNOSTIC CHECK —

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	42c
BAROMETER:	29.68 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

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