# 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 130128

Supervisor/Operator Performing the Verification Procedure:

A

Name Byron D. Redburn ID# 2087 Date 6-14-2008

Agency Nome PD Phone # 443-2551

Instrument Location Nome PD

B

Alco S/N X124646 Target Value .080 High Pressure 400

Alco Test Values .83 (1st Alco) .83 (2nd Alco)

Signature B. D. Redburn CDB 6/27/08

(OVER)

(Do Not write in the area below)

ıder 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, Byron D Redburn, 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,

6/30/08

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

Date

BT9 06/03

JUN 19 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** 130128 ✓

(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 130128

JUNE 14, 2008 ✓ CDB 6/27/08

OPERATOR'S NAME:
  REDBURN BYRON D
OPERATOR'S NUMBER: 2087
SUBJECT'S LAST NAME:
  VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI :
  A
O.L. #: A
DEPT/AGENCY: OME1
CASE/REPORT: A
TEST TYPE: V
ALCO TARGET VALUE: .080 ✓
ALCO S/N: X124646 ✓

        --- BREATH ANALYSIS ---

.080 ADJUSTED FOR 30.45 in
ALCO TARGET          .081      20:37
BLANK TEST           .000      20:38
INTERNAL STANDARD    VERIFIED  20:38
ALCO TV 30.45 in     .083 ✓    20:38
BLANK TEST           .000      20:39
SUBJECT SAMPLE       .000 CDB  20:40
BLANK TEST           .000 6/27/08 20:40
ALCO TV 30.45 in     .083 ✓    20:41
BLANK TEST           .000      20:42
```

## DIAGNOSTIC CHECK

```
ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130128

JUNE 14, 2008 ✓
TIME 20:34

        --- DIAGNOSTIC CHECK ---

COMPUTER:              OKAY

PROGRAM:               OKAY

SOFTWARE DATE:         02/20/01

HEATERS
SAMPLE CHAMBER:        49c
BREATH TUBE:           42c

BAROMETER:             30.45 in

FLOW DETECTOR:         OKAY

PUMP
HIGH SPEED:            OKAY

DETECTOR:              OKAY

FILTERS:               OKAY

QUARTZ STANDARD:       OKAY

CALIBRATION:           OKAY

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