

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>130175</u> |
| Name <u>John Rhyshek</u> | | ID# | <u>5670</u> Date <u>2-20-08</u> |
| A | Agency <u>Houston Police Dept.</u> | Phone # | <u>892-0447</u> |
| Instrument Location <u>Houston Police Dept.</u> | | | |
| Alco S/N <u>X17 2991</u> ✓ | | Target Value | <u>.077</u> ✓ High Pressure <u>800 psi</u> |
| Alco Test Values | | <u>.072</u> 3/1/08 | <u>.071</u> 3/1/08 |
| | | <u>.077</u> 1 st Alco | <u>.077</u> 2 nd Alco Same Bottle |
| Signature <u>[Signature]</u> | | <u>CS</u> <u>2/20/08</u> | |

(OVER)

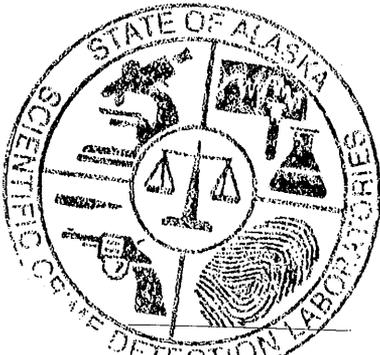
(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Criminalist 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, John Rhyshek, 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

3/1/08
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 130175^v

(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 130175

FEBRUARY 20, 2008

OPERATOR'S NAME: RHYSEK, JOHN C. *COB 2/25/08*

OPERATOR'S NUMBER: 5670

SUBJECT'S LAST NAME: RHYSEK

SUBJECT'S FIRST NAME/MI: JOHN C

D.L. #: 1013203

DEPT/AGENCY: HPD

CASE/REPORT: 00-0000

TEST TYPE: T

ALCO TARGET VALUE: .077

ALCO S/N: X172991

--- BREATH ANALYSIS ---

| | | |
|----------------------------|----------|-------|
| .077 ADJUSTED FOR 29.34 in | | |
| ALCO TARGET | .075 | 12:37 |
| BLANK TEST | .000 | 12:38 |
| INTERNAL STANDARD | VERIFIED | 12:38 |
| ALCO TU 29.34 in | .072 | 12:39 |
| BLANK TEST | .000 | 12:39 |
| SUBJECT SAMPLE | .000 | 12:40 |
| BLANK TEST | .000 | 12:41 |
| ALCO TU 29.36 in | .071 | 12:41 |
| BLANK TEST | .000 | 12:42 |

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130175

FEBRUARY 20, 2008
TIME 12:58

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 42c

BAROMETER: 29.34 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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HIJKL MNOPQRSTUVWXYZ[\]^_`abcdefg h i j k l m n o
p q r s t u v w x y z { | } ~ ¡ ¢