

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 Gibbs</u>	ID# <u>3006</u> Date <u>9/18/08</u> ✓
Agency	<u>Valdez PD</u>	Phone # <u>9078554560</u>
Instrument Location	<u>Valdez, AK</u> ✓	
Alco S/N	<u>56799</u> ✓	Target Value <u>.083</u> ✓ High Pressure <u>250</u>
Alco Test Values	<u>.080</u> ✓ 1 st Alco	<u>.082</u> ✓ 2 nd Alco
Signature	<u>Robert T. Gibbs</u> ✓ bgibbs@ci.valdez.ak.us	
(OVER)		

COB
9/22/08

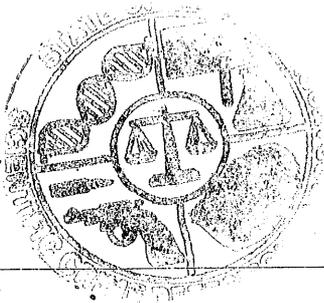
Under the Alaska Rules of Evidence, I certify that;
(Do Not write in the area below)

(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, 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

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

10/5/08

Date

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of DataMaster cdm breath Test Instrument

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Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N

130130

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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

SEPTEMBER 18, 2008

OPERATOR'S NAME:
GIBBS/ROBERT
OPERATOR'S NUMBER: 3006
SUBJECT'S LAST NAME:
VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI :

T

D.L. #: R

DEPT/AGENCY: UDZ1

CASE/REPORT: U

TEST TYPE: U

ALCO TARGET VALUE: .083

ALCO S/N: 56799

--- BREATH ANALYSIS ---

.083 ADJUSTED FOR 29.88 in
ALCO TARGET .082 10:20
BLANK TEST .000 10:21
INTERNAL STANDARD VERIFIED 10:21
ALCO TV 29.88 in .080 10:22
BLANK TEST .000 10:23
SUBJECT SAMPLE .080 10:23
BLANK TEST .000 10:24
ALCO TV 29.88 in .082 10:25
BLANK TEST .000 10:26

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130130

SEPTEMBER 18, 2008

TIME 10:14

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 48c
BREATH TUBE: 44c
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
pqrs tuvwxyz{|}~#