VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm BreathTest Instrument
State of Alaska
Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

DataMaster cdm S/N 130296

Supervisor/Operator Performing the Verification Procedure:

A.

Name **William D. Simms** ID# **5214** Date **08/02/08**

Agency **Unalaska Department of Public Safety** Phone **907-581-1233**

Instrument Location **Unalaska Department of Public Safety, PO Box 370, 29 Safety Way, Unalaska, Ak., 99685**

Alco S/N **X172969** Target Value **.081** High Pressure **1000 psi**

B. Alco Test Values **.086** (1st Test Value) **.087** (2nd Test Value)

Signature CDS 8/12/08

(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, William D Simms , 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,

8/13/08

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

VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm BreathTest Instrument
State of Alaska
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DataMaster cdm S/N 130296

Supervisor/Operator & Number Performing the Verification Procedure: William D. Simms, #5214
Department and Date: Unalaska DPS, 08/02/08

(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

AUGUST 02, 2008 CWB 8/12/08

OPERATOR'S NAME:
SIMMS/WILLIAM/D
OPERATOR'S NUMBER: 5214
SUBJECT'S LAST NAME:
VOC
SUBJECT'S FIRST NAME/MI :
VOC
O.L. #: 0123456789
DEPT/AGENCY: UNK1
CASE/REPORT: 08-00000
TEST TYPE: V
ALCO TARGET VALUE: .081
ALCO S/N: X172969

--- BREATH ANALYSIS ---

.081 ADJUSTED FOR 30.24 in

ALCO TARGET	.081	03:43
BLANK TEST	.000	03:44
INTERNAL STANDARD	VERIFIED	03:44
ALCO TV 30.25 in	.086	03:44
BLANK TEST	.000	03:45
SUBJECT SAMPLE	.000 CWB 8/12/08	03:45
BLANK TEST	.000	03:46
ALCO TV 30.25 in	.087	03:47
BLANK TEST	.000	03:47

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130296

AUGUST 02, 2008
TIME 03:56

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	40c
BAROMETER:	30.25 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

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