

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

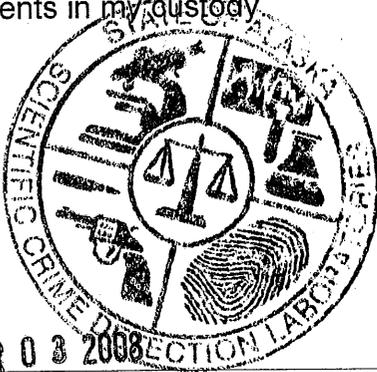
State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130174</u> ✓
Name		<u>SCOTT Chafin</u>	ID# <u>2349</u> Date <u>20 FEB 2008</u>
A	Agency	<u>University of Alaska Anchorage PD</u>	Phone # <u>786-1120</u>
Instrument Location <u>OUI Processing Room 3211 Prov on ESH 114 Ave</u>			
Alco S/N		<u>X301591</u>	Target Value <u>.080</u> ✓ High Pressure <u>1200</u>
B	Alco Test Value Average	<u>.078</u>	<u>.077</u>
		1 st Alco	2 nd Alco
Signature		<u>[Signature]</u>	<u>CSB</u> <u>3/17/08</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, Scott S Chafin, 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,

[Signature]

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

3/18/08

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 130174

(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 130174
FEBRUARY 20, 2008
OPERATOR'S NAME: CHAFIN SCOTT
OPERATOR'S NUMBER: 2349
SUBJECT'S LAST NAME: CAL
SUBJECT'S FIRST NAME/MI: JVER
D.L. #: 0123456
DEPT/AGENCY: ANC7
CASE/REPORT: 00 0000
TEST TYPE: U
ALCO TARGET VALUE: .000
ALCO S/N: X301591

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.29 in		
ALCO TARGET	.078	00:58
BLANK TEST	.000	00:59
INTERNAL STANDARD	VERIFIED	00:59
ALCO TV 29.29 in	.078	01:00
BLANK TEST	.000	01:00
SUBJECT SAMPLE	.000	01:01
BLANK TEST	.000	01:02
ALCO TV 29.31 in	.077	01:02
BLANK TEST	.000	01:03

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130174
FEBRUARY 20, 2008
TIME 01:05

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	42c
BAROMETER:	29.31 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST
!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEF
GHIJKL/MNOPQRSTUWXYZ[\]^_`abcde fghijklmnop
qrstuvwxy z{|}~■