

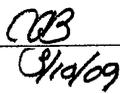
VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

MAR 02 2009

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130290			
Name	C. RITALA	ID#	3791	Date	2/28/09 ✓	
A	Agency	A.P.D.	Phone #	786-2640		
Instrument Location	WOLLAM SUB (EAGLE RIVER) ✓					
Alco S/N		X124655 ✓	Target Value	.083 ✓	High Pressure	500
B	Alco Test Values	.083 ✓	.083 ✓	1 st Alco	2 nd Alco	
Signature			1349 ✓			
(OVER)						

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

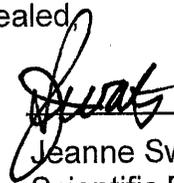
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director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

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

3/11/09
Date

