

JUN 21 2010

# 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: <span style="float: right;">DataMaster cdm S/N <u>130186<sup>✓</sup></u></span>			
Name <u>Anne Sears</u>	ID# <u>34990<sup>✓</sup></u> Date <u>6/18/10<sup>✓</sup></u>		
A Agency <u>Alaska State Troopers</u> Phone # <u>443-2835</u>			
Instrument Location <u>Nome Police Department</u>			
B Alco S/N <u>X 301548<sup>✓</sup></u> Target Value <u>.079<sup>✓</sup></u> High Pressure <u>400</u>			
Alco Test Values	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>.081<sup>✓</sup></u> 1<sup>st</sup> Alco</td> <td style="text-align: center; width: 50%;"><u>.080<sup>✓</sup></u> 2<sup>nd</sup> Alco</td> </tr> </table>	<u>.081<sup>✓</sup></u> 1 <sup>st</sup> Alco	<u>.080<sup>✓</sup></u> 2 <sup>nd</sup> Alco
<u>.081<sup>✓</sup></u> 1 <sup>st</sup> Alco	<u>.080<sup>✓</sup></u> 2 <sup>nd</sup> Alco		
Signature <u>Anne Sears</u>			

(OVER)

BMB  
6/23/10

(Do Not write in the area below)

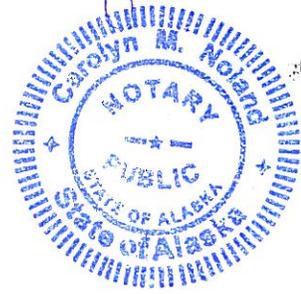
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (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.

Nita J. Bolz  
 Nita J. Bolz  
 Scientific Director  
 State Breath Alcohol Program

Subscribed and sworn before me this 23<sup>rd</sup> day of July, 2010.

Carolyn M. Noland (Notary Seal Stamp)  
 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 130186

(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 130186

JUNE 18, 2010

OPERATOR'S NAME: SEARS/ANNE  
OPERATOR'S NUMBER: 4990  
SUBJECT'S LAST NAME: VERIFICATION  
SUBJECT'S FIRST NAME/MI :  
OF CAL

D.L. #: 00000000  
DEPT/AGENCY: N010  
CASE/REPORT:  
TEST TYPE: U  
ALCO TARGET VALUE: .079  
ALCO S/N: X301548

### --- BREATH ANALYSIS ---

.079 ADJUSTED FOR 30.17 in  
ALCO TARGET .079 11:05  
BLANK TEST .000 11:06  
INTERNAL STANDARD VERIFIED 11:06  
ALCO TV 30.17 in .081 11:06  
BLANK TEST .000 11:07  
SUBJECT SAMPLE .000 11:08  
BLANK TEST .000 11:08  
ALCO TV 30.17 in .080 11:09  
BLANK TEST .000 11:09

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130186

JUNE 18, 2010  
TIME 11:03

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 01/08/09  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 30.17 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

! "\$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ 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 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 { } ~ |