

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>130130</u>
Name		<u>Robert T. Gibbs</u>	ID# <u>3006</u> Date <u>1-31-08</u>
A	Agency	<u>Valdez PD</u>	Phone # <u>9078354560</u>
Instrument Location		<u>Valdez AK</u>	
Alco S/N		<u>56799</u>	Target Value <u>.083</u> High Pressure <u>1200</u>
B	Alco Test Value Average	<u>.081</u>	<u>.081</u>
		1 st Alco	2 nd Alco
Signature		<u>Robert T. Gibbs</u>	<u>RS</u> <u>2/19/08</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that;

(Do Not write in the area below)

(a) I am Jeanne Swartz, Criminalist 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, Robert T Gibbs, 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

02/22/08
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 130130

(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 130130

JANUARY 31, 2008

OPERATOR'S NAME: *COB 2/19/08*
GIBBS/ROBERT/T
OPERATOR'S NUMBER: 3006
SUBJECT'S LAST NAME:
VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI :
W

O.L. #: E
DEPT/AGENCY: UD21
CASE/REPORT: U
TEST TYPE: U
ALCO TARGET VALUE: .083
ALCO S/N: 56799

— BREATH ANALYSIS —

2/19/08

.083 ADJUSTED FOR 29.88 in		
ALCO TARGET	.082	14:17
BLANK TEST	.000	14:18
INTERNAL STANDARD	VERIFIED	14:18
ALCO TV 29.88 in	.081	14:19
BLANK TEST	.000	14:20
SUBJECT SAMPLE	.000 <i>COB 2/19/08</i>	14:20
BLANK TEST	.000	14:21
ALCO TV 29.88 in	.081	14:22
BLANK TEST	.000	14:23

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130130

JANUARY 31, 2008
TIME 14:12

— DIAGNOSTIC CHECK —

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 49c
BREATH TUBE: 42c
BAROMETER: 29.88 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEF
GHIJKLMNOPQRSTUVWXYZ[\]^_`'abcde fghijklmno
pqrstuvwxy z{|}~■