

# 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>130128</u> ✓
Name	<u>J Swartz</u>	ID# <u>4314</u> Date <u>11/15/08</u> ✓
A Agency	<u>SCOL</u>	Phone # <u>269-5592</u>
Instrument Location	<u>SCOL</u> ✓	
B Alco S/N	<u>5007108</u> ✓	Target Value <u>.080</u> ✓ High Pressure <u>1100psi</u>
Alco Test Values	<u>.082</u> ✓ 1 <sup>st</sup> Alco	<u>.081</u> ✓ 2 <sup>nd</sup> Alco
Signature	<u>J Swartz</u> ✓	<u>JMS 11/25/08</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, Jeanne M Swartz, 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



J Swartz

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

11/25/08

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 130128 *N*

(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

NOVEMBER 15, 2008

OPERATOR'S NAME:

SWARTZ/J

OPERATOR'S NUMBER: 4314

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

L

O.L. #: L

DEPT/AGENCY: AAA1

CASE/REPORT:

TEST TYPE: U

ALCO TARGET VALUE: .000 ✓

ALCO S/N: SCOTT08

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 30.27 in  
ALCO TARGET .000 21:58  
BLANK TEST .000 21:58  
INTERNAL STANDARD VERIFIED 21:59  
ALCO TV 30.27 in .002 ✓ 21:59  
BLANK TEST .000 22:00  
SUBJECT SAMPLE *J 11/25/08* .000 22:00  
BLANK TEST .000 22:01  
ALCO TV 30.27 in .001 ✓ 22:02  
BLANK TEST .000 22:03

*J 11/15/08*

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130128

NOVEMBER 15, 2008  
TIME 21:56

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 42c

BAROMETER: 30.27 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fghi jklmno  
pqrstuvwxyz{|}~■