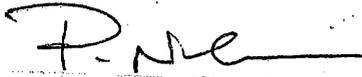


VERIFICATION OF CALIBRATION REPORT

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>130309</u>		
Name <u>Patrick Nelson</u>	ID# <u>4309</u>	Date <u>2/16/08</u>
A		
Agency <u>AST</u>	Phone # <u>373-8337</u>	
Instrument Location <u>MatSu West</u>		
B		
Alco S/N <u>X124626</u>	Target Value <u>.080</u>	High Pressure <u>1000</u>
Alco Test Values	<u>.078</u> 1 st Alco	<u>.079</u> 2 nd Alco
Signature <u></u>	<u></u>	

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

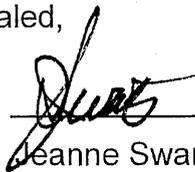
(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee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

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Patrick Nelson, 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

3/5/08
Date

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130309

(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 130309

FEBRUARY 16, 2008

OPERATOR'S NAME: NELSON PATRICK
OPERATOR'S NUMBER: 4389
SUBJECT'S LAST NAME:
VERIFICATION OF
SUBJECT'S FIRST NAME/MI :
CALIBRATION
O.L. #: 123456
DEPT/AGENCY: PLM0
CASE/REPORT: 12-3456
TEST TYPE: U
ALCO TARGET VALUE: .000
ALCO S/N: X124626

BREATH ANALYSIS

.000 ADJUSTED FOR 29.96 in

ALCO TARGET	.000	01:39
BLANK TEST	.000	01:40
INTERNAL STANDARD	VERIFIED	01:40
ALCO TU 29.96 in	.078	01:41
BLANK TEST	.000	01:42
SUBJECT SAMPLE	.000	01:42
BLANK TEST	.000	01:43
ALCO TU 29.96 in	.079	01:44
BLANK TEST	.000	01:45

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130309

FEBRUARY 16, 2008
TIME 01:35

DIAGNOSTIC CHECK

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 49c
BREATH TUBE: 41c
BAROMETER: 29.96 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()*+,-./0123456789:;<=>?@ABCDEF
HIJKLMN.OPQRSTU.VWXYZ[\]^_`abcd efghijklmno
pqrs tuvwxyz{|}~