

VERIFICATION OF CALIBRATION RECORD

of Datamaster cdm
State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		Datamaster cdm S/N <u>130180</u> ✓	
Name <u>Anderson, AW</u>		ID# <u>2467</u>	Date <u>9/03/08</u> ✓
A	Agency <u>Seldovia Police Dept.</u>	Phone # <u>234-7640</u>	
Instrument Location <u>Seldovia Police Dept.</u> ✓			
Alco S/N <u>X301530</u> ✓		Target Value <u>.078</u> ✓	High Pressure <u>700 PSI</u>
B	Alco Test Value Average <u>.076</u> ✓	<u>.075</u> ✓	
	1 st Alco	2 nd Alco	
Signature <u>AW Anderson</u> ✓			<u>CSB</u> <u>9/11/08</u>

(OVER)

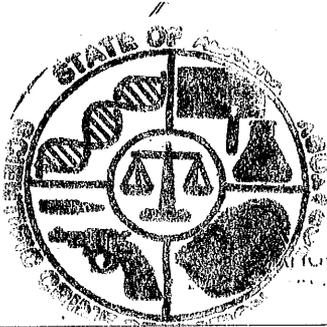
(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(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, A W Anderson, 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

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

9/11/08

Date

BT9 01/00

SEP 08 2008

VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Datamaster cdm S/N

130180 ✓

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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 130180

SEPTEMBER 03, 2008

OPERATOR'S NAME:
ANDERSON, AM
OPERATOR'S NUMBER: 2467
SUBJECT'S LAST NAME:
SIXTY DAY VERIFICATION
SUBJECT'S FIRST NAME/MI :
N/A

O.L. #: 1234567890
DEPT/AGENCY: SOU1
CASE/REPORT: N/A
TEST TYPE: V
ALCO TARGET VALUE: .078 ✓
ALCO S/N: X301530 ✓

--- BREATH ANALYSIS ---

.078 ADJUSTED FOR 29.91 in		
ALCO TARGET	.077	14:26
BLANK TEST	.000	14:27
INTERNAL STANDARD	VERIFIED	14:28
ALCO TV 29.91 in	.076 ✓	14:28
BLANK TEST	.000	14:29
SUBJECT SAMPLE	.000	14:29
BLANK TEST	.000	14:30
ALCO TV 29.91 in	.075 ✓	14:30
BLANK TEST	.000	14:31

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130180

SEPTEMBER 03, 2008 ✓
TIME 14:24

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 48c
BREATH TUBE: 41c
BAROMETER: 29.91 in
FLOW DETECTOR: OKAY
PUMP
HTAH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

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H I J K L M N O P Q R S T U V W X Y Z I \] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~