

MAR 23 2009

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

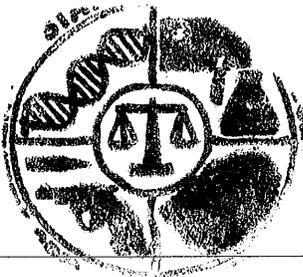
*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

|  |                                       |                                       |                          |
|--|---------------------------------------|---------------------------------------|--------------------------|
| Supervisor/Operator Performing the Verification Procedure: |                                       | DataMaster cdm S/N <u>130174</u> ✓    |                          |
| Name <u>Gary Lowe</u> ✓                                    |                                       | ID# <u>7219</u>                       | Date <u>3/19/09</u> ✓    |
| A  | Agency <u>Haives P.D.</u>             | Phone # <u>766-2121</u>               |                          |
| Instrument Location <u>Haives P.D.</u>                     |                                       |                                       |                          |
| Alco S/N <u>X124631</u> ✓                                  |                                       | Target Value <u>.082</u> ✓            | High Pressure <u>900</u> |
| B  | Alco Test Values                      |                                       |                          |
|  | <u>.083</u> ✓<br>1 <sup>st</sup> Alco | <u>.083</u> ✓<br>2 <sup>nd</sup> Alco |                          |
| Signature <u>Gary A Lowe</u> ✓                             |                                       | <u>JS</u><br><u>3/24/09</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, Gary A Lowe, 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

3/28/09  
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 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 DEPT. OF PUBLIC SAFETY  
DATAMASTER cdm 130174  
MARCH 19, 2009  
OPERATOR'S NAME: LOWE, BARRY  
OPERATOR'S NUMBER: 7219  
SUBJECT'S LAST NAME: TEST  
SUBJECT'S FIRST NAME/MI: TEST  
O.I.L. #: 03192009  
DEPT/AGENCY: HNS1  
CASE/REPORT: 03192009  
TEST TYPE: U  
ALCO. TARGET VALUE: .082  
ALCO S/N: XI24631

*cos 03/19/09*

--- BREATH ANALYSIS ---

|                            |          |       |
|----------------------------|----------|-------|
| .082 ADJUSTED FOR 30.03 in |          |       |
| ALCO. TARGET               | .082     | 12:55 |
| BLANK TEST                 | .000     | 12:56 |
| INTERNAL STANDARD          | VERIFIED | 12:56 |
| ALCO TU 30.03 in           | .083     | 12:56 |
| BLANK TEST                 | .000     | 12:57 |
| SUBJECT SAMPLE             | .000     | 12:57 |
| BLANK TEST                 | .000     | 12:58 |
| ALCO TU 30.03 in           | .083     | 12:58 |
| BLANK TEST                 | .000     | 12:59 |

*70/2*

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130174  
MARCH 19, 2009  
TIME 12:50

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 01/08/09

HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c

BAROMETER: 30.03 in

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST  
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pqrstuvwxyz{|}~