

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

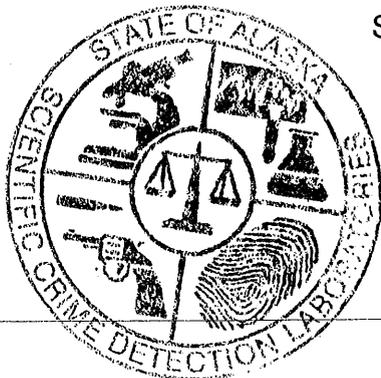
Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130171 ✓</u>
Name <u>CHRISTOPHER M. CHAPMAN</u>		ID# <u>6390</u> Date <u>4 MAR 08</u>
A	Agency <u>354 SFS / EIL 4</u>	Phone # <u>377-1408</u>
Instrument Location <u>451 DIVISION ST. EIELSON AFB, AK 99702</u>		
Alco S/N <u>X301596 ✓</u>		Target Value <u>.080 ✓</u> High Pressure <u>800</u>
B	Alco Test Values	
	<u>.079</u> 1 st Alco	<u>.079</u> 2 nd Alco
Signature <u>[Handwritten Signature]</u>		<u>[Handwritten Initials]</u> <u>3/11/08</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, Christopher M Chapman, 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

3/12/08
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 130171

(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 130171
MARCH 04, 2008 *COB 3/11/08*

OPERATOR'S NAME:
CHAPMAN CHRISTOPHER M
OPERATOR'S NUMBER: 6390
SUBJECT'S LAST NAME:
VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI:
UOC

O.L. #: 1
DEPT/AGENCY: EIL4
CASE/REPORT:
TEST TYPE: U
ALCO TARGET VALUE: .000
ALCO S/N: X301596

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.49 in		
ALCO TARGET	.078	14:39
BLANK TEST	.000	14:40
INTERNAL STANDARD	VERIFIED	14:40
ALCO TV 29.49 in	.079	14:41
BLANK TEST	.000 <i>COB</i>	14:41
SUBJECT SAMPLE	.000 <i>COB</i>	14:42
BLANK TEST	.000 <i>COB</i>	14:43
ALCO TV 29.49 in	.079	14:43
BLANK TEST	.000	14:44

201-5118

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130171
MARCH 04, 2008
TIME 14:44

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/28/01
HEATERS
SAMPLE CHAMBER: 49c
BREATH TUBE: 41c
BAROMETER: 29.49 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST
!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEF6
HIJKLmnopqrstuvwxyz\]^_`abcdefgijklmno
pqrstuvwxyz{|}~