

# 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>Kevin Stevenson</u>		ID# <u>2414</u> Date <u>04-6-08</u> ✓
A	Agency <u>UAA Police Dept</u> ✓	Phone # <u>907-786-1120</u>
Instrument Location <u>UAA Police Dept DUI Processing Room</u>		
Alco S/N <u>X301591</u> ✓ Target Value <u>.080</u> ✓ High Pressure <u>1100</u>		
Alco Test Value Average <u>.079</u> <u>.078</u>		
1 <sup>st</sup> Alco 2 <sup>nd</sup> Alco		
Signature <u>[Handwritten Signature]</u>		<u>008</u> <u>4/14/08</u>

Under the Alaska Rules of 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, Kevin Stevenson, 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

4/14/08

Date

APR 10 2008

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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

APRIL 06, 2008

OPERATOR'S NAME:  
STEVENSON, KEVIN L

OPERATOR'S NUMBER: 2414

SUBJECT'S LAST NAME:

VERIFICATION

SUBJECT'S FIRST NAME/MI :

VERIFICATION

OIL, #: 1234

DEPT/AGENCY: ANC7

CASE/REPORT: 000000

TEST TYPE: U

ALCO TARGET VALUE: .000

ALCO S/N: K301591

### — BREATH ANALYSIS —

.000 ADJUSTED FOR 29.80 in  
ALCO TARGET .079 00:41  
BLANK TEST .000 00:42  
INTERNAL STANDARD VERIFIED 00:42  
ALCO TV 29.80 in .079 00:42  
BLANK TEST .000 00:43  
SUBJECT SAMPLE .000 00:44  
BLANK TEST .000 00:44  
ALCO TV 29.80 in .078 00:45  
BLANK TEST .000 00:46

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130174

APRIL 06, 2008

TIME 00:37

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 41c

BAROMETER: 29.80 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

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KLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~