

VERIFICATION OF CALIBRATION REPORT

JAN 26 2010

Of Data-Master cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

Data-Master cdm S/N: 130296

Supervisor/Operator Performing the Verification Procedure:

Name John J. Waldron ID: # 3392 Date: 01/21/10

A.

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: 78966 Target Value: .082 High Pressure: 1000

B.

Alco Test Values
1st Test Value .086 2nd Test Value .086

Signature [Handwritten Signature]

[Handwritten Initials]
1/26/10

(OVER)

(Do not write in the area below)

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

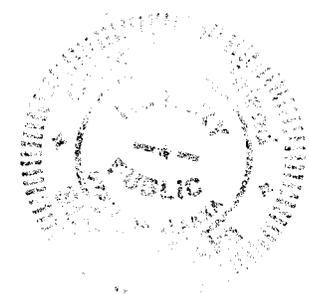
- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, 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.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

[Handwritten Signature]
Nita J. Bolz
Scientific Director
State Breath Alcohol Program

Subscribed and sworn before me this 20th day of May, 2010.

[Handwritten Signature] (Notary Seal Stamp)

Carolyn M. Noland
Notary Public, State of Alaska
Commission Expires with Office



VERIFICATION OF CALIBRATION REPORT

*Of Data-Master cdm Breath Test Instrument
State of Alaska
Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program*

Data-Master 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 21, 2010 ✓ *COB 1/26/10*

OPERATOR'S NAME: WALDRON/JOHN/J
OPERATOR'S NUMBER: 3392
SUBJECT'S LAST NAME: UOC
SUBJECT'S FIRST NAME/MI: UOC
O.L. #: 0123456779
DEPT/AGENCY: UNK1
CASE/REPORT: 10-00000
TEST TYPE: U ✓
ALCO TARGET VALUE: .002 ✓
ALCO S/N: 78966 ✓

--- BREATH ANALYSIS ---

| | | |
|------------------------------|----------|-------|
| .002 ADJUSTED FOR 30.01 in ✓ | | |
| ALCO TARGET | .002 | 02:08 |
| BLANK TEST | .000 | 02:09 |
| INTERNAL STANDARD | VERIFIED | 02:09 |
| ALCO TV 30.03 in | .006 ✓ | 02:09 |
| BLANK TEST | .000 | 02:10 |
| SUBJECT SAMPLE | .000 | 02:11 |
| BLANK TEST | .000 | 02:12 |
| ALCO TV 30.03 in | .006 ✓ | 02:12 |
| BLANK TEST | .000 | 02:13 |

COB 1/26/10

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130296 ✓

JANUARY 21, 2010 ✓
TIME 02:14 ✓

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 48c
BREATH TUBE: 42c
BAROMETER: 30.03 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!@#\$%^&'()*+,-./0123456789:;<=>?@ABCDEF6
HIJKLNMOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrsstuvwxyz{|}~■