

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>130134</u> ✓
Name		<u>J Swartz</u>	ID# <u>4314</u> Date <u>10/29/08</u> ✓
A	Agency	<u>SCDL</u>	Phone # <u>269-5592</u>
Instrument Location		<u>SCDL</u>	✓
Alco S/N		<u>A6 4098</u>	Target Value <u>.080</u> ¹ High Pressure <u>300psi</u>
B	Alco Test Values	<u>.078</u> ✓	<u>.078</u> ✓
		1 st Alco	2 nd Alco
Signature		<u>J Swartz</u> ✓	

Under the above evidence, I certify that; (OVER)

(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

11/21/08
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 130134 ✓

(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 130134

OCTOBER 29, 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: AG4098 ✓

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.94 in		
ALCO TARGET	.000	22:21
BLANK TEST	.000	22:22
INTERNAL STANDARD	VERIFIED	22:22
ALCO TU 29.94 in	.078 ✓	22:22
BLANK TEST	.000	22:23
SUBJECT SAMPLE	.000	22:23
BLANK TEST	.000	22:24
ALCO TU 29.94 in	.078 ✓	22:24
BLANK TEST	.000	22:25

J 10/29/08

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130134

OCTOBER 29, 2008 ✓
TIME 22:19

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	48c
BREATH TUBE:	42c
BAROMETER:	29.94 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { } ~