

# VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory – Statewide Breath Alcohol Program

MAY 07 2009

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>05/05/09</u> ✓
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>1100</u>
Alco Test Values		<u>.084</u> 1 <sup>st</sup> Test Value	<u>.084</u> 2 <sup>nd</sup> Test Value
Signature <u>[Handwritten Signature]</u>		<u>[Handwritten Initials]</u> <u>5/13/09</u>	

(OVER)

(Do not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

[Handwritten Signature]  
Nita J. Bolz

Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 22 day of May, 2009.

[Handwritten Signature]  
Carolyn M. Noland

(Notary Seal Stamp)

Notary Public, State of Alaska

Commission Expires with Office



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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

MAY 05, 2009

OPERATOR'S NAME: *COS*  
WALDRON/JOHN/J  
OPERATOR'S NUMBER: 3392  
SUBJECT'S LAST NAME: UCOR  
SUBJECT'S FIRST NAME/MI: UCOR  
O.L. #: 123456789  
DEPT/AGENCY: UNK1  
CASE/REPORT: 09-00000  
TEST TYPE: U  
ALCO TARGET VALUE: .083 ✓  
ALCO IN: X172985 ✓

--- BREATH ANALYSIS ---

.083 ADJUSTED FOR 30.09 in		
ALCO TARGET	.083	10:18
BLANK TEST	.000	10:19
INTERNAL STANDARD	VERIFIED	10:19
ALCO TU 30.09 in	.084 ✓	10:19
BLANK TEST	.000	10:20
SUBJECT SAMPLE	.000	10:21
BLANK TEST	.000	10:21
ALCO TU 30.09 in	.084 ✓	10:22
BLANK TEST	.000	10:23

*COS*

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130296

MAY 05, 2009 ✓  
TIME 10:23

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 48c  
BREATH TUBE: 42c  
BAROMETER: 30.09 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 { | } ~