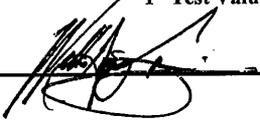


VERIFICATION OF CALIBRATION REPORT

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>130296</u> ✓	
Name <u>William Simms</u>		ID# <u>5214</u>	Date <u>09-22-08</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>X172969</u> ✓		Target Value <u>.081</u> ✓	High Pressure <u>800 PSI</u>
B.	Alco Test Values	<u>.087</u> ✓ 1 st Test Value	<u>.087</u> ✓ 2 nd Test Value
Signature 		<u>CSB</u> <u>9/30/08</u>	

(OVER)

(Do not write in the area below)

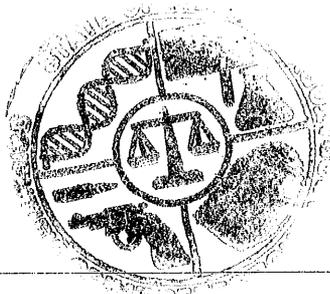
Under the Alaska Rules of Evidence, I certify that;

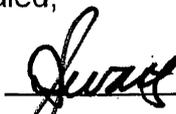
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director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





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

10/5/08

Date

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 & Number Performing the Verification Procedure: William D. Simms / ID# 5214
 Department and Date: Unalaska DPS, 09/22/08

(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

SEPTEMBER 22, 2008 *COS 9/30/08*

OPERATOR'S NAME:
 SIMMS/WILLIAM/D
 OPERATOR'S NUMBER: 5214
 SUBJECT'S LAST NAME:
 VER OF CAL
 SUBJECT'S FIRST NAME/MI :
 VER OF CAL
 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 30.38 in		
ALCO TARGET	.082	08:12
BLANK TEST	.000	08:14
INTERNAL STANDARD	VERIFIED	08:14
*ALCO TU 30.37 in	.087 ✓	08:14
BLANK TEST	.000	08:15
SUBJECT SAMPLE	.000 <i>COS 9/30/08</i>	08:15
BLANK TEST	.000	08:16
*ALCO TU 30.38 in	.087 ✓	08:17
BLANK TEST	.000	08:17

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
 DATAMASTER cdm 130296

SEPTEMBER 22, 2008 ✓
 TIME 08:18

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	48c
BREATH TUBE:	41c
BAROMETER:	30.38 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 { | } ~ ¡ ¢