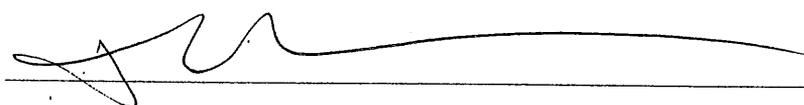


VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument
State of Alaska

MAR 17 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

| | | |
|---|----------------------|--|
| Supervisor/Operator Performing the Verification Procedure: | | DataMaster cdm S/N <u>130119</u> |
| Name <u>Tobin P Brennan</u> | ID# <u>4542</u> | Date <u>3-15-09</u> |
| A Agency <u>Soldotna Police Department</u> | | Phone # <u>(907) 262-4455</u> |
| Instrument Location <u>Soldotna Police Department (44510 Sterling Hwy, Soldotna Alaska 99669)</u> | | |
| B Alco S/N <u>X301556</u> | | Target Value <u>.082</u> High Pressure <u>1400</u> |
| Alco Test Values | | |
| <u>.083</u> | <u>.083</u> | |
| 1 st Alco | 2 nd Alco | |
| Signature  | | <u>003</u> <u>3/28/09</u> |
| (OVER) | | |

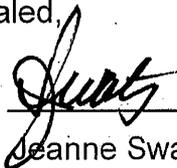
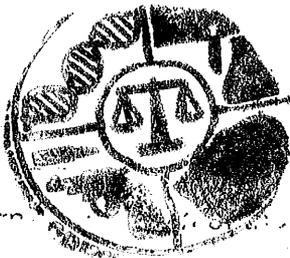
Under the Alaska Rules of Evidence, I certify that:
(Do Not write in the area below)

(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, Tobin P Brennan, 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

3/28/09
Date

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 130119

(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 130119

MARCH 15, 2009

OPERATOR'S NAME: BRENNAN
OPERATOR'S NUMBER: 4542
SUBJECT'S LAST NAME:
VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI :
VOC

D.L. #: U
DEPT/AGENCY: SLD1
CASE/REPORT: VOC
TEST TYPE: V
ALCO TARGET VALUE: .002
ALCO S/N: X301556

— BREATH ANALYSIS —

.002 ADJUSTED FOR 29.41 in
ALCO TARGET .000 15:18
BLANK TEST .000 15:19
INTERNAL STANDARD VERIFIED 15:19
ALCO TV 29.41 in .003 15:20
BLANK TEST .000 15:21
SUBJECT SAMPLE .000 15:21
BLANK TEST .000 15:22
ALCO TV 29.41 in .003 15:22
BLANK TEST .000 15:23

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130119

MARCH 15, 2009
TIME 15:16

— DIAGNOSTIC CHECK —

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 03/29/00
HEATERS
SAMPLE CHAMBER: 49c
BREATH TUBE: 43c
BAROMETER: 29.41 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

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