

# VERIFICATION OF CALIBRATION REPORT

AUG 03 2009

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>130184</u>
Name	<u>JOHN HAMILTON</u>	ID# <u>3192</u> Date <u>4/3/09</u>
A Agency	<u>PETERSBURG POLICE DEPARTMENT</u>	Phone # <u>772-3838</u>
Instrument Location		<u>PETERSBURG</u>
Alco S/N <u>X301600</u>		Target Value <u>.085</u> High Pressure <u>600 PSI</u>
Alco Test Values		<u>.086</u> <u>.087</u>
		1 <sup>st</sup> Alco 2 <sup>nd</sup> Alco
Signature <u>[Signature]</u>		<u>CSB</u> <u>8/4/09</u>

(OVER)

(Do Not write in the area below)

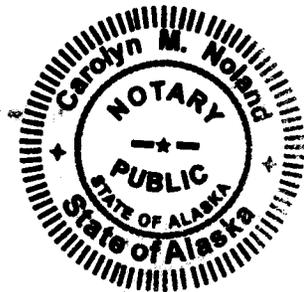
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

[Signature]  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 7<sup>th</sup> day of Aug, 2009.

[Signature]  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# 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 130184

(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

## DIAGNOSTIC CHECK

**Breath Test Record**

Serial Number  Model   
Location   CDB  
9/4/09

**Subject Information**

Last Name  O.L. #   
First Name

**Operator Information**

Operator Name  Case   
Operator #  Department

**Test Results**

Alco Target  Alco Serial   
Nominal  Barometer  Test Type  Y  
Dry Gas 1  Time:  Test Date   
Subject Alcohol  Time:  Test Time   
Dry Gas 2  Time:  Report  Y

**Diagnostic Test Record**

Serial Number  Model   
Location

**Diagnostic Test Results**

Test Date  Computer   
Test Time  Program   
Software Date   
Sample Chamber (C)   
Breath Tube (C)   
Barometer (in)   
Flow Detector   
High Speed Pump   
Detector   
Filter   
Quartz   
Calibration