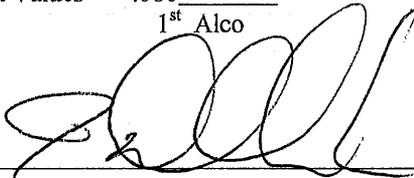
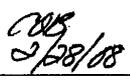


VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

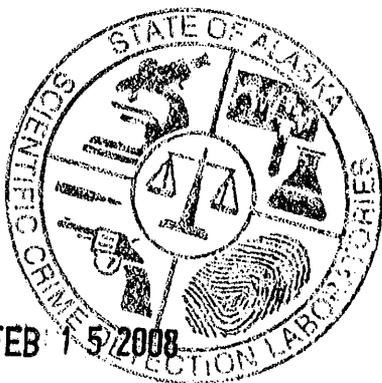
Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130292</u>	
Name <u>Jason Dollarhide</u>		ID# <u>5354</u>	Date <u>2/12/2008</u>
Agency <u>Haines Borough Police Department</u>		Phone # <u>907-766-2121</u>	
Instrument Location <u>Haines Rural Jail Booking</u>			
Alco S/N <u>57324</u> ✓ Target Value <u>.080</u> ✓ High Pressure <u>600</u>			
Alco Test Values		<u>.080</u>	<u>.078</u>
		1 st Alco	2 nd Alco
Signature 			
(OVER)			

Under the Alaska Rules of Evidence, I certify that;

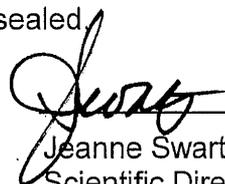
(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee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

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

3/1/08
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 130292

(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 130292
FEBRUARY 12, 2008
OPERATOR'S NAME: *COB 2/12/08*
DOLLARHIDE, JASON N
OPERATOR'S NUMBER: 5354
SUBJECT'S LAST NAME:
VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI :
VER OF CAL
O.L. #: 1234567
DEPT/AGENCY: HMS1
CASE/REPORT: 08-021208
TEST TYPE: U
ALCO TARGET VALUE: 000
ALCO S/N: 57324

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.49 in
ALCO TARGET .070 05:59
BLANK TEST .000 06:00
INTERNAL STANDARD VERIFIED 06:00
ALCO TV 29.49 in .000 06:00
BLANK TEST .000 06:01
SUBJECT SAMPLE .000 *COB 2/12/08* 06:02
BLANK TEST .000 06:02
ALCO TV 29.49 in .070 06:03
BLANK TEST .000 06:03

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130292

FEBRUARY 12, 2008
TIME 05:56

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 49c
BREATH TUBE: 42c
BAROMETER: 29.49 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJKL
MNOPQRSTUVWXYZ[\]^_`abcdefgijklmno
pqrstuvwxyz{|}~#