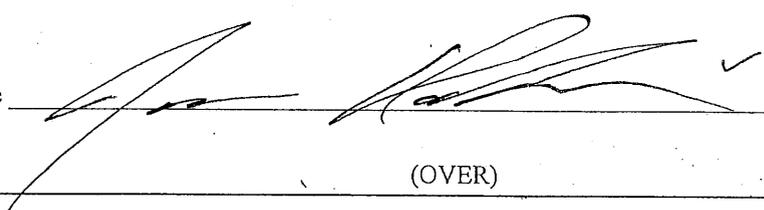


VERIFICATION OF CALIBRATION REPORT

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>130297</u> ✓
Name		<u>JAMES HOELSCHER</u>	ID# <u>5343</u> Date <u>8-21-08</u> ✓
A	Agency	<u>Hooper Bay Police Dept.</u>	Phone # <u>758-4615</u>
Instrument Location		<u>Hooper Bay, AK</u> ✓	
Alco S/N		<u>65859</u> ✓	Target Value <u>.082</u> ✓ High Pressure <u>350 psi</u>
B	Alco Test Value Average	<u>.083</u> ✓ 1 st Alco	<u>.082</u> ✓ 2 nd Alco
Signature		 ✓	
		C03 8/29/08	

(OVER)

Under the Alaska Rules of Evidence, I certify that (If Not, write in the area below)

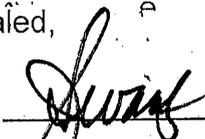
(a) I am Jeanne Swartz, Forensic Scientist, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee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

(b) The verification of calibration for the above instrument has been received and reviewed Instrument operator, James Hoelscher, 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

9/2/08
Date

