

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>11-4-08</u>
A	Agency	<u>Hooper Bay Police Dept.</u>	Phone # <u>758-4615</u>
Instrument Location		<u>Hooper Bay, AK</u> ✓	
B	Alco S/N	<u>X301526</u> ✓	Target Value <u>.080</u> ✓ High Pressure <u>1300 psi</u>
Alco Test Value Average		<u>1.080</u> ✓	<u>1.080</u> ✓
		1 st Alco	2 nd Alco
Signature		 ✓	
(OVER)			

COB
11/20/08

Under the Alaska Rules of Evidence, I certify that (type in the area below)

(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, 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

11/21/08
Date

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of DataMaster cdm breath Test Instrument

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Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130297

(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 130297

NOVEMBER 04, 2008 ✓ *CSB 11/20/08*

OPERATOR'S NAME:
HOELSCHER/JAMES/C

OPERATOR'S NUMBER: 5343

SUBJECT'S LAST NAME:
VERIFICATION

SUBJECT'S FIRST NAME/NI :
OF CALIBRATION

D.L. #: N/A

DEPT/AGENCY: HP21

CASE/REPORT: N/A

TEST TYPE: U

ALCO TARGET VALUE: .000 ✓

ALCO S/N: X301526

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 30.24 in		
ALCO TARGET	.000	10:14
BLANK TEST	.000	10:15
INTERNAL STANDARD	VERIFIED	10:15
ALCO TV 30.24 in	.000 ✓	10:16
BLANK TEST	.000	10:17
SUBJECT SAMPLE	.000 ✓	10:17
BLANK TEST	.000	10:18
ALCO TV 30.24 in	.000	10:18
BLANK TEST	.000	10:19

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130297

NOVEMBER 04, 2008 ✓

TIME 10:12

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 48c

BREATH TUBE: 42c

BAROMETER: 30.24 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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MNPQRSTUVWXYZ[\]^_`abcdetghijklmno
pqrstuvwxyz{|}~