

VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm
State of Alaska

JAN 20 2010

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

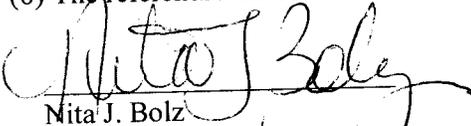
Supervisor/Operator Performing the Verification Procedure:		Datamaster cdm S/N	<u>130131</u>
A	Name	<u>Shayne Calt</u>	ID# <u>4559</u> Date <u>11-23-09</u>
	Agency	<u>AST</u>	Phone # <u>733-2256</u>
	Instrument Location	<u>Talkeetna AST</u>	
B	Alco S/N	<u>31343</u>	Target Value <u>.084</u> High Pressure <u>500</u>
	Alco Test Value Average	<u>.081</u> 1 st Alco	<u>.080</u> 2 nd Alco
	Signature		<u>CB</u> <u>1/22/10</u>

(OVER)

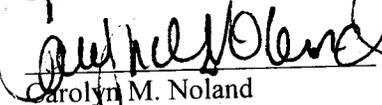
(Do Not write in the area below)

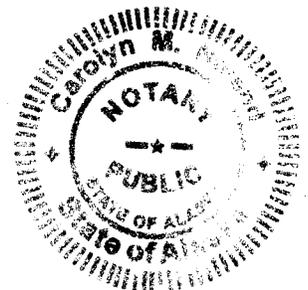
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.


Nita J. Bolz
Scientific Director
State Breath Alcohol Program

Subscribed and sworn before me this 20th day of January, 2010.


(Notary Seal Stamp)
Carolyn M. Noland
Notary Public, State of Alaska
Commission Expires with Office



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of Datamaster cdm

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Datamaster cdm S/N 130131

(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 130131

NOVEMBER 23, 2009

OPERATOR'S NAME:

CALT SHARNE M

OPERATOR'S NUMBER: 4559

SUBJECT'S LAST NAME:

VERIFICATION#0FCAL

SUBJECT'S FIRST NAME/MI :

U

O.L. #: U

DEPT/AGENCY: TALO

CASE/REPORT: U

TEST TYPE: U

ALCO TARGET VALUE: .004

ALCO S/N: ~~430131~~

31343
--- BREATH ANALYSIS ---

.004 ADJUSTED FOR 28.81 in		
ALCO TARGET	.000	17:12
BLANK TEST	.000	17:13
INTERNAL STANDARD	VERIFIED	17:13
ALCO TO 28.81 in	.001	17:13
BLANK TEST	.000	17:14
SUBJECT SAMPLE	.000	17:15
BLANK TEST	.000	17:15
ALCO TO 28.79 in	.000	17:16
BLANK TEST	.000	17:16

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130131

NOVEMBER 23, 2009

TIME 17:17

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 00/20/01
HEATERS
SAMPLE CHAMBER: 50c
BREATH TUBE: 41c
BAROMETER: 28.81 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()*+,-./0123456789:;<=>?@ABCDEF6
HIJKL MNOPQRSTU VWXYZ[\]^_`abcd efghijklmno
pqrstuvwxyz{|}~