

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

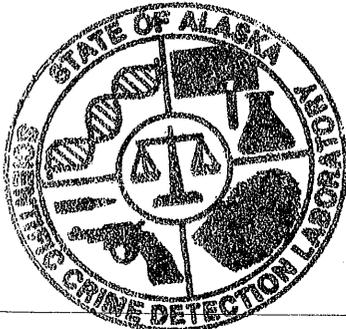
Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130184</u>	
Name	<u>JOHN HAMILTON</u>	ID#	<u>3192</u> Date <u>6/23/08</u> ✓
A Agency <u>PETERSBURG POLICE DEPARTMENT</u>		Phone # <u>772-3838</u>	
Instrument Location <u>PETERSBURG POLICE DEPARTMENT</u> ✓			
Alco S/N <u>X124635</u> ✓		Target Value	<u>-.081</u> ✓ High Pressure <u>375 PSI</u>
B Alco Test Values		<u>.082</u> ✓	<u>.082</u> ✓
	1 st Alco	2 nd Alco	
Signature <u>[Signature]</u>		COB 7/6/08	
NEXT (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, John Hamilton, 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

7/7/08

Date

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of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130184

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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 130184

JUNE 23, 2008

OPERATOR'S NAME: ^{COB}
HAMILTON JOHN A
OPERATOR'S NUMBER: 3192
SUBJECT'S LAST NAME: _{#13108}
VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI :
VERIFICATION OF CAL
O.L. #: A
DEPT/AGENCY: P961
CASE/REPORT: A
TEST TYPE: V
ALCO TARGET VALUE: .001 ✓
ALCO S/N: X124635 ✓

--- BREATH ANALYSIS ---

.001 ADJUSTED FOR 30.17 in		
ALCO TARGET	.001 ✓	04:39
BLANK TEST	.000	04:40
INTERNAL STANDARD	VERIFIED	04:40
ALCO TV 30.17 in	.002 ✓	04:41
BLANK TEST	.000	04:42
SUBJECT SAMPLE	.000 ^{COB}	04:42
BLANK TEST	.000 _{#13108}	04:43
ALCO TV 30.19 in	.002 ✓	04:44
BLANK TEST	.000	04:45

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130184

JUNE 23, 2008 ✓
TIME 04:46

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	41c
BAROMETER:	30.19 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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