

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>130288 -</u> | |
| Name <u>DIXIE SPENCER</u> | | ID# <u>2280</u> | Date <u>11/10/08</u> |
| A | Agency <u>AST</u> | Phone # <u>675-4398</u> | |
| Instrument Location <u>ANIAK ✓</u> | | | |
| Alco S/N <u>X 301605 ✓</u> | | Target Value <u>1.079 ✓</u> | High Pressure <u>1100</u> |
| B | Alco Test Values | | |
| | <u>.082 ✓</u> | <u>.082 ✓</u> | |
| | 1 st Alco | 2 nd Alco | |
| Signature <u>Dixie Spencer ✓</u> | | | |
| (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, Dixie Spencer, 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

11/21/08

Date

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DataMaster cdm S/N 130288

(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 130288

NOVEMBER 10, 2008 ✓

OPERATOR'S NAME:
SPENCER DIXIE W

OPERATOR'S NUMBER: 2200

SUBJECT'S LAST NAME:

AAAAA

SUBJECT'S FIRST NAME/MI :

SSSSS

D.L. #: 999999

DEPT/AGENCY: AN10

CASE/REPORT: 08-99999

TEST TYPE: U

ALCO TARGET VALUE: .079 ✓

ALCO S/N: X301605 ✓

--- BREATH ANALYSIS ---

| | | |
|----------------------------|----------|-------|
| .079 ADJUSTED FOR 28.99 in | | |
| ALCO TARGET | .076 | 10:45 |
| BLANK TEST | .000 | 10:46 |
| INTERNAL STANDARD | VERIFIED | 10:46 |
| ALCO TU 28.99 in | .082 ✓ | 10:47 |
| BLANK TEST | .000 | 10:47 |
| SUBJECT SAMPLE | .000 | 10:48 |
| BLANK TEST | .000 | 10:49 |
| ALCO TU 28.99 in | .082 ✓ | 10:49 |
| BLANK TEST | .000 | 10:50 |

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130288

NOVEMBER 10, 2008 ✓
TIME 10:51

--- DIAGNOSTIC CHECK ---

| | |
|------------------|----------|
| COMPUTER: | OKAY |
| PROGRAM: | OKAY |
| SOFTWARE DATE: | 02/20/01 |
| HEATERS | |
| SAMPLE CHAMBER: | 49c |
| BREATH TUBE: | 43c |
| BAROMETER: | 28.99 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 [\] ^ _ ` 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 { | } ~ ¡ ¢