

# 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>J. Swartz</u>	ID#	<u>4314</u> Date <u>10/30/08</u>
A	Agency	<u>SCDL</u>	Phone # <u>269-5592</u>
	Instrument Location	<u>SCDL</u>	✓
B	Alco S/N	<u>AG 4098</u> ✓	Target Value <u>.080</u> ✓ High Pressure <u>300 psi</u>
	Alco Test Values	<u>.075</u> ✓ 1 <sup>st</sup> Alco	<u>.072</u> ✓ 2 <sup>nd</sup> Alco
	Signature		<u>JMS/10/30/08</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, Jeanne M Swartz, 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,





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

11/25/08

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 ✓

(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

OCTOBER 30, 2008

OPERATOR'S NAME:  
SWARTZ/J

OPERATOR'S NUMBER: 4314

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

L

O.L. #: L

DEPT/AGENCY: AAAI

CASE/REPORT:

TEST TYPE: U

ALCO TARGET VALUE: .000

ALCO S/N: 064098

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 30.03 in  
ALCO TARGET .000 10:25  
BLANK TEST .000 10:25  
INTERNAL STANDARD VERIFIED 10:25  
ALCO TU 30.03 in .075 10:26  
BLANK TEST .000 10:27  
SUBJECT SAMPLE .000 10:27  
BLANK TEST .000 10:28  
ALCO TU 30.03 in .072 10:28  
BLANK TEST .000 10:29

J 10/30/08

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130175

OCTOBER 30, 2008  
TIME 10:22

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS: OKAY

SAMPLE CHAMBER: 49c

BREATH TUBE: 43c

BAROMETER: 30.03 in

FLOW DETECTOR: OKAY

PUMP: OKAY

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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MNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxy{|}~