

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 <u>130191</u>	
Supervisor/Operator Performing the Verification Procedure:	
A Name <u>Robert J. Ely</u>	ID# <u>2681</u> Date <u>05-18-2008</u> ✓
Agency <u>Craig Police Department</u>	Phone # <u>(907) 826-3330</u>
Instrument Location <u>506 2nd Street, Craig Alaska 99921</u>	✓
Alco S/N <u>X172967</u> ✓	Target Value <u>.081</u> ✓ High Pressure <u>0-5</u> PSI
Alco Test Value Average <u>.085</u> ✓ 1 st Alco	<u>.086</u> ✓ 2 nd Alco
Signature <u><i>Robert J. Ely</i></u>	<u><i>CS</i></u> <u>6/18/08</u>
(OVER)	

(Do Not write in the area below)

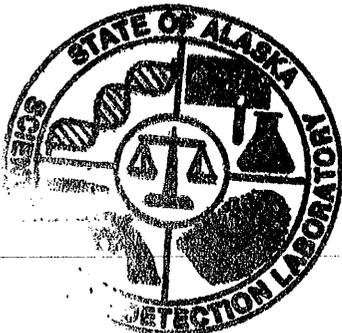
Under the Alaska Rules of Evidence, I certify that;

(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, Robert J Ely, 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

6/19/08
Date

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of DataMaster cdm Breath Test Instrument

State of Alaska

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DataMaster cdm S/N 130191

(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 130191

MAY 18, 2008 *CS*

OPERATOR'S NAME:

ELY, RJ

OPERATOR'S NUMBER: 2681

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

VER OF CAL

D.L. #: 123456789

DEPT/AGENCY: CR61

CASE/REPORT: 2008-XXXX

TEST TYPE: V

ALCO TARGET VALUE: .081 ✓

ALCO S/N: X172967 ✓

--- BREATH ANALYSIS ---

.081 ADJUSTED FOR 30.32 in
ALCO TARGET .082 13:18
BLANK TEST .000 13:18
INTERNAL STANDARD VERIFIED 13:19
ALCO TV 30.32 in .085 ✓ 13:19
BLANK TEST .000 13:20
SUBJECT SAMPLE .000 *CS* 13:20
BLANK TEST .000 *CS* 13:21
ALCO TV 30.32 in .086 13:21
BLANK TEST .000 13:22

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130191

MAY 18, 2008 ✓

TIME 13:15

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS:

SAMPLE CHAMBER: 49c

BREATH TUBE: 40c

BAROMETER: 30.32 in

FLOW DETECTOR: OKAY

PUMP

HIGH 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 [\] ^ _ ` 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 { | } ~