

# VERIFICATION OF CALIBRATION REPORT

*Of DataMaster cdm BreathTest Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:			DataMaster cdm S/N <u>130296</u> ✓		
Name <u>John J. Waldron</u>			ID# <u>3392</u>	Date <u>01/26/09</u> ✓	
A. Agency <u>Unalaska Department of Public Safety</u>			Phone <u>907-581-1233</u>		
Instrument Location <u>Unalaska Department of Public Safety, PO Box 370, 29 Safety Way, Unalaska, Ak., 99685</u>			✓		
Alco S/N <u>X172985</u> ✓			Target Value <u>.083</u> ✓	High Pressure <u>1000</u>	
B. Alco Test Values			<u>.085</u> 1 <sup>st</sup> Test Value ✓	<u>.085</u> 2 <sup>nd</sup> Test Value ✓	
Signature <u>[Handwritten Signature]</u> ✓			CSB 2/9/09		

(OVER)

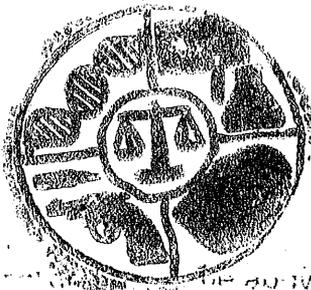
(Do not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(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, John J Waldron, 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,

[Handwritten Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

2/9/09  
Date

JAN 30 2009

BT9 03/00

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State of Alaska

Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

DataMaster cdm S/N 130296 ✓

Supervisor/Operator & Number Performing the Verification Procedure: John J. Waldron, #3392  
Department and Date: Unalaska DPS,

(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 130296

JANUARY 26, 2009 ✓  
COB 2/9/09

OPERATOR'S NAME:  
WALDRON/JOHN/J

OPERATOR'S NUMBER: 3392

SUBJECT'S LAST NAME:  
UC

SUBJECT'S FIRST NAME/MI :  
UC

O.L. #: 0123456789

DEPT/AGENCY: UNK1

CASE/REPORT: 09-00000

TEST TYPE: U

ALCO TARGET VALUE: .083 ✓

ALCO S/N: X172985

--- BREATH ANALYSIS ---

.083 ADJUSTED FOR 30.11 in		
ALCO TARGET	.083	03:13
BLANK TEST	.000	03:14
INTERNAL STANDARD	VERIFIED	03:14
ALCO TV 30.11 in	.085 ✓	03:14
BLANK TEST	.000	03:15
SUBJECT SAMPLE	.000	03:16
BLANK TEST	.000	03:17
ALCO TV 30.11 in	.085 ✓	03:17
BLANK TEST	.000	03:18

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130296

JANUARY 26, 2009 ✓  
TIME 03:18

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 48c

BREATH TUBE: 42c

BAROMETER: 30.12 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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HIJKLMNOPQRSTUVWXYZ\]^\_`abcdefgijklmno  
pqrstuvwxyz{|}~#