

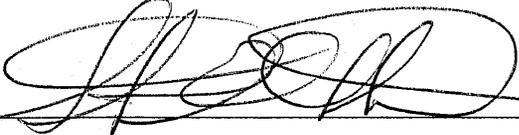
JAN 17 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

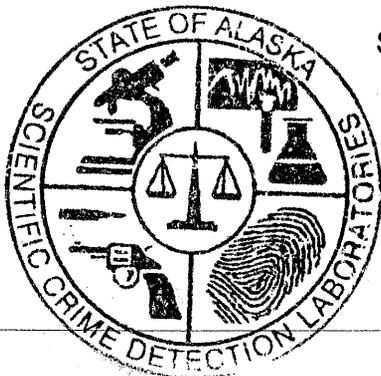
State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130192</u>	
Name <u>STEVEN CHRISTENSEN</u>		ID# <u>1315</u>	Date <u>1/12/08</u>
A	Agency <u>TUNEAW Police Dept</u>	Phone # <u>(907) 586-0601</u>	
Instrument Location <u>TUNEAW Police Dept</u>			
Alco S/N <u>7010P</u>		Target Value <u>.080</u>	High Pressure <u>550</u>
Alco Test Values		<u>.080</u>	<u>.079</u>
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature 		<u>COB</u> <u>1/17/08</u>	
(OVER)			

Under the Alaska Rules of Evidence, I certify that (if that apply) (write in the area below)

- (a) I am Jeanne Swartz, Criminalist 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, Steve Christensen, 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

1/17/08  
 Date

# 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 130192  
COB 1/14/08

(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 130192

JANUARY 12, 2008

OPERATOR'S NAME: COB 1/14/08  
CHRISTENSEN, S, E  
OPERATOR'S NUMBER: 1315  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
VOC

O.L. #: 011208  
DEPT/AGENCY: JNU1  
CASE/REPORT: 011208  
TEST TYPE: V  
ALCO TARGET VALUE: .080  
ALCO S/N: 70108

--- BREATH ANALYSIS ---

.080 ADJUSTED FOR 29.85 in		
ALCO TARGET	.079	00:23
BLANK TEST	.000	00:24
INTERNAL STANDARD	VERIFIED	00:24
ALCO TV 29.85 in	.080	00:24
BLANK TEST	.000	00:25
SUBJECT SAMPLE	.000 <u>COB 1/14/08</u>	00:26
BLANK TEST	.000	00:27
ALCO TV 29.85 in	.079	00:27
BLANK TEST	.000	00:28

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130192

JANUARY 12, 2008  
TIME 00:29

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS:	
SAMPLE CHAMBER:	49c
BREATH TUBE:	42c
BAROMETER:	29.85 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqr  
stuvwxyz{|}~\*~