

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>12-23-2008</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>300</u>		
Alco Test Values	<u>.076</u> ✓ 1 st Alco	<u>.076</u> ✓ 2 nd Alco
Signature	 ✓	
COB 1/6/09		
(OVER)		

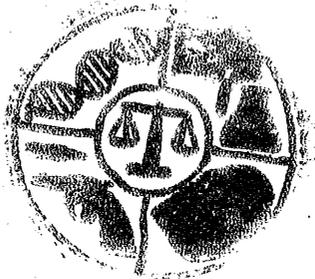
Under the Alaska Rules of Evidence, I certify that, ^(Do Not write in the area below)

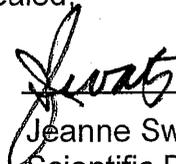
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director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

Date 1/6/09

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

DECEMBER 23, 2008 ✓

OPERATOR'S NAME: *COB 11/6/09*
VALERIO, KYLE D
OPERATOR'S NUMBER: 2093
SUBJECT'S LAST NAME:
VERIFICATION OF CAL
SUBJECT'S FIRST NAME/NI :
TEST

O.L. #: XXXXXX
DEPT/AGENCY: KOD1
CASE/REPORT: 200000000
TEST TYPE: U
ALCO TARGET VALUE: .081 ✓
ALCO S/N: 50442

--- BREATH ANALYSIS ---

.081 ADJUSTED FOR 29.68 in
ALCO TARGET .000 13:31
BLANK TEST .000 13:32
INTERNAL STANDARD VERIFIED 13:32
ALCO TV 29.68 in .076 ✓ 13:33
BLANK TEST .000 13:33
SUBJECT SAMPLE *COB 11/6/09* .000 13:34
BLANK TEST .000 13:35
ALCO TV 29.68 in .076 ✓ 13:35
BLANK TEST .000 13:36

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130117

DECEMBER 23, 2008 ✓
TIME 13:36

--- 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

! " # \$ % & ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G
H I J K L M N O P Q R S T U V W X Y Z I \ ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { } ~ |