

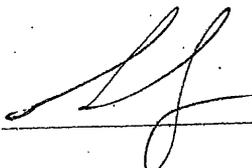
VERIFICATION OF CALIBRATION REPORT

of DataMaster edm Breath Test Instrument

MAR 12 2009

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure;		DataMaster edm S/N	<u>130291</u>
A	Name	<u>Sean Fielding</u>	ID# <u>5289</u> Date <u>3/5/09</u>
	Agency	<u>Denali National Park</u>	Phone # <u>683 9828</u>
	Instrument Location	<u>Denali NP - HQ</u>	<input checked="" type="checkbox"/>
B	Alco S/N	<u>X301553</u>	Target Value <u>.083</u> High Pressure <u>750</u>
	Alco Test Value Average	<u>.085</u>	<u>.086</u>
		1 st Alco	2 nd Alco
	Signature		<u>083</u> <u>3/5/09</u>

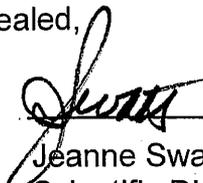
(OVER)

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, Sean Fielding, 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

3/29/09

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 130291 ✓

(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 130291

MARCH 05, 2009 ✓

OPERATOR'S NAME: *COB 3/24/09*
FIELDING/SEAN/R

OPERATOR'S NUMBER: 5189

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/NI:

A

O.L. #: 1234567

DEPT/AGENCY: DNL8

CASE/REPORT: 030509

TEST TYPE: U

ALCO-TARGET VALUE: .083 ✓

ALCO S/N: X301553 ✓

--- BREATH ANALYSIS ---

.083 ADJUSTED FOR 28.14 in		
ALCO TARGET	.078	13:56
BLANK TEST	.000	13:57
INTERNAL STANDARD	VERIFIED	13:57
ALCO TV 28.14 in	.085 ✓	13:57
BLANK TEST	.000	13:58
SUBJECT SAMPLE	.086 ✓	13:59
BLANK TEST	.000	13:59
ALCO TV 28.14 in	.086 ✓	14:00
BLANK TEST	.000	14:01

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130291

MARCH 05, 2009 ✓
TIME 14:02

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/26/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 41c

BAROMETER: 28.16 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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MNPQRSTUVWXYZ[\]^_`abcde fghijklmno
pqrstuvwxyz{|}~#