

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>130132</u>
Name		<u>Doreen Valadez</u>	ID# <u>3423</u> Date <u>4/2/08</u>
A	Agency	<u>Seward PD</u>	Phone # <u>224-3338</u>
Instrument Location <u>Seward Community Jail</u>			
Alco S/N		<u>57447</u>	Target Value <u>.080</u> High Pressure <u>350</u>
Alco Test Value Average		<u>.079</u>	<u>.078</u>
		1 st Alco	2 nd Alco
Signature		<u>Doreen R. Valadez</u>	<u>003</u> <u>4/8/08</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that (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, Doreen R Valadez, 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 4/12/08
Jeanne Swartz Date
Scientific Director Designee
State of Alaska
State Breath Alcohol Testing Program

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 130132

(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 130132

APRIL 02, 2008 *COB 4/2/08*

OPERATOR'S NAME:
VALADEZ D
OPERATOR'S NUMBER: 3423
SUBJECT'S LAST NAME:
VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI :
X
O.L. #: X
DEPT/AGENCY: SWD1
CASE/REPORT: X
TEST TYPE: U
ALCO TARGET VALUE: .080
ALCO S/N: 57447

--- BREATH ANALYSIS ---

201 131

.080 ADJUSTED FOR 30.19 in		
ALCO TARGET	.080	13:40
BLANK TEST	.000	13:41
INTERNAL STANDARD	VERIFIED	13:41
ALCO TV 30.19 in	.079	13:42
BLANK TEST	.000	13:43
SUBJECT SAMPLE	.080 <i>COB 4/2/08</i>	13:43
BLANK TEST	.000 <i>COB 4/2/08</i>	13:44
ALCO TV 30.19 in	.078	13:44
BLANK TEST	.000	13:45

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130132

APRIL 02, 2008
TIME 13:46

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 03/29/00
HEATERS
SAMPLE CHAMBER: 48c
BREATH TUBE: 43c
BAROMETER: 30.19 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJKL
MNOPQRSTUVWXYZ[\]^_`abcdefgijklmno
pqrstuvwxyz{|}~■