

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 X130143 ⁰⁰⁸ 130143 ✓
Name <u>LT McKillican, William D.</u>		ID# <u>5210</u> Date <u>04/28/28</u> ✓
A	Agency <u>FT Wainwright Police</u> ✓	Phone # <u>(907) 353-7531</u>
Instrument Location <u>3028 Montgomery Road FT Wainwright, AK 99703</u>		
Alco S/N X130143 ⁰⁰⁸ 57345 ✓ Target Value <u>.081</u> ✓ High Pressure <u>150</u>		
B	Alco Test Values	
	<u>.083</u> ✓ 1 st Alco	<u>.083</u> ✓ 2 nd Alco
Signature <u>[Handwritten Signature]</u>		<u>008</u> <u>6/13/08</u>
(OVER)		

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, William McKillican, 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,

[Handwritten Signature]

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

6/16/08
Date

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of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N ^{CDM} ~~X~~130143

(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 130143

APRIL 28, 2008 ^{COB 6/13/08}

OPERATOR'S NAME:
MCKILLICAN/W/D
OPERATOR'S NUMBER: 5219
SUBJECT'S LAST NAME:
VOC
SUBJECT'S FIRST NAME/MI :
VOC

O.L. #: 0123456
DEPT/AGENCY: FA14
CASE/REPORT: 98-1234
TEST TYPE: T
ALCO TARGET VALUE: .061 ✓
ALCO S/N: 467345

--- BREATH ANALYSIS ---

.061 ADJUSTED FOR 29.55 in
ALCO TARGET .000 13:47
BLANK TEST .000 13:48
INTERNAL STANDARD VERIFIED 13:48
ALCO TO 29.55 in .063 ✓ 13:48
BLANK TEST .000 13:49
SUBJECT SAMPLE .060 ^{COB 6/13/08} 13:49
BLANK TEST .000 13:50
ALCO TO 29.57 in .063 ✓ 13:50
BLANK TEST .000 13:51

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130143

APRIL 28, 2008 ✓
TIME 13:43

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 49c
BREATH TUBE: 41c
BAROMETER: 29.57 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

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