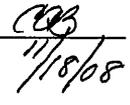


VERIFICATION OF CALIBRATION REPORT

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>10-30-2008</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> ✓				
B	Alco S/N	<u>58442</u> ✓	Target Value	<u>.081</u> ✓	High Pressure	<u>450</u> ✓
	Alco Test Values	<u>.077</u> ✓ 1 st Alco	<u>.078</u> ✓ 2 nd Alco			
	Signature					
(OVER)						

Under the Alaska Rules of Evidence, I certify that, ^(Do Not write in the area below)

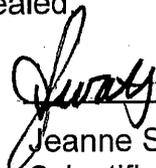
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director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

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, 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
Scientific Director Designee
State of Alaska
State Breath Alcohol Testing Program

11/19/08
Date

NOV 06 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 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

OCTOBER 30, 2008 ✓

OPERATOR'S NAME: *COB 11/18/08*
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: 20000000
TEST TYPE: U ✓
ALCO TARGET VALUE: .081 ✓
ALCO S/N: 58442

— BREATH ANALYSIS —

.081 ADJUSTED FOR 30.06 in		
ALCO TARGET	.081	14:16
BLANK TEST	.000	14:17
INTERNAL STANDARD	VERIFIED	14:17
ALCO TV 30.06 in	.077 ✓	14:17
BLANK TEST	.000	14:18
SUBJECT SAMPLE <i>COB 11/18/08</i>	.000	14:19
BLANK TEST	.000	14:19
ALCO TV 30.04 in	.078 ✓	14:20
BLANK TEST	.000	14:20

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130117

OCTOBER 30, 2008 ✓
TIME 14:21

— DIAGNOSTIC CHECK —

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 50c
BREATH TUBE: 42c
BAROMETER: 30.04 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

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