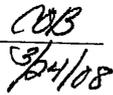


VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

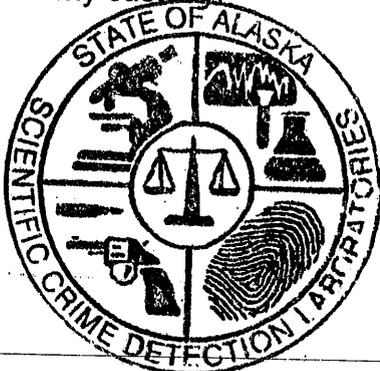
Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130187 ✓
Name		Dan Pasquariello	ID# 2620 Date 3-19-08 ✓
A	Agency	Dillingham PD	Phone # 842-5354
Instrument Location		Dillingham PD ✓	
Alco S/N		X301550 ✓	Target Value .078 ✓ High Pressure 500 psi
B	Alco Test Value Average	.080	.080
	1 st Alco		2 nd Alco
Signature			
(OVER)			

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

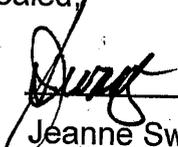
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Daniel Pasquariello Jr., 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

3/24/08

Date

MAR 24 2008

BT9 03/00

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 130187

(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 130187

MARCH 19, 2008

OPERATOR'S NAME: PASQUARIELLO, DAN
OPERATOR'S NUMBER: 2620
SUBJECT'S LAST NAME: VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI: VERIFICATION OF CAL
O.L. #: 1234567890
DEPT/AGENCY: DL61
CASE/REPORT: 1234567890
TEST TYPE: V
ALCO TARGET VALUE: .078
ALCO S/N: X301530

— BREATH ANALYSIS —

.078 ADJUSTED FOR 29.99 in
ALCO TARGET .078 17:27
BLANK TEST .000 17:28
INTERNAL STANDARD VERIFIED 17:28
ALCO TU 29.99 in .000 17:29
BLANK TEST .000 17:29
SUBJECT SAMPLE .000 17:30
BLANK TEST .000 17:31
ALCO TU 29.99 in .000 17:31
BLANK TEST .000 17:32

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130187

MARCH 19, 2008
TIME 17:33

— DIAGNOSTIC CHECK —

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 48c
BREATH TUBE: 41c
BAROMETER: 29.99 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJKL
MNPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrsuvwxyz{|}~■